



Making Social Care
Better for People

inspection report

Voluntary Adoption Agency

Catholic Children`s Society (Clifton)

58 Alma Road

Clifton

Bristol

BS8 2DJ

24th/25th/ 26th August 2004

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.

VOLUNTARY ADOPTION AGENCY INFORMATION

Name of Voluntary Adoption Agency
Catholic Children`s Society (Clifton)

Address
58 Alma Road, Clifton, Bristol, BS8 2DJ

Tel No
0117 973 4253
Fax No
0117 923 8651
Email Address
info@ccsclifton.org.uk

Certificate Number of Voluntary Adoption Agency
F080000251

Name of Registered Provider:
Catholic Children`s Society (Clifton)

Name of Manager:
Amanda Alston

Is this service the principal office or a branch?

Principal Office yes Branch no

Is this a small principal office or branch?

Seven or less full-time equivalent social work staff, excluding manager.

yes

Date of registration:

Date of most recent certificate:
30th April 2003

Registration Conditions Apply?

NO

Date of last inspection:

August 2001

Date of Inspection Visit		24th August 2004	ID Code
Time of Inspection Visit		09:00	
Name of Inspector	1	Delia Amos	128500
Name of Inspector	2	Sue Nott	105781
Name of Inspector	3		
Name of Inspector	4		
Name of Lay Assessor (if applicable) Lay assessors are members of the public independent of the CSCI. They accompany inspectors on some inspections and bring a different perspective to the inspection process.			
Name of Specialist e.g. Interpreter/Signer (if applicable)			
Name of Establishment Representative at the time of the inspection		Jadwiga Ball	

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Voluntary Adoption Agencies which fall within the jurisdiction of the Commission for Social Care Inspection (CSCI) are subject to inspection, to establish if the service is meeting the National Minimum Standards for Voluntary Adoption Agencies and the requirements of the Care Standards Act 2000, the Adoption Act 1976 as amended, the Adoption Agencies Regulations 1983 as amended, and the Voluntary Adoption Agencies and Adoption Agencies (Miscellaneous Amendments) Regulations 2003.

This document summarises the inspection findings of the CSCI in respect of Catholic Children`s Society (Clifton). The inspection findings relate to the National Minimum Standards for Voluntary Adoption Agencies published by the Secretary of State under section 23 of the Care Standards Act 2000.

The Adoption Agencies Regulations 1983 and the Voluntary Adoption Agencies and Adoption Agencies (Miscellaneous Amendments) 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 CSCI in relation to Voluntary Adoption Agencies regarding registration, the imposition and variation of registration conditions and any enforcement action.

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
- Required actions on the part of the provider
- Recommended good practice
- Summary of the findings
- Report of the Lay Assessor (where relevant)
- Provider`s 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.

Catholic Children's Society (Diocese of Clifton) was founded in 1904 to help destitute Catholic children. In more recent years its purpose has been the recruitment of adoptive parents, support of placements, post adoptive support and assisting adults trace their origins if previously adopted through or cared for by the society.

CCC recruits adopters from all communities, without stipulating any religious belief or faith. Single people were considered as adopters but enquiries from gay and lesbian couples were redirected to other agencies who were able to take up their applications.

The adoption agency was part of the South West Adoption Consortium, although the agency was often involved in arranging placements for children throughout England. The agency covered the Local Authority areas of Bristol, Bath and NE Somerset, North Somerset, Swindon, Wiltshire, Gloucestershire and South Gloucestershire.

The Agency's Statement of Purpose includes the objective to recruit and prepare a diverse range of adoptive families who can respond to the differing needs of hurt and vulnerable children waiting for permanent placements. The agency's priorities include assessing applicants with the potential to meet the needs of children likely to display significant emotional or behavioural difficulty as a result of earlier trauma/experience. These include

- children with particular needs arising from ethnicity, religion, culture or language;
- children with significant developmental delay who may require educational support;
- children with health needs who are likely to require ongoing medical services;
- children with physical or learning disabilities;
- family groups of children that require joint placement;
- children with background histories that present difficulties in family finding.

CCS Adoption Agency offered a comprehensive adoption service which included recruiting, assessing and preparing people seeking to adopt a child. Support is given to the child and family throughout the adoption process and beyond. The agency also has the function of placing children for adoption in the small number of cases involving voluntarily relinquished babies which are directly referred. No referral of this nature had occurred in the last two years.

CCS provides counselling to birth families and acts as an intermediary, including birth relative initiated contact. An experienced and qualified volunteer provides this counselling service, supervised by the manager of the agency.

The agency provides ongoing support to adopters through workshops and through social events, such as picnics. A group for young people has also been developed, meeting for activities such as bowling.

The agency has a Service Level Agreement with Bath and North East Somerset to undertake step parent adoption assessments. On occasions, local authorities will also commission the agency to undertake life story work with children.

The social work staff team consisted of a Director and Social Work Manager, five Senior Adoption Practitioners, a volunteer counsellor. The agency has an Office Manager and Assistant Office Manager, two secretaries, and an officer responsible for finance and development. The agency staff had access to a range of consultants and advisers. The adoption panel was independently chaired and met monthly.

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 report is the first by the Commission for Social Care Inspection under the National Minimum Standards for Adoption, and therefore serves as an audit of the service against the new requirements, identifying developments needed to meet the new requirements within a reasonable period of time.

This inspection took place at a time when the Agency was preparing to move to new premises, and with that would be an injection of funding from Children in Need for Adoption Support development. The move to alternative premises was a requirement following the previous inspection by the Social Services Inspectorate in August 2001, and this requirement is repeated although inspectors are aware that the move is likely to be imminent. It had long been acknowledged that the present premises were wholly unsuitable, and the manager and Director of the agency were disappointed that unavoidable delays had prevented the move. The premises which are to be used were visited in the course of this inspection. Although some aspects of their use needed to be clarified, there was every indication that they would provide a satisfactory and much improved environment for the provision and development of the services of the agency.

The office relocation was to be a significant move into a more diverse community. The agency was looking forward to expanding its recruitment potential to reach more adopters from minority ethnic groups.

During this inspection, four adopters were visited. Inspectors received questionnaires from ten adopters. Comments from adopters were very favourable about the service they received. These included:

"We have had excellent support from the CCS. The staff are trustworthy and committed to their adopters and the children they have placed."

"We have had a great experience, from all the staff, they are incredibly professional, caring and reliable. They are the best."

"Our experience of dealing with the CCS is excellent. A very good service."

"The team have been extremely supportive and helpful. We would certainly recommend anyone looking into adoption to contact CCS".

"CCS is brilliant and I can highly recommend it".

"The whole Society have been very supportive throughout, and continue to do so."

"They are very supportive and understanding throughout the whole process".

"Overall it has been a very positive experience".

"Would recommend CCS as an adoption agency."

Questionnaires were also sent to a sample of placing social workers and placing authorities. There were seven responses from social workers who had matched placements for eleven children in the last twelve months. There were also six responses from placing authorities. The responses were generally very positive and included:

"An excellent professional agency which maintains high, consistent standards over the years I have been involved with them"

"Excellent"

“Overall is a good service”
“Extremely professional”.

Comments received from social workers were overwhelmingly positive, referring to good working relationships, responsive and helpful input and professional, thorough and knowledgeable workers. A social worker reported that the agency social workers were ‘found to be particularly helpful and supportive to children placed and adopters’. The agency was described as “child focused” and providing an excellent service.

Inspectors found that the CCS Adoption agency aimed to provide a high standard of service to children and their adoptive families. The team was knowledgeable and committed. Regular use of external consultancy was contributing to continuous development of reflective and more innovative practice. Updating and revision of policies in some areas was identified as a need. The Director of the agency has been involved in time consuming negotiations and planning in regard to the proposed move and the role of the Social Work Manager was still developing. There will be opportunities presented by the expansion of the team when the relocation is achieved. A number of new developments were being proposed which would broaden the range of support available to adopters and extend the services offered by the agency. This will be a significantly challenging and exciting time for the agency. The Director was confident in the support provided by the Trustees and the capacity of the team to respond positively to the challenge.

Statement of Purpose (Standard 1)

This standard was partially met

There was a statement of purpose which had been recently drafted and complied with regulations. It had been formally approved by the Trustees in July 2004. Policies and procedures were generally found to be satisfactory and there was ongoing revision. Some shortfalls were noted and specifically the child protection procedures needed review to comply with the current legislation.

Securing and Promoting Welfare (Standard 2)

This standard was partially met

The agency participated in implementing and evaluating recruitment strategies within the consortium. The agency’s social workers worked proactively to achieve placements which matched the assessed needs of the children. It is recommended that the agency develop a more specific recruitment plan particularly in view of the proposal to extend recruitment efforts to attract applicants from more diverse groups.

Prospective and approved adopters (Standards 3-6)

Two of these four standards were exceeded, one met and one partially met.

Information given to prospective adopters did not stipulate that people should be of any particular faith or belief. The range of adopters seen during this inspection included people from varied backgrounds. A recommendation is made that the eligibility criteria should be more explicitly documented. Adopters reported that they had been provided with an excellent range of information. The agency invited enquirers to two separate information sessions. Adopters reported they were satisfied with the pre-approval information and with the response they had received from the staff. The preparation sessions were co-ordinated by the Director and adopters reported them to be very valuable. Assessment reports seen were in-depth and thorough. The agency gave additional training to approved adopters to help prepare them for the linking and introduction process. A Risk Assessment process had been introduced as part of the matching and there was considerable care given to considering the information available from the local authorities. Adopters spoke confidently about the support they received from the agency following placement. Inspectors were impressed with the range of support available to adopters and to the children. The agency was further developing its service to adoptive families. Funding had been obtained for an adoption support worker post.

Birth Parents and birth families (Standards 7-9)

These standards were met.

The agency provided counselling and intermediary work to birth relatives. The lifelong implications of adoption were well recognised by the agency and demonstrated in its work with other agencies. Direct work with birth families in current cases was largely done by placing authorities although the agency function included the direct placement of voluntarily relinquished children. No referral of this nature had been made in the last two years.

Adoption Panels and Agency Decisions (Standards 10-13)

Two of these four standards were met and two partially met.

The agency had a well informed panel with panel members who had a broad range of relevant experience. The medical officer was functioning as panel chair. This may involve role conflict which inspectors recommend is regularly reviewed. Applicants attended panel and every effort was made to ensure they were comfortable with the process. Some revision was needed to ensure the adoption panel's policies and procedures included all relevant aspects of the standard. More formal documentation of the appointment and induction of panel members is recommended. The panel was efficiently conducted and minutes were seen to be informative.

The agency decision maker was the Chairperson of the Trustees. He usually attended panel as an observer and was able to confirm decisions very promptly. It has been recommended that the agency review the attendance at panel of the agency decision maker.

Fitness to provide or manage an adoption agency (Standards 14,15)

One of these two standards was met and one partially met.

The nominated manager of the adoption agency had considerable relevant experience for the role and is undertaking appropriate management training. The Director of the agency had relevant experience but at this point had not undertaken management training. Satisfactory CRB checks had been undertaken.

Provision and management of the adoption agency (Standards 16-18)

Two of these three standards were met and one partially met.

The Trustees Committee met six times a year, with three sub-committees dealing with finance, publicity and social work. The Director had overall responsibility for the day to day running of the agency and reported frequently to the Trustees. Lines of accountability were clear within the agency. A range of specialist advisers were available to the adoption service although work needed to be done to develop protocols governing the role of specialist advisers.

Employment and management of staff (Standards 19-24)

Three of these six standards were met, one partially met and two not met.

There were satisfactory recruitment and selection procedures although some amendments to the application form and record of interview are recommended. References and checks were undertaken before people working in the agency took up appointment. All social workers had a professional social work qualification. One member of the social work team was progressing towards the Post Qualifying Part 1. Staff were regularly supervised and had clear lines of accountability. Regular access to external supervision from an independent Social Work Consultant was valued. The workload management system was largely though regular supervision. Staff had clear targets in respect of the assessment of adopters. Staff spoke very positively about the training opportunities that they received. There was a need for a more systematic approach to staff induction and post qualifying training. An appraisal system was not yet implemented, although planned for January 2005. Inspectors saw evidence that complaints were sensitively handled and resolved appropriately, using an independent investigator. Some revision of the procedures was required to bring them into line with the regulations.

Records (Standards 25-28)

One of these four standards was exceeded, two were met and one partially met.

Case records of adopters held the required information and were of a high standard. There were policy and procedural instructions in relation to files, confidentiality and security. The agency will need to review the security of the records in regard to the risk of damage from fire and water, and in view of the possible relocation of the records to the new premises. There were appropriate written guidelines in regard to access to case files and the agency maintained good communication with a wide range of agencies across the country. There was a case recording policy. Personnel files for staff and members of adoption panels were being updated.

Fitness of Premises (Standard 29)

This standard was not met.

It had previously been identified that the present premises were unsuitable and steps have been taken by the Trustees for the purchase of new premises. For various reasons the move to the new premises has taken longer to achieve than the agency hoped. The inspector visited the new premises at Easton and every indication was that they would be likely to be very suitable for the purpose of the adoption agency.

Financial Requirements (Standards 30-31)

These standards were met.

The Trustees' report, together with the independent auditors' report, indicated that the Trustees were sufficiently confident in the viability of the agency to fulfil its obligations. The purchase of new premises was a significant departure for the Trustees in the management of the agency's funding. Information provided for inspection indicated that the agency had appropriate financial arrangements. The accounts were maintained and properly audited.

Implementation of Statutory Requirements from Last Inspection

Requirements from last Inspection visit fully actioned?

NO

If No please list below the findings of this inspection on any Requirements that have not been actioned

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 Voluntary Adoption Agencies and Adoption Agencies (Miscellaneous Amendments) Regulations 2003.				
No.	Regulation	Standard	Required actions	
1	N/A	N/A	The agency should continue to seek alternative premises as a matter of urgency.	Not specified

Action is being taken by the Commission for Social Care Inspection to monitor compliance with the above requirements.

COMPLIANCE WITH CONDITIONS OF REGISTRATION (IF APPLICABLE)

Providers and managers of Voluntary Adoption Agencies must comply with statutory conditions of their registration. The conditions applying to this registration are listed below, with the inspector's assessment of compliance from the evidence at the time of this inspection.

Condition	Compliance	
Comments		

Condition	Compliance	
Comments		

Condition	Compliance	
Comments		

Condition	Compliance	
Comments		

Lead Inspector	_____	Signature	_____
Second Inspector	_____	Signature	_____
Locality Manager	_____	Signature	_____
Date	_____		

STATUTORY REQUIREMENTS IDENTIFIED DURING THIS INSPECTION

Action Plan: The Registered provider and manager are requested to provide the Commission with an Action Plan, which indicates how requirements 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 Voluntary Adoption Agencies and the Adoption Agencies (Miscellaneous Amendments) Regulations 2003 or the National Minimum Standards for Voluntary Adoption Agencies. The Registered Persons are required to comply within the given time scales in order to comply with the Regulatory Requirements for Voluntary Adoption Agencies.

No.	Regulation	Standard *	Requirement	
1	VAA &AA Regs 2003 10	VA1	The agency must revise child protection policies to include all elements of Regulation 10.	28.02.05
2	VAA &AA Regs 2003 18	VA29	Premises used for the purpose of the adoption agency must be suitable for the purpose.	28.02.005
3	VAA &AA Regs 2003 15(2)(a)	VA23	The agency must introduce a system of regular staff appraisal or joint review.	01.12.04
4	VAA &AA Regs 2003 11(2)&(3)	VA24	The complaints procedures must be revised to include details of the registration authority, as well as the Children's Rights Director, and procedures for dealing with complaints about the provider and the manager.	03.03.05

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 Registered Persons.

No.	Refer to Standard *	Recommendation Action
1	VA2	There should be a written plan for the implementation and evaluation of effective strategies to recruit adopters.
2	VA3	The information on becoming an adoptive parent should include clear written eligibility criteria.
3	VA4	The use of a health and safety assessment tool, and documentation of identified risks, should be considered as a regular part of the process of the assessment of prospective adopters.
4	VA5	There should be a system for recording the decision of adopters to inform the agency if a child dies during childhood or shortly afterwards.
5	VA10	The agency should revise policies and procedures for panel to include all elements specified in Standard 10.2
6	VA11	The agency should review the potential for conflict of interests in the appointment of the medical adviser as panel chair.
7	VA13	The agency should review the practice of the decision maker to be present at panel as an observer.
8	VA14	The Director of the agency should undertake relevant management training for the role.
9	VA18	The agency should develop written protocols governing the role of specialist advisers.
10	VA19	Recruitment and selection procedures should be reviewed to ensure they specify that telephone enquiries are made and that gaps in employment are fully documented.
11	VA23	The agency should provide induction training for all new staff, linked to TOPSS Induction Standards.
12	VA25	The agency should undertake a comprehensive risk assessment in regard to the security of the records, and the risk of damage from fire or water.

* Note: You may refer to the relevant standard in the remainder of the report by omitting the 2-letter prefix e.g. VA10 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	NO
Checks with other organisations and Individuals	
• Directors of Social Services	NO
• Specialist advisor (s)	YES
Tracking Individual welfare arrangements	YES
• Interview with children	NO
• 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
Additional Inspection Questions	
Certificate of registration was displayed at the time of the inspection	YES
Certificate of registration accurately reflected the situation in the service at the time of inspection	YES
Total No. of staff employed (excluding managers)	12
Date of Inspection	24/08/04
Time of Inspection	0900
Duration Of Inspection (hrs)	68.5
Number of inspector days	7

The following pages summarise the key findings and evidence from this inspection, together with the CSCI 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 - 1.3(partial) and 1.5 – 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

There was a statement of purpose which was clearly written and met the statutory requirements. It had been approved by the Trustees in July 2004. It covered the main aims and objectives of the adoption agency.

The agency had a Guide to Policy and Procedures. There was a commitment to regularly review policy and procedure documents. In general these were of high standard. Some updating had been implemented but some shortfalls were noted. Inspectors were told that a comprehensive revision had been delayed in order that final guidance from Children and Adoption Act 2002 could be included. The Child Protection policy (June 2001) did not include all elements as required in Regulation 10 (Voluntary Adoption Agency Regs 2003). A requirement is made that this and other policies should be reviewed and amended in accordance with the current regulations.

**Has the Statement of Purpose been reviewed annually?
(Record N/A if the information is not available)**

NA

Has the Statement been formally approved by the trustees or management committee?

YES

Is there a children's guide to adoption?

NA

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

NA

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?

2

CCS Adoption is a member of South West Adoption Consortium and participates in implementing and evaluating effective strategies within the consortium. These have included a register for children and adopters in the South West awaiting adoptive placements, a recruitment initiative for school age children and boys, and participating in an Adoption Exchange event held in the region.

Inspectors saw evidence in files and in responses from social workers and adopters that CCS placed considerable emphasis on seeking appropriate matches which best met the assessed needs of the children. Examples were seen of placements which allowed brothers and sisters to be together, and where children's placements reflected their ethnic origin. The social workers were thorough in their attempts to ensure that recent written assessments of the child and the birth family were sought.

The agency did not have its own specific written recruitment plan, separate to the work undertaken within the consortium and this is recommended. In particular staff were anticipating that the relocation of the office would open a range of opportunities in regard to working with a more diverse community. At this point there were no specific strategies as to how this was going to be achieved. The agency was planning to appoint a social worker who would take a lead role in this work.

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

13

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

94.2

%

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

3

How many allegations of abuse or neglect were made, in the last 12 months, about adopters approved by the agency?

0

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 – 3.6)

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
<p>Plans for recruitment did not stipulate that people should be of any particular faith or belief. The range of adopters included people from varied faith backgrounds although there was a noticeable proportion of people with a Catholic background amongst the records examined. Information for prospective adopters stated that “We are happy to hear from married couples and single people of any or no religion and of any ethnic origin, who may want to talk about adopting “special needs” children.’ Inspectors were told that gay or lesbian individuals or couples would be referred to other agencies in the area who would be able to take up their applications. The eligibility criteria were not explicitly documented and this is recommended. The guidelines available were marked as under amendment and were in need of revision.</p> <p>CCS Adoption did not undertake intercountry adoption assessments and will refer on those enquiries to other agencies in the area.</p> <p>Adopters reported that they had been given helpful information. Information from Be My Parent and Adoption UK, as well as written information about children in the consortium, is used to help prospective adopters to have a realistic understanding of the children awaiting permanent placement. The agency invited enquirers about adoption to two separate information sessions. People also had the opportunity of a home visit at this initial stage.</p>	<p></p>	<p></p>

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?****4**

There was a formal, thorough and comprehensive assessment and preparation process. Inspectors noted many examples of excellent practice, and a thorough and reflective approach to the preparation of adopters.

There were three preparation course days, focusing on Attachment and Loss, Parenting the Hurt Child, and Identity and Contact. Applicants were allocated for a formal assessment as soon as they started the preparation groups.

There were two preparation courses per year which were reviewed in an ongoing way. The preparation programmes were usually co-ordinated by the Director with other social workers in the team also participating. Adopters contributed to the sessions. The review was ongoing rather than an annual process as recommended at Standard 4.4. Adopters in one case commented on having to wait for the next intake, and there were two references by adopters to the days of the week being an issue.

The social workers in the agency were all female and inspectors were told that care was taken to include males in the preparation process and to include as diverse a group of presenters and contributors as possible.

Assessments included an emphasis on evidenced based experience, with prospective adopters encouraged to participate directly in working with children. Inspectors heard of several examples in which adopters had gained valuable experience in doing voluntary work at schools or playschemes.

'Safer caring' materials were used as part of the assessment. A Health and Safety assessment was made at the time of linking with a specific child, post approval, although inspectors consider it would be useful to include a general health and safety assessment tool at an earlier stage as part of the general assessment, which would then be in the report presented to panel. In one case where an issue of potential risk had been identified there was insufficient evidence of how the adopters had been advised to address the issue.

Assessments read were generally very well documented, in-sightful and thorough. Several adopters referred to the sensitive way in which some troubling issues had been addressed. There had also been examples where social workers had reflected on omissions in assessments, one of which contributed to a complaint. The team showed a readiness to learn from the complex dilemmas that arise in assessments.

Files seen evidenced that the agency undertook relevant checks, references and enquiries in relation to applicants. The agency noted that the level of scrutiny into background now required of prospective adopters had had cost implications and was a factor in their planning of funding arrangements.

The assessment process included an assessment review which took place at least once during the assessment. This was seen as helpful in keeping adopters informed of the progress of the assessment.

Adopters generally reported that they were kept informed throughout the process. In one case the adopters had been concerned when an issue arose which delayed the assessment and they did not feel the level of communication had been helpful. A session with the Director later 'cleared the air' for them.

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?**

3

The agency provided additional training to prospective adopters following approval. This concentrated on Linking and Introductions and provided an opportunity to develop thinking on these issues. Adopters spoken to confirmed that they felt very well informed about the matching, introduction and placement process and were confident that they could have support from their link workers.

There was evidence of prompt referrals to the Adoption Register for England and Wales. The agency had introduced a Risk Assessment process which provided a framework for thinking about matching and involved the adopters. Inspectors considered this was excellent practice. Meetings were held with adopters in order to consider carefully the risks of the match, and to consider where information was unclear or of concern. There was considerable evidence about the extent to which CCS Adoption worked hard with local authorities to ensure that information was obtained for the adopters. A placing social worker commented: “the social worker challenged us (appropriately) about the need to update our information.”

The agency did not have a specific system for ensuring that adopters were asked to notify the agency if their adoptive child dies during childhood or soon afterwards (Standard 5.3) as this was seen to be more the role of the placing authority and the letter box arrangements. It is recommended that the agency ensure that this practice should be established. Clear and appropriate information, in the way of introductory books and a short video, was obtained for the child from prospective adopters and this is facilitated by the agency. Examples were seen of sensitive work in this area. The agency had also prepared guides for existing children in the adoptive family to help them understand the implications of adoption, and for children being placed to enable them to understand more about the role of CCS Adoption in their adoption plan.

Does the VAA 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?**

4

The agency was committed to developing and providing ongoing services to its adoptive families. Funding had been obtained for an adoption support worker post. The agency had (July 2003) undertaken a survey of adopters' support needs.

Adopters spoke confidently about the support that they received from the agency. They also referred positively to the ongoing events which the agency organised, including a picnic and a party. Inspectors were told that the social workers were given mobile phones and phone cards. In some cases they gave their home numbers to adopters. The Director and manager were also available for mobile phone contact by workers and adopters.

Inspectors were impressed with the agency's provision of ongoing group support to adopted young people. Evidence was seen of the groups being valuable socially and emotionally for the young people. There was also a proposal to run a workshop for 'Friends and Family' of adopters to enable them to offer more informed support to adoptive families.

Placing social workers made a number of references to the support – "excellent and accessible"; "the level of support to the adoptive has been very good, the level of liaison with me as the placing social worker has been very good"; "support from this agency has been excellent".

Adopters were given the opportunity to attend a "Life Story Day" to consider how information is given to children in an age appropriate way, and especially where there are complex issues. Evidence was seen of a commitment to ensuring information was available which would help children understand their history.

The agency noted that they are placing children with complex needs where ongoing support is essential and statutory services, for example CAMHS, can be very stretched. There was evidence that the agency gave sensitive support to adoptive families when there were difficulties or in the event of a placement disrupting.

Number of adopter applications started in the last 12 months

21

Number of adopters approved in the last 12 months

9

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

14

Number of adopters approved but not matched

6

Number of adopters referred to the Adoption Register

34

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

0

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 – 7.3 and 7.5)

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

Key Findings and Evidence

Standard met?

3

Primary responsibility for working with birth parents is accepted by CCS to reside with local authorities placing through CCS as a Voluntary Adoption Agency.

CCS provides counselling to birth families and acts as an intermediary, including birth relative initiated contact. An experienced counsellor working as a volunteer in the team was undertaking most of this work. She demonstrated an excellent understanding of and commitment to this work which tended to be with historic cases. In most current cases, the placing social workers had primary responsibility for working with the birth families, although CCS social workers were proactive in ensuring that information was available.

Inspectors were told that staff in the team are experienced in direct work with birth families. In the event of a direct referral of a voluntarily relinquished child, the agency would work closely with the birth parent in preparing information. No work of this nature has been undertaken in the past two years.

The agency hosted the 6th National Adoption Service in March 2004. This was a service of 'Thanksgiving, reconciliation and hope' which emphasised an ethos of inclusiveness and recognised the lifelong implications of adoption for all people whose lives may have been touched by adoption. Hosting this event had considerable implications in time and work to the agency but demonstrates the high degree of commitment to this area of work.

The agency has close connections with NORCAP, and group meetings are held at the CCS premises.

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?	3
CCS staff were able to offer a service to birth parents if requested but this work was not being undertaken at the time of the inspection. Staff demonstrated a clear understanding of working with birth families to contribute to the maintenance of the child's heritage. They would ensure that there were photographs and written information available.		

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?	3
Information about local and national support groups and services was available in the agency. The work with birth parents generally was in connection with historical placements. The agency did work with adoptive parents to help them understand the importance of contact arrangements, including with siblings, although in one questionnaire from a placing social worker there was a concern that the adopters had been insufficiently prepared for this. It was acknowledged that this was a learning experience for all parties. Workers were in some instances supporting adopters directly with contact arrangements.		

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 agency acknowledged that there was further work to be undertaken with the adoption panel's written policies and procedures in order to include all elements as specified in this standard. A recommendation is made that this should be progressed.</p> <p>Prospective adopters had been attending panel for four years. There had been ongoing evaluation of the views of the adopters about the experience and measures had been taken to ensure that the panel was as welcoming and comfortable an environment as possible.</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?

2

At the time of the inspection the chair of panel was also the agency medical adviser, having previously been the vice chair. Inspectors did not identify any areas where this caused concern. There is, nevertheless, potential for conflict of interest and role and inspectors consider that this arrangement should be reviewed. Panel members had a broad range of relevant experience and knowledge. They evidenced a high level of commitment.

The appointment and induction of panel members were identified as areas that needed further development, with more formal documentation. New panel members had an opportunity to observe a panel and were given BAAF's 'Effective Panels'. An appraisal system had been introduced. The agency was ensuring that CRB checks had been satisfactorily completed. Panel members signed confidentiality agreements.

There were mechanisms in place for panel to be kept informed about the agency; new placements were discussed at each panel. Panel was regularly updated about the progress of placements.

There was an annual joint training day with the agency's adoption staff which was facilitated by an independent social work consultant.

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

YES

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
<p>The inspection included an observation of an adoption panel. It was efficiently organised and well conducted. In style, it was designed to ensure applicants were able to fully participate, or to choose to let their social worker speak on their behalf. Each panel member identified strengths in the application and any issues for clarification or concern. The practice was for panel members to put questions directly to the presenting social worker. Applicants themselves could then choose the extent to which they wished to participate directly in the discussion. Regular evaluation of the process indicated that applicants attending panel felt positive about their experience.</p> <p>Inspectors were informed that some panel members did not always feel they received the papers in sufficient time. They were usually delivered on the Thursday prior to the panel meeting the following Tuesday.</p> <p>Inspectors were told that the minutes of panel meetings have been largely the responsibility of the panel adviser, i.e. the Director, in the absence of a panel administrator. A panel administrator had recently become established in the role and minutes were now being produced by that person. This was seen to be a much more satisfactory arrangement. Those read were generally informative and accurately recorded of discussion.</p>		

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?	3
<p>The agency decision maker was the Chairperson of the Trustees. He was committed to attending panel meetings as an observer if at all possible. The agency considered that this ensured he had full information about the panel discussion and could respond promptly. He received all information prior to panel to allow time for consideration. It was observed that he was able to confirm the decisions made very promptly. No concerns were raised about the procedures and practice observed at panel, but inspectors recommend that this is kept under review, to consider the extent to which the presence of the agency decision maker may have an influence on the discussion. Objective and detached consideration of the documented information may be a more appropriate context for decisions.</p>		

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 – 14.6)

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?

2

The nominated manager of the adoption agency is appropriately qualified and experienced in childcare and family placement work. The role was a developing one and largely involved with operational matters, including supervision of staff. At this point she did not have significant involvement in financial issues. She was undertaking a Postgraduate Certificate in Professional Studies – The Management of Voluntary Organisations. This was due to finish in December 2004. The Director stated that the role of the Social Work Manager was a developing one.

The Responsible Individual is the Director of the Society, appointed since 1998. She has considerable relevant experience but has not undertaken any management training. The agency self-assessment reports “A decision has been taken to focus management training on the post of Social Work Manager which is relatively newly created. Further management training would also be useful for the ‘responsible individual’ and will be included in future plans.’ Inspectors consider that this should be progressed although appreciate the impact on a small agency. The Social Work Manager and Director share management responsibilities and deputise for each other. There is also a significant business management role undertaken by the responsible individual. A recommendation is therefore made that relevant training should be made available for the Director.

Does the manager have Management NVQ4 or equivalent?

YES

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?

3

The agency had satisfactory recruitment processes although recommendations are made to include more specific attention to documenting gaps in employment and a system of telephone enquiries to verify the written references (See Standard 19). In the case of the nominated Social Work Manager, the appointment had been made in November 2002 and was an internal promotion from Senior Adoption Practitioner. A record of a satisfactory enhanced disclosure from the CRB was seen on the personnel file.

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?	3
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CCS Adoption is a registered charity (Reg No 286814) and a company limited by guarantee. The Trustees were appointed by the Bishop of Clifton, the President of the Society. There were nine Trustees, plus four co-opted members. The agency was managed by the Trustees' Committee which met six times a year. There were three sub-committees dealing with finance, publicity and social work. A member of the main committee sat on each of the sub-committees. The Chairman of the Trustees was reported to be approachable and knowledgeable. Trustees included members with a broad range of skills and specialist backgrounds which contributed to the effective running of the agency.

The agency Director had overall responsibility for the day to day running of the agency. The Director and Social Work Manager reported regularly to the Trustees. The Social Work Manager deputised for the Director; staff were clear about lines of accountability. Inspectors heard that CCS is an open, consultative working environment. Communication within the organisation was described as excellent and supportive.

Inspectors noted the pivotal role of the Director in all aspects of the agency. With the expansion of the team the agency will need to ensure that appropriate delegation is established.

The agency had been reviewing its written material and its services, and following a successful funding application proposals for expansion were underway. An Adoption Support Co-ordinator post was being planned.

The agency had excellent links with other agencies which helped ensure effective development of services.

Funding had recently been obtained for further training to develop awareness through the agency in regard to diversity issues. Trustees had received training on this.

All prospective adopters were referred to the Adoption Register.

Number of statutory notifications made to CSCI in last 12 months:	0
Death of a child placed for adoption by the agency.	0
Referral to Secretary of State of a person working for the agency. (s2(1) of Protection of Children Act 1999)	0
Serious illness or accident of a child.	0
Serious complaint about an approved prospective adopter (no child placed).	0
Serious complaint about an approved prospective adopter (child placed by agency).	0
Serious complaint about an approved prospective adopter (child placed by another agency).	0
Instigation of child protection enquiry involving a child placed by the agency.	0

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?**

3

There were clear procedures for monitoring and controlling the activities of the agency. The Trustees Committee met six times a year and each sub-committee reported progress on their work at each Committee meeting. As well as formal reports presented to Trustees on a regular basis, there was evidence of close and supportive links being maintained by the Trustees through informal contacts.

Quality assurance systems included regular evaluation of the assessment process. The regular access to an external consultant was valued as a means for reflecting on and developing quality performance.

Placement fees were calculated through the Consortium of Voluntary Adoption Agencies; for 2004 –2005 this was £18,312, with fees for siblings placed together being proportionately calculated. An additional fee covered post adoption services. Information to purchasers of services were evidenced on files.

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

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

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

The agency had access to a medical adviser who was a well qualified and experienced paediatrician. She chaired adoption panel and was available for consultation and training if required.

Panel papers were sent to a legal advisor for comment before panel. The legal advisor also had been involved with panel training and had annual meetings with the Director. The legal adviser role was soon to transfer to another person and inspectors were informed that the person to be appointed had appropriate background and knowledge.

A consultant with specialist knowledge of diversity had been used to support the only black member of the social work team.

The agency had identified that further work needed to be undertaken to develop protocols governing the role of specialist advisers and this is recommended. There were clear contractual arrangements with the Social Work consultant.

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?	2
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The agency was able to demonstrate that it employed people suitable to work with children. Personnel records were inspected. The recruitment procedures were noted to be generally satisfactory although some minor amendments to the written guidelines are recommended. It is suggested that the application form and interview notes should be amended to specifically ask for an explanation of any gaps in employment to ensure sufficient information is available to comply with Regulation 14, Schedule 2. This information was seen to be requested in application forms but the interview notes were not always on file and these would evidence that any gaps had been considered.

There has been a low staff turnover. Recent appointments indicated that references and checks were undertaken before people working in the agency took up appointment. Files indicated that staff had been subject to CRB checks. More recent appointments evidenced that telephone references were being made to verify the written references and this practice should also be included in recruitment procedures.

All social workers had a professional social work qualification. They demonstrated a good understanding of adoption. The Social Work Manager had undertaken the PQ1 course and one other member of staff was progressing with this. There will need to be a robust approach to ensuring that sufficient numbers of social workers have achieved the Post Qualifying Child Care Award by April 2006.

Staff were knowledgeable about adoption and child care issues. The agency did not at this point take students on placement although this was an area that staff wanted to develop when the new premises became available.

Birth records counselling was undertaken by experienced workers. There were no unqualified staff undertaking social work functions.

The medical and legal adviser was appropriately qualified. The agency was developing systems for documenting the qualifications of all advisers.

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

YES

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

14

%

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?

3

The Director was accountable to the chair of the Trustee's Committee. The Director of the agency was seen to be a cohesive presence throughout all aspects of the service. Together with the Social Work Manager, she had appropriate skills and experience to manage and monitor the team. As previously stated the recommendation has been made that management training should be beneficial to her role. The Social Work Manager's role was still evolving, and she had a continuing commitment to completing the management training programme. She also retained a caseload involving linking and support work as well as assessment and Section 51 work. The team, and adopters, expressed confidence in the approachability and skill of both managers. Both attend the Trustees' Social Work Committee meetings.

With the expansion of the agency into new premises with additional staff and development of services, there will need to be further consideration given to the roles of the Director and the Social Work Manager.

The size of the agency enabled managers and team members to have a close knowledge of each other's capacities and workloads. Inspectors observed that the close working relationships between the Director, the Social Work Manager, the social workers and administrative staff contributed to the quality of the service.

Social workers operated within clear job descriptions and were supervised on a monthly basis. Workloads were regularly monitored as part of the supervision process. Social workers had achievable targets for the number of placements they were to provide. Management indicators such as initial assessment response times were routinely gathered and reported. The agency was working towards the expectations contained within the National Adoption Standards.

Regular external consultancy was established for the staff team, and on an individual basis for the Director. The Director stated that as a small agency the staff endeavoured to avoid introspection. Links with other agencies were valued and staff were supported in taking up opportunities to be panel members elsewhere, and in one case a member of the Independent Review Mechanism service.

The agency had a system of staff appraisals which was to be implemented in January 2005. It is noted from the SSI inspection report of 2001 that a system was being piloted at that time and a requirement is now made at Standard 23 that the appraisal system should be established. This should link in with training plans for staff as discussed at Standard 23.

The social workers spoke highly of the level of administrative support. Administrative workers were positive about the agency, feeling valued and supported by management and trustees. Adopters referred to receiving a prompt and positive response on their initial contact with the agency. The administrative staff worked in cramped conditions and were looking forward to moving to the new premises. The administrative team reported satisfactory IT but social work staff identified that they have limited computer access in the present arrangements.

There was access to a range of advice to provide a full service. The agency made regular use of an independent consultant. There was appropriate medical and legal advice available and the agency used other specialist advisers on a sessional basis.

The Staff Manual included the agency's commitment to the General Social Care Council Code of Practice in respect of both employer and employees. Staff were being supported in registration with the Council.

Staff had received the statement of purpose as well as policies in respect of grievances and disciplinary matters, equal opportunities and health and safety.

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?	3	
<p>The business plan included further growth in staff numbers. This has been delayed by the lack of office space. The present staffing level, including administrative support, is appropriate to the current capacity of the agency. Part –time staff had been undertaking additional hours and a new appointment was to be sought with the imminent move of the agency.</p> <p>Staff policies encourage retention of salaried staff, with flexible working conditions, clear workloads and satisfactory terms and conditions.</p>				
Total number of social work staff of the agency	5	Number of staff who have left the agency in the past 12 months	0	
Number of social work posts vacant	<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="text-align: center;">1</td> </tr> </table>			1
1				

Standard 22 (22.1 – 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?	3
<p>Staff reported that they experienced the agency to be a fair and competent employer. There was an Equal Opportunities Policy (September 2003). The terms and conditions of employment were consistent with national employment guidelines. Appropriate insurance cover was indicated in the comprehensive risk assessment document. Staff confirmed that they were aware of a written whistleblowing policy.</p>			

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?	1
<p>Staff spoke very positively about the training opportunities available to them. These included locally arranged courses, sometimes combining with other agencies. Other courses were provided by BAAF.</p> <p>Inspectors were confident that the agency made every effort to respond to individual and team needs for training. Inspectors were informed of training opportunities that the agency had commissioned in the last year and those planned for the forthcoming year. These included ongoing sessions with the Independent Social Work consultant and joint training with other agencies on assessment and recruiting a more diverse group of adopters. There was also funding for management training and office management training. Despite this, the agency did not have a clear plan for on-going training which covered induction and post-qualifying training. Induction processes had not yet been introduced which linked to TOPSS Standards. A recommendation is made that a clear plan is put in place.</p> <p>As previously stated in Standard 20, a formal appraisal process or joint review scheme had not yet been established although inspectors heard that proposals were in place. A requirement is made that a system should be implemented. A regular review of this nature would more systematically address training needs and outcomes.</p>		

Standard 24 (24.1 – 24.9)

Complaints are resolved quickly and handled in a sensitive, thorough and non-biased manner.

Key Findings and Evidence**Standard met?**

1

Inspectors saw evidence that complaints were handled sensitively and were resolved in a thorough and non-biased manner. The Complaints Policy and Procedures were dated June 2001. Procedures were clear and records were maintained. Information in the procedures and in the leaflet 'CCS Adoption Compliments? Comments? Complaints?' did not include details about other avenues of complaint as specified in Standard 24.4 – specifically details about the Children's Rights Director. The procedure also needed to include the address of the registration authority. Further expansion of the written procedure is required in order for it to more adequately comply with Regulation 11, for example there was no particular reference to complaints about the manager. A revision of the procedure would also be an opportunity to include reference to the Independent Review Mechanism. The agency had acknowledged that there was a need to develop ways to make it accessible to those with a disability and to those whose first language is not English. It had also identified that a process that can be accessible to children was needed.

Complaints were monitored by the Director and the Trustees. A detailed report of a complaint made by an adopter was seen. It had been independently investigated. Another complaint was also being addressed. Neither complaint was on behalf of a specific child. Both were discussed at the Trustees meeting in July 2004. There was evidence that the issues raised were being addressed appropriately by the agency. Opportunities for regular consultation with the Independent Consultant were valued as a means for enabling reflective practice.

Number of complaints made by, or on behalf of a child, in the last year?

0

Number of the above complaints which were substantiated

X

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
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Inspectors read case files which were well structured, legible and comprehensive. They held the required information. There were detailed notes of visits made during assessment and post approval. All were signed by the relevant worker and countersigned by the Director. There were policy and procedural instructions in relation to files, confidentiality and security. Confidentiality agreements were evidenced for staff and panel members. Care was taken to ensure panel papers were collected after panel meetings.

Archived files were kept in a securely locked room. The building has a burglar alarm system although it is not connected to an external security system. Inspectors suggest that a further comprehensive risk assessment should be undertaken which looks at the security of the records including specific risks of damage from fire and water. Some damp was noted to be present on the walls, and although the records were in filing cabinets inspectors would advise that the risk should be reviewed. As stated in Standard 29 there is discussion about the archives being moved to the new premises.

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?	4
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The agency deals with a wide variety of other agencies throughout the country. There was good evidence from placing authorities that they were given full and satisfactory information about adopters. Several placing social workers referred to the agency as maintaining excellent liaison and communication.

The adoption agency had a written policy and procedures which covered access to adoption case records. A recent request for disclosure of information had highlighted tensions between the different pieces of legislation which the agency had dealt with appropriately.

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?**

3

There was a written policy on case recording. Inspectors found that all recording was typed and signed. Files were monitored through the supervision process. All files were kept in a central filing system and locked unless actively worked on that day. There was a clear desk policy. There was a security system in the premises to which the agency is intending to move. There was restricted access to computer files. Separate records were kept for staff and for the independent workers. Complaints were recorded on case records and data was collated.

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?**

3

Personnel and panel members' files were examined. The agency was endeavouring to maintain up-to-date files and files of new appointments were compliant with the regulations.

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?

1

It had previously been noted (p.23 SSI Inspection Report 2001) that the accommodation was wholly unsuitable for the provision of adoption services and it had been recommended that alternative premises should be identified as a matter of urgency. Since the previous inspection the Society had identified alternative premises and had been anticipating that the move would have been achieved by this time. The Director and manager were disappointed that the move had been unavoidably delayed for a number of reasons outside the control of the agency. The inspector was able to visit the new premises and was told that the move was now to be achieved within a short timescale. The requirement is made that this must be progressed as soon as possible, although inspectors acknowledged the steps that have been taken towards achieving this.

The current office building was converted from a Victorian residential accommodation. It is owned by the Diocese of Clifton. The main entrance has an extremely steep flight of stairs. Office accommodation was very cramped and there was no room for expansion. Funding for a new staff member was dependant on the move to the new premises. The Trustees have arranged for the purchase of new premises in a more diverse part of Bristol. The proposed premises are in a more modern building with ample parking and easy access. There will be spacious office accommodation, and room for meetings. Security systems were already in place. Arrangements were being considered for having commercial tenants in some of the office space. Due consideration was being given to ensuring there would be separate security arrangements. There was a security system at the present premises although this was not specifically connected to a security company or the police.

Inspectors were informed there had been a recent investment in updating IT to ensure adequate performance.

Archived records were stored in a lockable room in the basement of the present premises. The agency intended to continue with some use of the present premises and it remained uncertain whether the archives would be moved to the new premises.

The adoption agency had a Risk Management Policy, dated April 2002, which addressed the security of premises and fixed assets, as well as data storage policies and procedures. Disaster recovery planning and other aspects of the Risk Management Policy were to be revised to ensure updated assessments are in place when the agency moves premises. Details of appropriate insurance were provided.

Financial Requirements

The intended outcome for the following set of standards is:

- **The Voluntary Adoption Agency is non-profit making and is financially viable.**

Standard 30 (30.1 - 30.2)

The adoption agency ensures it is financially viable at all times and has sufficient financial resources to fulfil its obligations.

Key Findings and Evidence

Standard met?

3

The most recent financial statements were for the financial year ending March 2004. In the year 2003/04 the budget was £364,653. The largest source of income was derived from interagency fees. Donations, legacies and gifts totalled £86,542. An annual sum is donated to the Society from a collection in the parishes; otherwise the agency is financially independent of the Diocese of Clifton.

The Trustees' report, together with the independent auditors' report (draft) for the year ended March 2004 indicated the following:

- "The Trustees have a policy of maintaining reserves of 1 year's resources expended; at this level the Trustees feel they would be able to offer uninterrupted services.
- An additional reserve is necessary to ensure the Society can meet its commitments of post adoption support which will in some cases not be called on for many decades.
- The Trustees carry out regular risk assessments and are therefore confident that the systems in place and reserves held are adequate to mitigate these risks".

The purchase by the Trustees, out of the reserves, of the new premises at Easton is a significant step for the agency. Inspectors were told that the value of the property was expected to increase and would be an asset with which the Trustees could better support the agency. The agency was preparing for growth, with additional grant funding for an extra post.

Minutes of the Trustees' finance sub-committee meeting of May 2004 indicate that Trustees had accepted the likelihood of a deficit budget for the year, coinciding with increased outgoings connected with the office move. It was also noted that the agency had made a promising start to the year in placement work.

Standard 31 (31.1 – 31.5)

The financial processes/systems are properly operated and maintained in accordance with sound and appropriate accounting standards and practice.

Key Findings and Evidence**Standard met?****3**

Inspectors saw evidence of clearly documented financial arrangements for control and supervision of the agency's financial affairs and powers. The Trustees met six times a year and there was a sub-committee dealing specifically with finance matters. Members of the committee had relevant experience in business and budget control.

The Trustees' responsibilities in relation to the financial statement were clearly documented. Financial matters were closely scrutinised by the Trustee's Committee.

The accounts were properly maintained and independently audited.

PART C

LAY ASSESSOR'S SUMMARY

(where applicable)

Lay Assessor _____ **Signature** _____
Date _____

D.1 Registered Person'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 24, 25 & 26 August 2004 and any factual inaccuracies:

Please limit your comments to one side of A4 if possible

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

Amendments to the report were necessary

YES

Comments were received from the provider

YES

Provider comments/factual amendments were incorporated into the final inspection report

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

Note:

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

D.2 Please provide the Commission with a written Action Plan by 8 December 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

YES

Action plan was received at the point of publication

YES

Action plan covers all the statutory requirements in a timely fashion

YES

Action plan did not cover all the statutory requirements and required further discussion

Provider has declined to provide an action plan

NO

Other: <enter details here>

Public reports

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

D.3 PROVIDER’S AGREEMENT

Registered Person’s statement of agreement/comments: Please complete the relevant section that applies.

D.3.1 I _____ of Catholic Children’s Society (Clifton) 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.

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