



Making Social Care
Better for People

inspection report

Local Authority Adoption Services

Cumbria County Council Adoption Service

15 Portland Square

Carlisle

Cumbria

CA1 1QQ

13th November 2003

Commission for Social Care Inspection

Launched in April 2004, the Commission for Social Care Inspection (CSCI) is the single inspectorate for social care in England.

The Commission combines the work formerly done by the Social Services Inspectorate (SSI), the SSI/Audit Commission Joint Review Team and the National Care Standards Commission.

The role of CSCI is to:

- Promote improvement in social care
- Inspect all social care - for adults and children - in the public, private and voluntary sectors
- Publish annual reports to Parliament on the performance of social care and on the state of the social care market
- Inspect and assess 'Value for Money' of council social services
- Hold performance statistics on social care
- Publish the 'star ratings' for council social services
- Register and inspect services against national standards
- Host the Children's Rights Director role.

Inspection Methods & Findings

SECTION B of this report summarises key findings and evidence from this inspection. The following 4-point scale is used to indicate the extent to which standards have been met or not met by placing the assessed level alongside the phrase "Standard met?"

The 4-point scale ranges from:

- 4 - Standard Exceeded (Commendable)
- 3 - Standard Met (No Shortfalls)
- 2 - Standard Almost Met (Minor Shortfalls)
- 1 - Standard Not Met (Major Shortfalls)

'O' or blank in the 'Standard met?' box denotes standard not assessed on this occasion.

'9' in the 'Standard met?' box denotes standard not applicable.

'X' is used where a percentage value or numerical value is not applicable.

ADOPTION SERVICE INFORMATION

Name of Local Authority

Cumbria County Council Adoption Service

Headquarters Address

3 Victoria Place, Carlisle, Cumbria, CA1 1EH

Adoption Service Manager

Paul Moore

Tel No:

01228 607080

Address

3 Victoria Place, Carlisle, Cumbria, CA1 1EH

Fax No:

Email Address

Certificate number of this adoption service

Date of last inspection

N/A

Date, if any, of last SSI themed inspection of adoption service

N/A

Date of Inspection Visit		13th November 2003	ID Code
Time of Inspection Visit		10:00 am	
Name of Inspector	1	Jayne Ivory	125225
Name of Inspector	2	Maureen Moore	
Name of Inspector	3	Vlasta Novak	
Name of Inspector	4		
Name of Lay Assessor (if applicable) Lay assessors are members of the public independent of the NCSC. They accompany inspectors on some inspections and bring a different perspective to the inspection process.		None available for this inspection.	
Name of Specialist (e.g. Interpreter/Signer) (if applicable)			
Name of Establishment Representative at the time of inspection		Alison McLeod	

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INTRODUCTION TO REPORT AND INSPECTION

Local authority adoption services are subject to inspection by NCSC, to establish if the service is meeting the National Minimum Standards for Local Authority Adoption Services and the requirements of the Care Standards Act 2000, the Adoption Act 1976 as amended, the Adoption Agencies Regulations 1983 as amended and the Local Authority Adoption Service (England) Regulations 2003.

This document summarises the inspection findings of the NCSC in respect of Cumbria County Council Adoption Service. The inspection findings relate to the National Minimum Standards for Local Authority Adoption Services published by the Secretary of State under sections 49 of the Care Standards Act 2000.

The Adoption Agencies Regulations 1983 and the Local Authority Adoption Service (England) Regulations 2003 are secondary legislation, with which a service provider must comply. Service providers are expected to comply fully with the National Minimum Standards. The National Minimum standards will form the basis for judgements by the NCSC regarding notices to the local authority and reports to the Secretary of State under section 47 of the Care Standards Act 2000.

The report follows the format of the National Minimum Standards and the numbering shown in the report corresponds to that of the standards.

The report will show the following:

- Inspection methods used
- Key findings and evidence
- Overall ratings in relation to the standards
- Compliance with the Regulations
- Notifications to the Local Authority and Reports to the Secretary of State
- Required actions on the part of the provider
- Recommended good practice
- Summary of the findings
- Report of the Lay Assessor (where relevant)
- Providers response and proposed action plan to address findings

This report is a public document.

INSPECTION VISITS

Inspections will be undertaken in line with the regulatory framework with additional visits as required. This is in accordance with the provisions of the Care Standards Act 2000. The inspection methods used in the production of this report are set out in Part B. Pre-inspection information, and the manager's written self-evaluation of the service, have also been taken into account. The report represents the inspector's findings from the evidence found at the specified inspection dates.

BRIEF DESCRIPTION OF THE SERVICES PROVIDED.

Cumbria SSD undertakes the functions of an Adoption Agency for the large and diverse county of Cumbria. The Adoption Service is part of a combined Family Placement Service. The Permanence and Adoption Manager has a lead role in the development of the service. The family Placement Service was divided geographically into three divisions, covering the East, West and South of the County. A Principal Social Worker managed each Team and reported to the Team Manager, Family Placement.

The purpose of the agency, as defined by key policy documents was:

- To match and place children with adopters who can best meet their assessed needs throughout childhood and beyond once adoption has been identified as being in their best interests.
- To prepare children prior to introduction and placement with adopters in an age appropriate way whilst ensuring that the child's own history is understood and preserved.
- To recruit, prepare, assess and approve adoptive applicants who can meet the needs of children needing adoption both locally and nationally. This includes the recruitment of adopters for older children, sibling groups, disabled children and children from diverse ethnic backgrounds.
- To provide a range of adoption and post adoption support services, either directly or through contractual arrangements with other agencies for adopted children and their families. This included financial support where appropriate.
- To offer a range of services and information to birth parents in order to make effective plans for their children, where adoption has been identified as being in the best interests of their child.
- To provide counselling and information from adoption records to adopted adults.
- To provide an adoption agency service in respect of families wishing to adopt a child from overseas.

PART A SUMMARY OF INSPECTION FINDINGS

INSPECTOR'S SUMMARY

(This is an overview of the inspector's findings, which includes good practice, quality issues, areas to be addressed or developed and any other concerns.)

This was the first time that Cumbria SSDs Adoption Service had been assessed against National Minimum Standards and Local Authority Adoption Service Regulations 2003. The Inspection took place between 13th November 2003 and the 3rd December 2003; this was shortly after a SSI had completed a service inspection, which had resulted in Cumbria losing their one star performance assessment framework rating.

The Permanence and Adoption Manager Ms Alison McLeod facilitated the Inspection. The Inspection Team and Lead Inspector made the following requirements and recommendations. All outstanding requirements identified during the Inspection are breaches in Local Authority Adoption Service Regulations 2003. The service must address any regulatory failure in an Action Plan and demonstrate compliance within the timescale given in this report.

The recommendations are good practice guidance for the service to ensure that Cumbria can develop an Action Plan which demonstrates that the service meets National Minimum Standards for Adoption:

Statement of Purpose 1

One standard was assessed. This standard was not met.

Council members approved Cumbria's Adoption Service Statement of Purpose in early November 2003. The Statement of Purpose was circulated to carers, social workers and other stakeholders during the course of the Inspection.

Social Workers and Carers considered that the Statement of Purpose was accurate, easy to read and a fair representation of the service that Cumbria wishes to provide.

The service had purchased the BAAF Guide for Children who have been adopted. The Inspector considers that whilst this guide is ideal for older children, the service should develop the Children's Guide for younger children and children with a disability, for whom the plan is adoption.

Securing and Promoting Children's Welfare 2

One standard was assessed. This standard was assessed as not being met.

Historically the service had a high number of looked after children in the care system. The numbers of looked after children and the lack of rigorous childcare planning had in some cases in the tracking sample resulted in unacceptable delay for children in care. This was evidenced throughout the inspection through interviews with adopters, file reading and staff interviews. The senior management of the service had developed an immediate strategy for dealing with this crisis. This involved the employment of sessional workers to progress assessments of adopters more quickly in areas where children were identified as drifting in care.

Sessional workers were also being employed to undertake specific pieces of work with children concerning the adoption process, for example writing Form E's and Schedule 2 Reports. The short-term strategy had proved successful, however, the Inspection Team were concerned about the lack of medium and long term strategies for the service as a whole. This is an area that must be addressed as part of Cumbria SSD's Action Plan.

Prospective and Approved Adopters

Standard 3-6

All four standards were assessed as part of this inspection. None of the standards were assessed as met.

The Inspection Team recommend that the service should develop quality standards around the assessment process based upon the timescales in the National Adoption Standards. The quality standards could, for example define the number of expected visits during the assessment process.

In addition to this the quality standards could be used as a basis of a "contract" between the adoptive applicants and the service at the beginning of the assessment process. This could involve setting timescales and scheduling visits with the aim of attending the Adoption Panel on an agreed month. This may go some way to ensuring that adoptive applicants are clear about the process and timescales involved for their approval. The quality standards would also provide practice guidance for workers about the assessment and approval process and ensure greater consistency across the County.

Cumbria does have a procedure, which sets out the stages of the matching process. The managers of the service should develop a system to ensure that practice follows procedure in line with National Minimum Standards.

The adoption service does have a post adoption information exchange system and contact agreement, however this should be amended to ensure that adoptive parents are asked whether they will agree to notify the authority of the death of their child during childhood, and to ensure that birth parents are provided with this information if they wish to have it.

The Inspection Team found evidence in case tracking of a number of examples of clear and appropriate information being gathered for the child from the prospective adopters.

The Inspection Team recommends that the service should develop a clear strategy in line with National Minimum Standards to support adoptive parents.

Birth Parents and Birth Families

Standards 7-9

All three standards were assessed as part of this inspection. None of the standards were assessed as being met, although some were nearly met.

The Inspection found evidence of some very good work-taking place with Birth Parents by frontline staff in areas of the county. Social Workers and Family Centre staff worked

creatively in one area to ensure that birth parents were informed and involved throughout their child's adoption.

Cumbria SSD had a service level agreement with After Adoption. The service commissioned ensured that birth parents had access to a support worker independent of the child's social worker.

Cumbria SSD had included working with birth parents in the current Adoption procedures, however the Inspection Team recommends that the existing procedures should be developed into a service and multi-agency strategy for working with birth parents. This should include the consistent recording of birth parents' views throughout their child's adoption, in addition to their existing access to independent support.

Adoption Panels and Agency Decisions

Standards 10-13

All four standards were assessed as part of this inspection. One standard was assessed as being met; the other three standards were nearly met.

The Inspector observed that the Adoption Panel were knowledgeable, child focused and democratic. The medical and legal advisors offered valuable advice to other panel members. The Inspector observed that prospective adopters were given the opportunity to attend the adoption panel and to be heard in a considerate manner by the panel chair and by other panel members.

The Inspector was impressed by the adoption panel's awareness of the recent change in legislation and their consideration and promotion of post adoption support for all the matches being brought to panel.

The Adoption Panel had some of the required policies and procedures concerning panel functioning, which were implemented in practice. The service should revise existing procedures and supplement them, to bring them in line with National Minimum Standards and Local Authority Adoption Service Regulations 2003. The Inspector considered from records and observations of panel, that panel functioned effectively within the context of the wider service.

There was a significant regulatory failure concerning the information on panel members. It is a requirement that all panel members have a Criminal Records Bureau check's before they start work on the panel. The inspection found evidence that this was not the case at the time of the inspection. This is a matter that must be addressed within the given timescale.

Panel administrators, the panel chair and other members of staff confirmed that the county adoption panel was effectively organised, conducted and convened. The panel administrators advised that they were given sufficient resources to support the efficient functioning of the county adoption panel. Given the proposed changes to the County adoption panel the Inspection Team recommend that the service should keep the current level of administrative support under review. Finally panel should limit themselves to forwarding recommendations, and not decisions in principle, to the agency decision maker before they have an opportunity to make a considered and professional decision.

Case tracking of files and discussions with staff and adopters confirmed that the agency's decision is made without delay, and that the agency had made arrangements to convey the decision to the child, and in writing to the parents or guardian and prospective /approved adopters as appropriate.

Fitness to Provide or Manage an Adoption Agency

Standards 14-15

Both standards were assessed as part of this inspection. One standard was nearly met the other standard had a number good practice recommendations.

The Inspection Team found evidence to support the view that despite the knowledge and experience of adoption law and practice by individual members of the management team,

that the service as a whole was not being managed efficiently and effectively at the time of the inspection. Evidence for these findings came from discussions with staff, service users and with managers of the service. This is a matter that is dealt with more comprehensively in the full body of the report.

The Inspection Team advises that Cumbria SSD should reconsider the job descriptions of the managers of the service to ensure that the title, duties, responsibilities and level of delegation of each of the managers is clear.

Provision and Management of the Adoption Agency Standards 16-18

All three standards were assessed as part of this inspection. One standard was nearly met; the other two standards had a number of good practice recommendations.

The Inspector recommends that the management of the service must engage with the performance management and quality assurance agenda if the service is to meet National Adoption Standards and National Minimum Standards. The effective management of the adoption service can only be achieved if other parts of children's services are being managed effectively. At the time of this inspection the SSI had found significant failings within the childcare fieldwork services. Problems in the progression of children's care plans impacted greatly upon the adoption service.

The concerns about the management of the service are dealt with more comprehensively in the full body of the report.

Employment and Management of Staff Standards 19-24

Five standards were assessed as part of this inspection. All five standards were not met, with two standards being nearly met and three standards having a number of good practice recommendations.

At the time of this inspection Capita were in the process of developing a system to record and update Criminal Records Bureau checks on all adoption staff working with children on a three yearly basis. However the service must ensure that all staff have a Criminal Records Bureau check.

The service had developed a clear written recruitment and selection procedure for appointing staff. Managers had received training in recruitment and selection.

The management of the service must ensure that telephone enquiries are made to each referee to verify written references. The outcomes of these discussions should be recorded on file.

Records Standard 25-28

All four standards were assessed as part of this inspection. All four standards were assessed as not being met, with two standards nearly met and two standards with a number of good practice recommendations.

The service had developed a clear written recruitment and selection procedure for appointing staff. Managers had received training in recruitment and selection.

The management of the service must ensure that telephone enquiries are made to each referee to verify written references. The outcomes of these discussions should be recorded on file.

Records seen as part of this inspection confirmed that the service had policies and procedures covering arrangements for maintaining the confidentiality of adoption information and adoption case records and their indexes.

The service also ensured that manual and computerised indexes and case records were

securely stored to minimise risk of damage from fire and water.

Records were kept of status checks that had been obtained for adopters and Criminal Records Bureau checks for adults aged 18 or over living in their household, and their outcomes. The Inspection Team found evidence that not all case files were well organised and presented. The forms at the front of the file, which recorded the progress of an adoption application and assessment, were not consistently completed.

In addition to this the majority of the files chosen provided little or no evidence of managerial oversight.

The service should develop and implement a system to ensure the consistent recording of significant information in adoption files. In addition to this the service should ensure that decisions by supervisors are **recorded on case files and are legible, clearly expressed, signed and dated.**

Questionnaires returned from other adoption agencies confirmed that the service provided all information from its case files in a timely way.

The management of the service may benefit from developing a standard questionnaire at the time of the placement or adoption order to ask for other agencies feedback about the service Cumbria has provided to the child and their family.

The service has a clear access to records policy and procedure which is well understood in practice and which takes into account the Data Protection and Human Right's Acts.

The service should also reconsider the confidentiality agreement in light of the National Care Standards Commission's and SSI's legitimate interest in the functioning of the adoption panel.

Fitness of Premises

Standard 29

This standard was partially assessed as part of this inspection, due to time constraints, and was assessed as unmet.

The Inspection Team was unable to visit all offices used by adoption staff across the county as part of this inspection. However the fostering inspection completed in 2003 confirmed that the premises were fit for purpose.

The Inspection Team, as has already been stated has great concerns about the lack of access to IT for front line staff, and regards the need for an information strategy for the service as one of Cumbria's most pressing needs. Administrative staff and social workers informed inspectors that they were all frustrated by the lack resources, including access to computers and remote working facilities.

Given the number of recommendations and requirements identified during this inspection.

The Lead Inspector will, in agreement with Cumbria Adoption Service monitor the progress of the Action Plan before the next inspection is due.

Reports and Notifications to the Local Authority and Secretary of State

The following statutory Reports or Notifications are to be made under the Care Standards Act as a result of the findings of this inspection:

Report to the Secretary of State under section 47(3) of the Care Standards Act 2000 that the Commission considers the Local Authority's adoption service satisfies the regulatory requirements:

NO

Notice to the Local Authority under section 47(5) of the Care Standards Act 2000 of failure(s) to satisfy regulatory requirements in their adoption service which are not substantial, and specifying the action the Commission considers the Authority should take to remedy the failure(s), informing the Secretary of State of that Notice:

NO

Report to the Secretary of State under section 47(4)(a) of the Care Standards Act 2000 of a failure by a Local Authority adoption service to satisfy regulatory requirements which is not considered substantial:

YES

Report to the Secretary of State under section 47(1) of the Care Standards Act 2000 of substantial failure to satisfy regulatory requirements by a Local Authority adoption service:

NO

The grounds for the above Report or Notice are:

See the main body of the report

**Implementation of Statutory Requirements from Last Inspection
(Not relevant at first NCSC inspection)**

Requirements from last Inspection visit fully actioned?

NA

If No please list below

STATUTORY REQUIREMENTS

Identified below are areas not addressed from the last inspection report which indicate a non-compliance with the Care Standards Act 2000, the Adoption Agencies Regulations 1983 and the Local Authority Adoption Service (England) Regulations 2003.

No.	Regulation	Standard	Required actions

Action is being taken by the National Care Standards Commission to monitor compliance with the above requirements.

STATUTORY REQUIREMENTS IDENTIFIED DURING THIS INSPECTION

Action Plan: The appropriate officer of the Local Authority is requested to provide the Commission with an action plan, which indicates how requirements and recommendations are to be addressed. This action plan is shown in Part D of this report.

STATUTORY REQUIREMENTS

Identified below are areas addressed in the main body of the report which indicate non-compliance with the Care Standards Act 2000, the Adoption Act 1976, the Adoption Agencies Regulations 1983, the Local Authority Adoption Service (England) Regulations 2003 or the National Minimum Standards for Local Authority Adoption Services. The Authority is required to comply within the given time scales in order to comply with the Regulatory Requirements for adoption services.

No.	Regulation	Standard *	Requirement	
1	3.2 (C)	LA1	The service must develop the Children's Guide for younger children and children with a disability, for whom the plan is adoption.	1.12.04
2	11.1 (b) and 11.2	LA11	All panel members must have a Criminal Records Bureau check's before they start work on the Adoption panel. The inspection found evidence that this was not the case at the time of the inspection. This is a matter that must be addressed within the given timescale.	1.9.04
3	11.3 (d)	LA28	The service in negotiation with Capita must ensure that staff records are kept and maintained in line with Schedule 3 of the Local Authority Adoption Service Regulations 2003.	1.9.04
4	15.1(bb)	LA26	The service must amend the confidentiality agreement in light of CSCI's legitimate interest in the functioning of the adoption panel in line with Adoption Agency Regulations 1983 (amended 2003)	1.9.04

5	7 (a), (b)	LA14	<p>Cumbria SSD must reconsider the job descriptions of the managers of the service to ensure that the duties, responsibilities and levels of delegation for each of the managers are clear.</p> <p>The job descriptions must state the person to whom the manager is accountable and who is responsible for ensuring that the manager carries out their duties and responsibilities.</p>	1.9.04
6	7 (a), (b)	LA16	<p>The manager must manage the adoption service with sufficient care, competence and skill to promote and safeguard the welfare of children placed for adoption by the authority. To do this the management of the service must engage with a performance management and quality assurance agenda.</p>	1.9.04
7	7.1 (a) (b)	LA2	<p>Cumbria Social Services Department must develop medium and long-term strategies for the service in order to recruit sufficient carers for children waiting.</p>	1.9.04
8	7.1 (b)	LA17	<p>The Executive of the Council must ensure, through monitoring that the adoption service is managed with sufficient care, competence and skill.</p>	1.9.04
9	12.2 (a)	LA20	<p>The management of the service must ensure that all staff receive appropriate training, supervision and appraisal , and must develop systems to ensure that all staff are offered a consistent level of professional supervision across the service.</p>	1.9.04
10	10 (a), (b)	LA22	<p>The service must review the current inequalities within pay and terms and conditions if the service can be regarded as being a fair and competent employer.</p>	1.9.04

GOOD PRACTICE RECOMMENDATIONS FROM THIS INSPECTION

Identified below are areas addressed in the main body of the report which relate to the National Minimum Standards and are seen as good practice issues which should be considered for implementation by the Authority or Registered Person(s).

No.	Refer to Standard *	Recommendation Action
1	LA2	The service should develop a medium to long-term strategy for the recruitment of sufficient adopters to meet the needs of a range of child from Cumbria.
2	LA3	The service should ensure that all people who are interested in becoming a parent are welcomed without prejudice; this should include families who wish to adopt a child from an overseas country.
3	LA3	The service should develop systems, in line with National Minimum Standards, which ensure that prospective adopters who are most likely to meet the needs of children waiting for adoptive parents are prioritised. The system would record and evidence carers who had been "fast-tracked". The system should also provide applicants, assessing social workers and their managers with information about target timescales for all the key stages of the adoption process.
4	LA4	The service should ensure that all new training addresses diversity issues, including race, gender, sexuality and disability. In addition to this, the needs of Inter-Country Adopters should be considered as part of any preparation training provided.
5	LA4	The service should develop quality standards around the assessment process based upon the timescales in the National Adoption Standards.
6	LA5	The service should develop robust systems concerning the provision of up to date and comprehensive information for adopters about a prospective match with a child.
7	LA5	The service should develop policies and procedures to ensure that adoptive parents are asked whether they will notify the agency if their adopted child dies during childhood or soon afterwards, and whether the adoptive family give the agency permission to inform Birth Parents. Any decision made by the adoptive parents is recorded clearly on the case files.

8	LA6	The service should develop a clear strategy in line with National Minimum Standards to offer consistent support, across the service, to prospective adoptive parents.
9	LA7	The existing procedures concerning birth parents should be developed into a service and multi-agency strategy for working with birth parents. This should include the consistent recording of birth parents' views throughout their child's adoption.
10	LA8	The service should ensure that they could demonstrate that life-story work is given sufficient allocated time within a social workers caseload for the work to be completed within the child's timescale.
11	LA10	The service should revise the Adoption Panel's existing procedures and supplement them, to bring them in line with National Minimum Standards. The policies and procedures should include the appointment of a chair or vice chair, dealing with performance issues and the method of providing feedback to the agency on the quality of cases being presented to panel.
12	LA11	The service should have systems in place which evidence the following good practice recommendation: That adoption panel members have access to appropriate training and skills development. That panel members receive training in the basic principles of the law and eligibility criteria for overseas adoption.
13	LA12	The inspector would advise that the service should keep under review the adequacy of administrative support for the proposed joint panels.
14	LA13	Panel should limit themselves to forwarding recommendations to the agency decision maker before they have an opportunity to make a considered and professional decision.
15	LA17	The council must satisfy themselves that the adoption service is effective and achieves good outcomes for children.
16	LA18	The service should develop a written protocol governing the role of specialist advisers, including verification of their qualifications and any registration they may have with a professional body.
17	LA19	The service must develop a system to ensure that all staff have a Criminal Records Bureau check.
18	LA19	The management of the service should ensure that telephone enquiries are made to each referee to verify written references. The outcomes of these discussions should be recorded on file.

19	LA19	The service should demonstrate how it will achieve the level of social workers with 20% PQ Child Care Award by 1 st April 2006.
20	LA19	The service should invest in further training concerning the assessment of adopters, and should offer further training on promoting equality and diversity within the adoption service as a whole.
21	LA19	The service should provide specific training concerning direct work with birth parents to Family Centre staff.
22	LA20	The senior managers of the service should develop systems to ensure that all staff are offered a consistent level of professional supervision across the service.
23	LA20	The service should demonstrate how they will make more effective use of staff time by the development of an information strategy and by the investment in IT systems.
24	LA20	The service should develop full written contracts for sessional workers employed by the county adoption service.
25	LA21	The adoption service should demonstrate how they will alleviate the impact of staff recruitment problems in the more medium to long term.
26	LA21	The service should develop an effective workload management system to ensure that key social work tasks, such as the preparation and completion of life storybooks, can be completed in the child's timescale. This should be addressed in the services Action Plan.
27	LA22	The service should review the current inequalities within pay and terms and conditions if the adoption service can be regarded as being a fair and competent employer.
28	LA23	The service should offer further joint training in Form E and Form F assessments.
29	LA23	The adoption service should also demonstrate how it will ensure that all staff working in adoption have had an appraisal or joint review which identifies their training and development needs. This information should then be gathered to inform the training plan.
30	LA25	The service should develop and implement a system to ensure the consistent recording of significant information in adoption files. In addition to this the service should ensure that decisions by supervisors are recorded on case files and are legible, clearly expressed, signed and dated.

31	LA27	The service should address the issue of consistent record keeping, and the monitoring of the quality of case files.
32	LA29	The service should address the need for an effective information strategy to support the work of adoption service staff.

- Note: You may refer to the relevant standard in the remainder of the report by omitting the 2-letter prefix e.g. LA10 refers to Standard 10.

PART B**INSPECTION METHODS & FINDINGS**

The following inspection methods have been used in the production of this report

Placing authority survey	YES
Placing social worker survey	YES
Prospective adopter survey	YES
Approved adopter survey	YES
Birth parent / birth family member survey	YES
Checks with other organisations and Individuals	
• Directors of Social services	YES
• Specialist advisor (s)	YES
Tracking Individual welfare arrangements	YES
• Interview with children	YES
• Interview with adopters and prospective adopters	YES
• Interview with birth parents	NO
• Interview with birth family members	NO
• Contact with supervising social workers	YES
• Examination of files	YES
Individual interview with manager	YES
Information from provider	YES
Individual interviews with key staff	YES
Group discussion with staff	YES
Interview with panel chair	YES
Observation of adoption panel	YES
Inspection of policy/practice documents	YES
Inspection of records (personnel, adopter, child, complaints, allegations)	YES
Date of Inspection	13/11/03
Time of Inspection	8.30
Duration Of Inspection (hrs)	124
Number of Inspector days	35
Additional Inspection Questions:	
Certificate of Registration was displayed at time of inspection	NA
The certificate of registration accurately reflected the situation in the service at the time of inspection	NA
Total Number of staff employed (excluding managers)	32

The following pages summarise the key findings and evidence from this inspection, together with the NCSC assessment of the extent to which the National Minimum Standards have been met. The following scale is used to indicate the extent to which standards have been met or not met by placing the assessed level alongside the phrase "Standard met?"

The scale ranges from:

- | | |
|-------------------------|--------------------|
| 4 - Standard Exceeded | (Commendable) |
| 3 - Standard Met | (No Shortfalls) |
| 2 - Standard Almost Met | (Minor Shortfalls) |
| 1 - Standard Not Met | (Major Shortfalls) |

"0" in the "Standard met?" box denotes standard not assessed on this occasion.

"9" in the "Standard met?" box denotes standard not applicable on this occasion.

"X" is used where a percentage value or numerical value is not applicable.

Statement of Purpose

The intended outcome for the following standard is:

- There is clear written statement of the aims and objectives of the adoption agency and the adoption agency ensures that it meets those aims and objectives.

Standard 1 (1.1 - 1.2, 1.3 (partial) and 1.4 – 1.7)

There is a clear written statement of the aims and objectives of the adoption agency, which describes accurately what facilities and services they provide.

Key Findings and Evidence

Standard met?

2

Council members approved Cumbria's Adoption Service Statement of Purpose in early November 2003. The Statement of Purpose was circulated to carers, social workers and other stakeholders during the course of the Inspection.

Social Workers and Carers considered that the Statement of Purpose was accurate, easy to read and a fair representation of the service that Cumbria wishes to provide.

The service had purchased the BAAF Guide for Children who have been adopted. The Inspector considers that whilst this guide is ideal for older children, the service should develop the Children's Guide for younger children and children with a disability, for whom the plan is adoption.

Has the Statement of Purpose been reviewed annually?

(Record N/A if the information is not available)

YES

Has the Statement been formally approved by the executive side of the council?

YES

Is there a children's guide to adoption?

YES

Does the children's guide contain all of the information required by Standard 1.4?

NO

Securing and promoting children's welfare

The intended outcome for the following set of standards is:

- The needs and wishes, welfare and safety of the child are at the centre of the adoption process.

Standard 2 (2.1 - 2.3)

The adoption agency has written plans for the implementation and evaluation of effective strategies to recruit sufficient adopters to meet the needs of the range of children waiting for adoption locally.

Key Findings and Evidence

Standard met?

1

Cumbria had experienced some difficulty in recruiting sufficient carers for the number of children for whom adoption was the plan. Historically the service had a high number of looked after children in the care system. The numbers of looked after children and the lack of rigorous childcare planning had in some cases in the tracking sample resulted in unacceptable delay for children in care. This was evidenced throughout the inspection through case tracking, file reading and staff interviews. The senior management of the service had developed an immediate strategy for dealing with this crisis. This involved the employment of sessional workers to progress assessments of adopters more quickly in areas where children were identified as drifting in care.

Sessional workers were also being employed to undertake specific pieces of work with children concerning the adoption process, for example writing Form E's and Schedule 2 Reports. The short-term strategy had been successful, however, the Inspection Team were concerned about the lack of medium and long term strategies for the service as a whole. This is an area that must be addressed as part of Cumbria's Action Plan.

Cumbria has a good Looked After Child participation system. Children and young people were supported to chair their own statutory reviews. As a result the involvement of older young people in their own care planning had increased. The Inspection Team consider that the good practice that was taking place with older looked after children should be extended to involve younger children and children with a disability.

In the last 12 months:

How many children were identified as needing adoptive families?

50

How many children were matched with adopters?

50

How many children were placed with the service's own adopters?

41

How many children were placed with other services' adopters?

9

How many children were referred to the Adoption Register?

X

In the last 12 months, how many children were matched with families, which reflected their ethnic origin, cultural background, religion and language?

47

What percentage of children matched with the adoption service's adopters does this represent?

95

%

How many sibling groups were matched in the last 12 months?

24

How many allegations of abuse or neglect were made about adopters approved by this adoption service?

X

On the date this form was completed, how many children were waiting for a match to be identified?

50

Prospective and approved adopters

The intended outcome for the following set of standards is:

- The adoption agency recruits and supports sufficient adopters from diverse backgrounds, who can offer children a stable and permanent home to achieve a successful and lasting placement.

Standard 3. (3.1 – 3.3 and 3.5 - 3.6)

Plans for recruitment will specify that people who are interested in becoming adoptive parents will be welcomed without prejudice, will be given clear written information about the preparation, assessment and approval procedure and that they will be treated fairly, openly and with respect throughout the adoption process.

Key Findings and Evidence

Standard met?

2

Cumbria had clear policies and procedures, which stated that all people who were interested in becoming adoptive parents would be welcomed without prejudice. In practice there was evidence to suggest that the service did not always offer a positive and consistent response to applicants. Evidence for these findings came from pre-inspection questionnaires and from adopters who were interviewed as part of the case tracking process. Adopters who wished to adopt a child from abroad received a poor initial service. This is an area that should be addressed as part of Cumbria SSD's Action Plan, and may involve purchasing a service from another agency, which focuses specifically on providing assessments for Inter-Country Adopters. Alternatively the service may wish to charge applicants in order to ensure that existing resources are not used for children who may not be the services initial priority. The service does provide applicants with some information about the adoption process, and makes it clear in the initial information that applications will be prioritised for those adopters who are most likely to meet the needs of children waiting.

The Inspection Team would like the service to develop systems, in line with National Minimum Standards, which ensure that prospective adopters who are most likely to meet the needs of children waiting for adoptive parents are prioritised. The system would record and evidence carers who had been "fast-tracked". The system should also provide applicants, assessing social workers and their managers with information about target timescales for all the key stages of the adoption process.

Cumbria SSD does provide preparation and support services for adopters, Cumbria also ensured that information is given about children who need families locally and nationally.

Cumbria SSD had recognised that the information pack sent to adopters should be improved. At the time of the inspection this was a work in progress, however the Inspection Team are most concerned that the new information pack for applicants was developed and implemented quickly. A number of questionnaires and interviews with adopters and adoptive applicants confirmed that the information given at the outset of the process had been poor. Questionnaires and interviews with some adopters confirmed that the adoptive applicants had not been empowered to query or make complaints about the service. The information on how and who to complain to should be built into the initial information pack.

The service would benefit from providing opportunities for adopters to feedback at key stages in the process. For example a questionnaire or comment card about the assessment, panel and at the end of the process when the adoption order had been made may help adopters to provide information about what the service is doing well and what it needs to develop.

Standard 4. (4.1 – 4.9)

Prospective adopters are involved in a formal, thorough and comprehensive assessment, preparation and approval process.

Key Findings and Evidence

Standard met?

2

There was evidence throughout the inspection that prospective adopters had been taken through a thorough and formal, preparation and approval process. Geography impacted upon the capacity of the service to offer as many preparation groups as ideally required. Some adopters confirmed that they had found that the preparation groups had challenged their pre-conceptions. Others commented that the groups had been supportive and useful.

The Inspection Team concludes that the training and trainers can be regarded as a real strength of the service. The existing training had been reviewed and a new training programme piloted. The pilot was due to be reviewed in early 2004.

The service must ensure that all new training addresses diversity issues, including race, gender, sexuality and disability. In addition to this, the needs of Inter-Country Adopters should be considered as part of any preparation training provided.

There was evidence throughout the inspection from case tracking, questionnaires and file reading that applicants had experienced significant delay during the approval process. Adopters gave the impression that in some areas of the county the Family Placement Team's were under a great deal of pressure from staff shortages. Some adopters gave examples of having to "chase" the social worker or experiencing a number of missed appointments during the assessment.

The Inspection Team recommend that the service should develop quality standards around the assessment process based upon the timescales in the National Adoption Standards. The quality standards could for example define the number of expected visits during the assessment process. In addition to this the quality standards could be used as a basis of a "contract" between the adoptive applicants and the service at the beginning of the assessment process. This could involve setting timescales and scheduling visits with the aim of attending the Adoption Panel on an agreed month. This may go some way to ensuring that adoptive applicants are clear about the process and timescales involved for their approval. The quality standards would also provide practice guidance for workers about the assessment and approval process and ensure greater consistency across the county.

Standard 5 (5.1 – 5.4)

Approved adopters are given clear written information about the matching, introduction and placement process, as well as any support to facilitate this they may need. This will include the role of the Adoption Register for England and Wales.

Key Findings and Evidence

Standard met?

2

The Inspection Team found a spectrum of practice, across all of the teams in the county concerning the matching, introduction and placement of a child with adopters. Social work practiced varied from very poor to very good.

There was evidence from file reading and case tracking of a case where the lack of progression in the assessment of second time adopters had resulted in significant delay for the child. There was also evidence that Form E's were not updated consistently and that some adopters were not provided with the most current information to inform the matching process.

Cumbria does have a procedure, which sets out the stages of the matching process. The managers of the service should develop a system to ensure that practice follows procedure in line with National Minimum Standards.

The adoption service does have a post adoption information exchange system and contact agreement, however this should be amended to ensure that adoptive parents are asked whether they will agree to notify the authority of the death of their child during childhood, and to ensure that birth parents are provided with this information if they wish to have it.

Cumbria SSD has a clear policy for referring adopters and children requiring an adoptive placement to the Adoption Register for England and Wales. Although the number of placements found from the register had been limited. A number of adopters were unclear about the role of the National Adoption Register, despite the information given at the preparation training. The Inspector recommends that the service develop a reminder letter about the referral to the Adoption Register post approval.

The Inspection Team found evidence in case tracking of a number of examples of clear and appropriate information being gathered for the child from the prospective adopters.

Does the local authority have written procedures for the use of the Adoption Register?

YES

Standard 6 (6.1 – 6.7)

Adoptive parents are helped and supported to provide stable and permanent homes for the children placed with them.

Key findings and evidence**Standard met?**

2

Cumbria SSD had policies and procedures, which outlined the process of matching and placement. The Inspectors found evidence of cases where families had been helped and supported by the service to provide a stable home. There was also evidence that in some cases the support available to adoptive parents was inadequate, this was very often due to staff shortages in some areas. Some adopters reported that they had needed to prompt all their contact with their social worker, but that the child's social worker had been very proactive in supporting the placement. Other adopters expressed the opposite view, that their family placement social worker had been marvellous, whilst the child's social worker had been very poor.

The service had gone some way to acknowledging that this was an area of development at the time of the inspection, and had advertised to appoint an Adoption Support Co-ordinator. Cumbria SSD does offer a service to families who adopt a child from overseas; however, this is an area in which the service should improve the quality of information, support and advice on offer.

The Inspection found evidence from staff interviewed that the service provided adoptive parents with information about the significance of maintaining and developing the child's own history, including issues of countering racism and other forms of discrimination.

Number of adopter applications started in the last 12 months	54	
Number of adopters approved in the last 12 months	32	
Number of children matched with the local authority's adopters in the last 12 months	41	
Number of adopters approved but not matched	18	
Number of adopters referred to the Adoption Register	23	
How many placements disrupted, between placement and adoption, in the last 12 months?	1	

54

Number of adopters approved in the last 12 months

32

Number of children matched with the local authority's adopters in the last 12 months

41

Number of adopters approved but not matched

18

Number of adopters referred to the Adoption Register

23

How many placements disrupted, between placement and adoption, in the last 12 months?

1

Birth Parents and Birth Families

The intended outcomes for the following set of standards are:

- **Birth parents are entitled to services that recognise the lifelong implications of adoption. They will be treated fairly, openly and with respect throughout the adoption process.**

Standard 7 (7.1 – 7.5)

The service to birth parents recognises the lifelong implications of adoption.

Key Findings and Evidence	Standard met?	2
<p>The Inspection found evidence of some very good work-taking place with Birth Parents by frontline staff in areas of the county. Social Workers and Family Centre staff worked creatively in one area to ensure that birth parents were informed and involved throughout their child's adoption. The challenge of this work cannot be underestimated but had clearly been understood and translated into practice by some members of the service. Cumbria SSD had a service level agreement with After Adoption. The service commissioned ensured that birth parents had access to a support worker independent of the child's social worker. Cumbria SSD included working with birth parents in the current Adoption procedures, however the Inspector recommends that the existing procedures should be developed into a service and multi-agency strategy for working with birth parents. This should include the consistent recording of birth parents' views throughout their child's adoption, in addition to access to independent support.</p>		

Standard 8 (8.1 – 8.2)

Birth parents and birth families are enabled to contribute to the maintenance of their child's heritage.

Key Findings and Evidence	Standard met?	2
<p>The Inspector has already commented upon the direct work with birth parents that takes place in some of the Family Centres in Cumbria. Material is gathered by Family Centre staff and by social workers, however there was considerable evidence from a variety of sources during the inspection of delays in collating and creating life-story books for children already in placement. One child had been in placement for over twelve months and his adoptive parents were still waiting for his life-story book. Some social workers advised that life-story work was not prioritised by the service and that they completed them in their own time. This is an area that the service should review in line with National Minimum Standards. The service provided regular and frequent training for staff on life story work and the importance of maintaining a child's heritage.</p>		

Standard 9 (9.1)

The adoption agency has a clear strategy for working with and supporting birth parents and birth families (including siblings) both before and after adoption. This includes providing information about local and national support groups and services and helping birth parents to fulfil agreed plans for contact.

Key Findings and Evidence**Standard met?****2**

Cumbria SSD, as has already been stated, has policies and procedures which detail how birth parents and birth families are involved in the adoption process. The service acknowledges that the current arrangements fall short of a clear strategy and this is another key task for the Adoption Support Co-ordinator when they are appointed. Cumbria SSD does have a service level agreement with After Adoption and can refer birth parents to the Natural Parents Network. Case tracking identified some cases where birth parents had been provided with practical and financial assistance with post adoption contact.

Adoption Panels and Agency decisions

The intended outcomes for the following set of standards are:

- Each adoption agency has an adoption panel which is organised efficiently and is effective in making quality and appropriate recommendations about children suitable for adoption, the suitability of prospective adopters and the matching of children and approved adopters.
- The adoption agency's decisions are made to promote and safeguard the welfare of children.

Standard 10 (10.1 – 10.3)

Adoption panels have clear written policies and procedures about the handling of their functions and ensure that they are implemented.

Key Findings and Evidence	Standard met?	2
<p>The Adoption Panel had some of the required policies and procedures concerning panel functioning, which were implemented in practice. The service should revise existing procedures and supplement them, to bring them in line with National Minimum Standards and Local Authority Adoption Service Regulations 2003. The policies and procedures should include the appointment of a chair or vice chair, dealing with performance issues and the method of providing feedback to the agency on the quality of cases being presented to panel.</p> <p>The Inspector considered from records and observations of panel, that panel functioned effectively within the context of the wider service.</p> <p>The Inspector observed that the Adoption Panel were knowledgeable, child focused and democratic. The medical and legal advisors offered valuable advice to other panel members. The Inspector observed that prospective adopters were given the opportunity to attend the adoption panel and to be heard in a considerate manner by the panel chair and by other panel members.</p> <p>The Inspector was impressed by the adoption panel's awareness of the recent change in legislation and their consideration and promotion of post adoption support for all the matches being brought to panel.</p>		

Standard 11 (11.1 – 11.4)

The adoption agency shall ensure that each adoption panel is properly constituted, that panel members have suitable qualities and experience to be a panel member and have regular training to allow them to keep up to date with changes in legislation, guidance and practice. Where the adoption agency is involved in inter-country adoption, each member of the panel understands the implications of being adopted from overseas and seeks advice, when necessary, on the laws and eligibility criteria for the overseas country.

Key Findings and Evidence**Standard met?**

1

There was a significant regulatory failure concerning the information on panel members. It is a requirement that all panel members have a Criminal Records Bureau check's before they start work on the panel. The inspection found evidence that this was not the case at the time of the inspection. This is a matter that must be addressed within the given timescale. Cumbria SSD must also ensure that they have systems in place, which evidence the following good practice recommendations: That adoption panel members have access to appropriate training and skills development. That panel members receive training in the basic principles of the law and eligibility criteria for overseas adoption.

Is the panel a joint panel with other local authorities?

NO

Does the adoption panel membership meet all of the statutory requirements?

NO

Standard 12 (12.1 – 12.3)
Adoption panels are efficiently organised and conducted and are convened regularly to avoid delays in the consideration of prospective adopters and matching children and adopters.

Key Findings and Evidence	Standard met?	3
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Panel administrators, the panel chair and other members of staff confirmed that the county adoption panel was effectively organised, conducted and convened. The panel administrators advised that they were given sufficient resources to support the efficient functioning of the county adoption panel. The Inspector was pleased to note that after an internal consultation the agency had decided to move away from a two-tier panel system involving a district adoption panel and a county adoption panel. The two tier system had been introduced to quality assure any cases being forwarded to the county adoption panel. The inspector considered that this was an inefficient use of resources, which had the capacity to build in further delay for a child seeking an adoption or a family applying to be considered.

The service planned to implement a joint panel at the beginning of 2004, and to increase the number of panel meetings from the existing once every three weeks to three weekly cycle, meaning that the panel is held weekly in one division around the county per month. The inspector would advise that the service should keep under review the adequacy of administrative support for the proposed joint panels.

Members of the adoption panel confirmed that they received all the necessary information to consider the cases on the adoption panel, in good time.

Reading of panel minutes confirmed that they were accurate and informative. Panel administrators advised that they had the opportunity to attend specific training concerning the production of good panel minutes.

Standard 13 (13.1 – 13.3)
The adoption agency's decision is made without delay after taking into account the recommendation of the adoption panel and promotes and safeguards the welfare of the child.

Key Findings and Evidence	Standard met?	2
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The inspector noted that a recommendation concerning one child had been made in principle and then forwarded to the agency decision maker for their consideration. Panel should limit themselves to forwarding recommendations to the agency decision maker before they have an opportunity to make a considered and professional decision.

Case tracking of files and discussions with staff and adopters confirmed that the agency's decision is made without delay, and that the agency had made arrangements to convey the decision to the child, and in writing to the parents or guardian and prospective /approved adopters as appropriate.

Fitness to provide or manage an adoption agency

The intended outcomes for the following set of standards are:

- The adoption agency is provided and managed by those with the appropriate skills and experience to do so efficiently and effectively and by those who are suitable to work with children.

Standard 14 (14.1 – 14.3 and 14.5 – 14.6)

The people involved in carrying on and managing the adoption agency:

- possess the necessary knowledge and experience of child care and adoption law and practice and
- have management skills and financial expertise to manage the work efficiently and effectively and
- ensure that it is run on a sound financial basis and in a professional manner.

Key Findings and Evidence

Standard met?

1

The Inspector found evidence to support the view that despite the knowledge and experience of adoption law and practice by individual members of the management team, that the service as a whole was not being managed efficiently and effectively. Evidence for these findings came from discussions with staff, service users and with managers of the service.

The Permanence and Adoption Manager had the necessary professional qualifications and was in the process of completing their NVQ Level 5 in management. The acting Team Manager (Family Placement) had already completed their NVQ Level 4 in management. At the time of the inspection the management structure of the service did not allow for the effective leadership of staff and operation of the service.

The Permanence and Adoption Manager advised the Inspection team that they had no management responsibility for the service and that their role was essentially one of policy development, consultancy and advice.

There were clearer lines of accountability between the Acting Team Manager (Family Placement) and the principal social workers (Family Placement), which were in fact area team managers.

The issue of the management of the service will be dealt with in the next section of the report. However the Inspection Team advises that Cumbria SSD should reconsider the job descriptions of the managers of the service to ensure that the title, duties, responsibilities and level of delegation of each of the managers is clear.

Does the manager have Management NVQ4 or equivalent?

NO

Does the manager have at least 2 years experience of working in a childcare setting in last 5 years?

YES

Standard 15 (15.1 – 15.4)
Any person carrying on or managing the adoption agency are suitable people to run a voluntary organisation or business concerned with safeguarding and promoting the welfare of children.

Key Findings and Evidence	Standard met?	1
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The Inspection Team found that the human resources service had developed a system to ensure that the information set out in Schedule 2 had been gathered. There were some omissions on personnel files, including proof of qualifications gained. This is a matter that must be dealt with as part of the services Action Plan.

The service manager had a satisfactory enhanced disclosure from the Criminal Records Bureau, and Capita, the human resources service were in the process of developing a Criminal Records Bureau renewal system in line with Local Authority Adoption Service Regulations 2003.

Provision and management of the adoption agency

The intended outcomes for the following set of standards are:

- The adoption agency is organised and managed efficiently, delivering a good quality service and avoiding confusion and conflicts of role.**

Standard 16 (16.1 – 16.7)
The adoption agency is managed effectively and efficiently.

Key Findings and Evidence	Standard met?	1
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The management of the service had just introduced the Statement of Purpose to the wider workforce at the time of the inspection. The management of the service aimed to ensure that the Cumbria's adoption service was run in line with the Statement of Purpose.

The Inspector found significant failings in the management and organisation of the service at the time of the inspection.

There were no clear lines of accountability and delegation between the senior management and front line staff in the service. All staff interviewed said that they appreciated the lead that the Permanence and Adoption Manager and principal social worker for the county gave on adoption issues. Staff confirmed that they were able to contact the Permanence and Adoption Manager or principal social worker for advise and that they benefited from the expertise and knowledge of both managers. Despite the knowledge and expertise within the senior management of the service Inspectors found evidence of a consultative and advisory style of management, with little emphasis on performance management despite the challenging targets set by central government for adoption.

This was not assisted by the lack of clear roles for the managers of the service. The Permanence and Adoption Manager advised of the proposed reorganisation within the senior management team, which meant that the Service Manager(Provider Services) would be supervising them in the future. This more integrated approach may assist the management of the Cumbria's adoption service.

The Inspector recommends that the management of the service must engage with the performance management and quality assurance agenda if the service is to meet National Adoption Standards and National Minimum Standards. The effective management of the adoption service can only be achieved if other parts of children's services are being managed effectively. At the time of this inspection the SSI had found a number of problems within the childcare fieldwork services. Problems in the progression of children's care plans impacted greatly upon the adoption service.

The Permanence and Adoption Manager had undertaken a specific piece of research into the areas where children's care plans had not been progressed through to adoption. The

service had then directed resources at moving some of these children's and family's cases on. Whilst this crisis intervention produced some positive outcomes, the Inspection team considered that the service must develop a medium and long term strategy to prevent the same crisis happening again. For any strategy to work within Cumbria SSD the Inspector recommends that the managers of the adoption service ensure that they develop systems, which are integrated with childcare fieldwork.

Number of complaints received by the adoption service in the last 12 months

Number of the above complaints which were substantiated

Standard 17 (17.1 – 17.3)

There are clear written procedures for monitoring and controlling the activities of the adoption agency and ensuring quality performance.

Key Findings and Evidence	Standard met?	1
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As has been stated, the service had no clear written procedures for managing and controlling the activities of the adoption agency in line with National Minimum Standards. Cumbria SSD has a policy of not charging inter country adopters for services. The executive of the council receives six monthly reports on the adoption service. The manager must ensure that the report addresses the effectiveness of the service. The council must satisfy themselves that the adoption service is effective and achieves good outcomes for children. Regrettably the member responsible for children's services was not able to see the Inspection team, and therefore the views of the members on the effectiveness of the service or otherwise was not ascertained at the time of the inspection.

How frequently does the executive side of the council receive written reports on the work of the adoption service?

Monthly?	<input type="text"/>
Quarterly?	<input type="text"/>
Less than Quarterly?	YES

Standard 18 (18.1 – 18.5)

The adoption agency has access to specialist advisers and services appropriate to its needs.

Key Findings and Evidence**Standard met?**

2

Cumbria SSD had access to specialist advice from a medical adviser who was available to offer information to staff and to adopters about the medical needs of a child or prospective adopter. The medical advisor accesses specialist medical advice on behalf of the adoption agency and is an experienced and valued contributor to the adoption panel.

The legal advisor was also available for ongoing consultation with staff and was a valued contributor to panel.

The adoption agency does have systems in place to access other specialisms as required.

The agency can gain access to the Department of Health website to gain up to date information concerning adopting from another country.

The service should develop a written protocol governing the role of specialist advisers, including verification of their qualifications and any registration they may have with a professional body.

Employment and management of staff

The intended outcome for the following set of standards is:

- The people who work in the adoption agency are suitable to work with children and young people and they are managed, trained and supported in such a way as to ensure the best possible outcomes for children waiting to be adopted or who have been adopted. The number of staff and their range of qualifications and experience are sufficient to achieve the purposes and functions of the adoption agency.

Standard 19 (19.1 – 19.14)

Anyone working in or for the adoption agency are suitable to work with children and young people and to safeguard and promote their welfare.

Key Findings and Evidence

Standard met?

1

Suitability to work with Children

At the time of this inspection Capita were in the process of developing a system to record and update Criminal Records Bureau checks on all adoption staff working with children on a three yearly basis. However the service must ensure that all staff have a Criminal Records Bureau check.

This requirement is cross referenced to the requirement number 3 at the beginning of the report.

The service had developed a clear written recruitment and selection procedure for appointing staff. Managers had received training in recruitment and selection.

The management of the service should ensure that telephone enquiries are made to each referee to verify written references. The outcomes of these discussions should be recorded on file.

Qualifications

The Inspection found that all social workers interviewed were appropriately qualified and that the service was working to support staff to obtain the PQ Child Care Award. The service should demonstrate how it will achieve the level of social workers with 20% PQ Child Care Award by 1st April 2006. Social workers demonstrated a range of experience, knowledge and skills. The Inspector would recommend that the service should invest in further training concerning the assessment of adopters, and should offer further training on promoting equality and diversity within the adoption service as a whole.

Workers who were trained and experienced provided Birth records counselling.

Other professional staff were appropriately qualified and trained; this included the services of a therapist who had been employed to assist with adoption placements and assessments of children.

The area teams had a degree of skill mix. Some of the staff were unqualified. All of the unqualified staff that were interviewed as part of this inspection confirmed that they were well supported and supervised by the manager and by qualified social workers.

Given the role that Family Centre workers take in supporting birth parents, the Inspector advises that the service should provide specific training concerning direct work with birth parents to Family Centre staff. All work with birth parents is supervised by a social worker.

Do all of the adoption service's social workers have DipSW or equivalent?

YES

What % of the adoption service's social workers have a PQ award?

9

%

Standard 20 (20.1 – 20.12)

Staff are organised and managed in a way which delivers an efficient and effective service.

Key Findings and Evidence**Standard met?****1**

Although managers demonstrated their knowledge and experience as individuals. The Inspector formed the view that staff were not being managed and monitored effectively. Some of these issues have been addressed in earlier sections of this report. Staff did not have the benefit of clear management structures and lines of accountability. The adoption service had no clear systems to determine, prioritise and monitor workloads and assign tasks to appropriate staff. Some staff, in some areas were clearly performing to a higher standard than in others. Whilst some of this was caused by higher staff vacancies and recruitment and retention problems in some teams, this situation was not helped by the service's lack of performance management and confusing structure. The service had commissioned research into social workers views on the effectiveness of staff supervision. Some staff reported that they were well supported by their managers; other staff informed the Inspectors that they were not well supported by their line managers. The senior managers of the service must develop systems to ensure that all staff are offered a consistent level of professional supervision across the service. Staff informed the inspectors that they had the opportunity to undertake a range of on-going training and appropriate professional and skills development. At the time of the inspection Cumbria did have an adequate level of clerical and administrative staff support. The service did not demonstrate that staff were supported by adequate office equipment, and infrastructure to enable staff to carry out their duties in an efficient and effective manner. The lack of an information strategy and access to Information Technology was startling in an authority, which covers such a wide geographical area. In one area of the county the team was split into two locations, 30 miles apart. Without remote working options some staff within the service were spending a great deal of time on the road, travelling between meetings. This was especially true of managers within the service. Cumbria should demonstrate how they will make more effective use of staff time by the development of an information strategy in the Action Plan. Evidence from adopters in questionnaires returned and from administrative staff confirmed that prospective adopters were dealt with promptly and courteously when they made their initial enquiry. A number of adopters did express concern about difficulties contacting adoption social workers, and of messages left and not returned. Many adopters gained the impression that staff were under pressure. This is an issue that should be addressed in the services Action Plan. The inspectors did find evidence at the time of the inspection to support the findings that Cumbria utilise a range of services to meet the needs of children and to support prospective and approved adopters. The service had appropriate job descriptions for permanent staff, which complied with the Code of Practice. Cumbria should develop full written contracts for sessional workers employed by the county adoption service. Staff confirmed that they had access to the following:
Statement of Purpose
Policies and Practices concerning grievances and disciplinary matters
Services Offered
Equal Opportunities
Health and Safety procedures
Complaint procedure
GSCC's Code of Practice

Standard 21 (21.1 – 21.4)
There is an adequate number of sufficiently experienced and qualified staff to meet the needs of the adoption agency and they are appropriately supported and assisted in providing a service.

Key Findings and Evidence	Standard met?	2
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The service had suffered from staff recruitment and retention difficulties in some areas of the county. Some teams were more challenged by staff resource issues than others. There was evidence that the managers of the service had developed a crisis management strategy in response to the vacancies. The contingencies that had been developed focused upon a short-term response to staff recruitment difficulties. The adoption service should demonstrate how they will alleviate staff recruitment issues in the more medium to long term in their Action Plan.

Adopters expressed some concern that staff in the adoption service gave the appearance of being pressurised. Evidence for these findings came from interviews as part of the case tracking and from questionnaires from adopters about the service.

Some staff members also gave the impression that they were finding it difficult to manage their caseloads effectively, and that they had to complete important social work tasks in their own time. The issue of effective workload management should be addressed in the services Action Plan.

The Permanence and Adoption Manager stated that staff retention was not a significant challenge for the service at the time of the inspection.

Total number of social work staff of the adoption service	38	Number of staff who have left the adoption service in the past 12 months	2
Number of social work posts vacant In the adoption service.	8		

Standard 22 (22.1 and 22.3)
The adoption agency is a fair and competent employer, with sound employment practices and good support for its staff.

Key Findings and Evidence	Standard met?	1
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The Inspection Team found a great deal of evidence to support the view that Cumbria was not a fair employer.

Difficulties in recruiting to key posts within the children’s social work teams had resulted in significant differences between the terms and conditions across the service. At the time of the Inspection social workers in the adoption service were entitled to less annual leave and less pay than some of their colleagues in the children’s social work teams.

Staff in the administrative teams also expressed concern about the differences in pay between senior administrators in child protection and adoption.

Whilst understanding the national difficulties that have resulted in developing special packages for certain staff, and not wanting to undermine the significance of child care and child protection work, the inspector found that recruitment to the adoption service from within the wider service was being hampered by these inequalities.

The service must review the current inequalities within pay and terms and conditions if the service can be regarded as being a fair and competent employer.

Standard 23 (23.1 – 23.6)		
There is a good quality-training programme to enhance individual skills and to keep staff up-to-date with professional and legal developments.		
Key Findings and Evidence	Standard met?	2
<p>Despite the difficulties that the service had experienced in 2001-2002, the inspection team found evidence of a good service training plan, that was being review and updated at the time of the inspection. The inspector recommends, as has been previously stated, that this training could be developed from the existing Adoption and Permanence Network. The Permanence and Adoption Manager had also recognised the need to provide further training on the Adoption and Children Act 2002.</p> <p>The service provided evidence that staff were kept up to date about recent developments and changes in legislation and guidance through regular team meetings, team development days and management meetings and through the Ensuring Action on Key Documents system.</p> <p>The induction offered to staff was in line with TOPSS Induction Standards for England. The adoption service should also demonstrate how it will ensure that all staff working in adoption have had an appraisal or joint review which identifies their training and development needs. This information should then be gathered to inform the training plan.</p>		

Records

The intended outcome for the following set of standards is:

- All appropriate records are maintained securely, kept and are accessible when required.

Standard 25 (25.1 – 25.5)		
The adoption agency ensures comprehensive and accurate case records are maintained for each child, prospective and approved adopter with whom the agency has worked.		
Key Findings and Evidence	Standard met?	2
<p>Records seen as part of this inspection confirmed that the service had policies and procedures covering arrangements for maintaining the confidentiality of adoption information and adoption case records and their indexes.</p> <p>The service also ensured that manual and computerised indexes and case records were securely stored to minimise risk of damage from fire and water.</p> <p>Records were kept of status checks that had been obtained for adopters and Criminal Records Bureau checks for adults aged 18 or over living in their household, and their outcomes. The Inspection Team found evidence that not all case files were well organised and presented. The forms at the front of the file, which recorded the progress of an adoption application and assessment, were not consistently completed.</p> <p>In addition to this the majority of the files chosen provided little or no evidence of managerial oversight.</p> <p>The service should develop and implement a system to ensure the consistent recording of significant information in adoption files. In addition to this the service should ensure that decisions by supervisors are recorded on case files and are legible, clearly expressed, signed and dated.</p>		

Standard 26 (26.1 – 26.2)
The adoption agency provides all relevant information from its case files, in a timely way, to other adoption agencies and local authorities with whom it is working to effect the placement of a child.

Key Findings and Evidence	Standard met?	1
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Questionnaires returned from other adoption agencies confirmed that the service provided all information from its case files in a timely way.
 The management of the service may benefit from developing a standard questionnaire at the time of the placement or adoption order to ask for other agencies feedback about the service Cumbria has provided to the child and their family.
 The service has a clear access to records policy and procedure which is well understood in practice and which takes into account the Data Protection and Human Right's Acts.
 The service must consider the confidentiality agreement in light of the National Care Standards Commission's and SSI's (CSCI) legitimate interest in the functioning of the adoption panel.

Standard 27 (27.1 – 27.6)
There is a written policy on case recording which establishes the purpose, format, confidentiality and contents of files, including secure storage and access to case files in line with regulations.

Key Findings and Evidence	Standard met?	2
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Separate records were kept of staff, complaints and allegations. Staff records were held by the human resources company Capita, the Permanence and Adoption Manager held records concerning complaints and allegations. The records of complaints, which were seen during the inspection, confirmed that the managers had dealt with the complaints made very well.
 The Inspection Team found evidence of a written policy on case recording, however as has already been stated case files and standard forms were not consistently completed. Little evidence was found of a system to monitor the quality and adequacy of records. No evidence was found of action being taken to remedy any deficiencies in case files or recording.
 The service should address the issue of consistent record keeping, and the monitoring of the quality of case files in the Action Plan.

Standard 28 (28.1 – 28.2)
Up-to-date, comprehensive personnel files are maintained for each member of staff and member of the adoption panel.

Key Findings and Evidence	Standard met?	1
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At the time of the inspection personnel files were maintained and kept by Capita. The service in negotiation with Capita must ensure that staff records are kept and maintained in line with Local Authority Adoption Service Regulations 2003.
 Further to this the service must ensure that information outlined in the National Minimum Standards and Local Authority Adoption Service Regulations 2003 is maintained for adoption panel members.

Fitness of Premises

The intended outcome for the following standard is:

- The premises used by the adoption agency are suitable for the purpose.

Standard 29 (29.1 – 29.5)

Premises used by the adoption agency are appropriate for the purpose.

Key Findings and Evidence	Standard met?	2
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The Inspection Team were unable to visit all offices used by adoption staff across the county as part of this inspection. However the fostering inspection completed in 2003 confirmed that the premises were fit for purpose.

The Inspection Team, as has already been stated has great concerns about the lack of access to IT for front line staff, and regards the need for an information strategy for the service as one of Cumbria's most pressing needs. Administrative staff and social workers informed inspectors that they were all frustrated by the lack resources, including access to computers and remote working facilities.

The Inspection Team has already recommended that administrative support should be reviewed in light of any service development.

PART C

LAY ASSESSOR'S SUMMARY

(where applicable)

Lay Assessor _____ **Signature** _____
Date _____

D.1 Local authority manager's comments/confirmation relating to the content and accuracy of the report for the above inspection.

We would welcome comments on the content of this report relating to the Inspection conducted on 13th November 2003 and any factual inaccuracies: 27th August 2004

Please limit your comments to one side of A4 if possible

Action taken by the NCSC in response to the provider's comments:

Amendments to the report were necessary	<input type="checkbox"/> YES
Comments were received from the provider	<input type="checkbox"/> YES
Provider comments/factual amendments were incorporated into the final inspection report	<input type="checkbox"/> YES
Provider comments are available on file at the Area Office but have not been incorporated into the final inspection report. The inspector believes the report to be factually accurate	<input type="checkbox"/>

Note:

In instances where there is a major difference of view between the Inspector and the local authority adoption manager, both views will be made available on request to the Area Office.

D.2 Please provide the Commission with a written Action Plan by 3rd September 2004 , which indicates how statutory requirements and recommendations are to be addressed and stating a clear timescale for completion. This will be kept on file and made available on request.

Status of the Provider's Action Plan at time of publication of the final inspection report:

Action plan was required	<input type="checkbox"/> YES
Action plan was received at the point of publication	<input type="checkbox"/> YES
Action plan covers all the statutory requirements in a timely fashion	<input type="checkbox"/> YES
Action plan did not cover all the statutory requirements and required further discussion	<input type="checkbox"/> NO
Provider has declined to provide an action plan	<input type="checkbox"/> NO
Other: <enter details here>	<input type="checkbox"/>

Public reports

It should be noted that all NCSC inspection reports are public documents.

D.3 PROVIDER’S AGREEMENT

Local authority manager’s statement of agreement/comments: Please complete the relevant section that applies.

D.3.1 I _____ of Cumbria County Council Adoption Service confirm that the contents of this report are a fair and accurate representation of the facts relating to the inspection conducted on the above date(s) and that I agree with the statutory requirements made and will seek to comply with these.

Print Name _____
Signature _____
Designation _____
Date _____

Or

D.3.2 I _____ of _____ am unable to confirm that the contents of this report are a fair and accurate representation of the facts relating to the inspection conducted on the above date(s) for the following reasons:

Print Name _____
Signature _____
Designation _____
Date _____

Note: In instance where there is a profound difference of view between the Inspector and the Registered Provider both views will be reported. Please attach any extra pages, as applicable.