



Making Social Care
Better for People

inspection report

Local Authority Adoption Services

City of Bradford MDC Adoption Service

Aire Building

35 Saltaire Road

Shipley

Bradford

BD18 3HH

26th April 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.

ADOPTION SERVICE INFORMATION

Name of Local Authority

City of Bradford MDC Adoption Service

Headquarters Address

Aire Building, 35 Saltaire Road, Shipley, Bradford, BD18
3HH

Adoption Service Manager

Denis Gale

Tel No:

01274 437343

Address

Aire Building, 35 Saltaire Road, Shipley, Bradford, BD18
3HH

Fax No:

Email Address

Certificate number of this adoption service

Date of last inspection

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

| | | | |
|--|----------|-----------------|----------------|
| Date of Inspection Visit | | 26th April 2004 | ID Code |
| Time of Inspection Visit | | 10:00 am | |
| Name of Inspector | 1 | Pat McKay | 125790 |
| Name of Inspector | 2 | Marian Denny | |
| 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 inspection | | | |

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INTRODUCTION TO REPORT AND INSPECTION

Local authority adoption services are subject to inspection by CSCI, 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 CSCI in respect of City of Bradford MDC 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 CSCI 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.

The City of Bradford Metropolitan District Council is the fourth largest Metropolitan Council in the country. The Council covers 141 Square miles and serves a population of 486,000. The inner city area is densely populated. One quarter of the population are children and young people. Twenty per cent of the population are from ethnic minority groups.

The adoption service is located within the Services to Children, Young People and Families division of the Social Services Directorate.

The adoption service is part of an integrated adoption and fostering unit based in the Aire building in Shipley. The building has excellent transport links to Bradford city and other areas of the metropolitan district.

The Council provides a domestic adoption service. The Council has a service level agreement with Doncaster Adoption Service to provide an inter country adoption service. The unit has one overall unit manager. This post was vacant at the time of the inspection. There are four senior care managers. One senior care manager is responsible for the work of the adoption team. Two senior care managers are responsible for the work of the fostering teams. One senior care manager is responsible for the work of the post adoption/placement support service for all carers.

The service employs a recruitment and promotions officer who works jointly with the fostering service. This officer is responsible for the recruitment strategy and all publicity material.

A consultant psychologist and specialist psychologist/family therapist are contracted into the service on a sessional basis.

The service is responsible for the recruitment, preparation, assessment and support of prospective adopters and adopters. The post adoption letterbox system is located within the unit. There are 352 letterbox contacts on this system.

The agency has a service level agreement with After Adoption Yorkshire for the further provision of adoption support services including Section 51 counselling for adopted adults. The City of Bradford Metropolitan District Council is a member of the Yorkshire Consortium of Adoption Agencies. The agency is also a member of the British Agencies for Adoption and Fostering.

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.)

The City of Bradford Metropolitan District Council adoption service operates from the Aire Building in Shipley. The fostering and shared care service also operates from this building.

Statement of Purpose

There was a draft statement of purpose in place. The statement of purpose needed to be formally approved by the executive side of the Council. The adoption agency policies and procedures were in need of updating. The agency needed to make sure that the statement of purpose and the policy and procedures were complimentary and that they each contained the appropriate information.

Securing and Promoting Welfare

The agency had a written recruitment strategy for adopters. The agency was very successful in recruiting a diverse group of adopters to meet the needs of children waiting. There was evidence that the assessment process was carried out in a very thorough way. This thoroughness was also evident in matching children with adopters.

Prospective and approved adopters

Initial enquiries from prospective adopters were dealt with very efficiently. There was a good preparation programme delivered in partnership with Barnardos. The programme was available in English, Punjabi and Urdu. The agency needed to ensure that prospective adopters did not wait too long between the group preparation and the home study process.

Birth parents and birth families

The service to birth parents and birth families was provided in partnership with After Adoption Yorkshire. The agency needed to make sure that they had an effective written strategy to make sure that birth parents and birth families received a service that recognised the lifelong implications of adoption.

Adoption Panels and Agency decisions

There were two adoption panels that met frequently to avoid delay for prospective adopters and children. The panel was thorough and professional in their work. The agency needed to make sure the panel had the required number of members. The agency decision was made without delay and all parties were informed promptly.

Management of the Adoption Service

The managers were all experienced and qualified childcare professionals. The lines of accountability were very clear. The post of unit manager had been vacant for five months. The divisional service manager had been covering the post. A new manager had been appointed and was due to take up post in the near future.

Employment and management of staff

The adoption team were all qualified social workers. The post adoption and placement support team were all experienced childcare professionals. The staff group had a lot of experience and skills in adoption work. The procedures for recruitment of staff were very thorough. There was a staff supervision system and a good training programme, which ensured that staff were kept up to date with new developments.

Records

The records seen were generally of a good standard. The agency needed to ensure there was a policy and procedure for all adoption records. The agency also needed to put in place a system to monitor the quality and adequacy of adoption records.

Premises

The premises used by the adoption service were appropriate for the purpose. They were secure and adequately insured. The agency needed to develop a disaster recovery plan.

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:

YES

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:

The agency needed to formally agree the Statement of Purpose and update policies and procedures relating to the Adoption Service.

**Implementation of Statutory Requirements from Last Inspection
(Not relevant at first CSCI 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 Commission for Social Care Inspection 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 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 | Local Authority Adoption Service (England) regulations 2003 2(1) | LA1.1 | The Statement of Purpose must include all of the matters listed in Schedule 1 | 31 July 2004 |
| 2 | As above 2(b) | LA1.5 | The Statement of Purpose must be made available to service users. | 31 August 2004 |
| 3 | As above 4(ab) | LA1.2 | The Statement of Purpose and Children's Guide must be reviewed | 31 July 2005 |
| 4 | Adoption Support Services (Local Authorities) (England) Regulations 2003 (5) | LA6.1 | The agency must ensure adoption support plans are in place. | 31 July 2004 |
| 5 | Adoption Agencies Regulations 1983 | LA7.4 LA7.5 LA8.1 LA9.1 | The agency must ensure that they have a clear and comprehensive strategy for working with and supporting birth parents both before and after adoption | 31 July 2004 |

| | | | | |
|---|--|-------------------------------------|---|------------------|
| 6 | Adoption Agencies Regulations 1983 6(1) | LA1.6 LA10.1 LA10.2 LA25.2 | The agency must ensure that it has up to date written policies and procedures for their adoption work and panel functioning. | 31 July 2004 |
| 7 | Adoption Agencies Regulations 1983 5(1) | LA11.1 | The agency must ensure that the adoption panel is properly constituted | 31 July 2004 |
| 8 | Local Authority Adoption Service (England) Regulations 2003 10(a) 10(b) | LA20.4 LA20.8 | The agency must ensure an adequate level of social work and administrative staff working for the purposes of the adoption agency. | 30 December 2004 |

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 | LA1.2 | The agency should formally approve the statement of purpose |
| 2 | LA1.4 | The agency should ensure that the Children's Guide is suitable for all children for whom adoption is the plan. |
| 3 | LA4.4 | The agency should develop a comprehensive evaluation system to gather the views of adopters at each stage of the preparation process. |
| 4 | LA4.9 | The agency should ensure that prospective adopters are kept informed at all stages throughout the process. |
| 5 | LA5.1 | The agency should update the information it provides to adopters about the matching, introduction and placement process |
| 6 | LA5.3 | The agency should ensure there is a system in place to ask adoptive parents if they are prepared to agree to notify agency if their adopted child dies in childhood or shortly afterwards. |

| | | |
|----|--------|---|
| 7 | LA8.2 | The agency should ensure that clear and appropriate information is obtained for the child about themselves and life before adoption. |
| 8 | LA10.2 | The agency should ensure that the policies, procedures and panel minutes record declarations of interest and the outcome. |
| 9 | LA12.1 | The agency should ensure that members receive panel papers all of the necessary information in advance of the panel meeting. |
| 10 | LA16.7 | The agency should develop written procedures for the use of the Adoption Register for England and Wales |
| 11 | LA17.1 | The agency should develop procedures for monitoring and controlling the activities of the adoption agency to ensure quality performance |
| 12 | LA18.5 | The agency should develop a written protocol for advisors. |
| 13 | LA19.3 | The agency should develop a system to follow up written references with telephone enquiries. |
| 14 | LA20.8 | The agency should ensure that there is an adequate level of office equipment to enable staff to carry out their duties. |
| 15 | LA25.5 | The agency should ensure that decisions by supervisors are recorded on all files. |
| 16 | LA27.5 | The agency should ensure that all records are signed and dated. |
| 17 | LA29.5 | The agency should develop a disaster recovery plan. |

- 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 | NO |
| 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 | YES |
| • 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 | 26/04/04 |
| Time of Inspection | 09.00 |
| Duration Of Inspection (hrs) | 80 |
| Number of Inspector days | 10 |
| 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) | 17.5 |

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 - 1.2, 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

There was a draft statement of purpose in place. The executive side of the council had not yet formally approved the statement of purpose. This needed to be addressed. The inspectors were informed that after approval the statement of purpose would be subject to annual review.

The agency needed to ensure that the statement of purpose covered all of the matters required in the regulations, including the address and telephone number of the commission. Some sections of the draft statement of purpose contained information that may be better placed in the agency adoption policy and procedures. The statement of purpose needed to be presented in a clear easily accessible format for the target audience that included all members of the adoption triangle. There was no evidence that service users were aware of the statement of purpose.

The adoption agency policies and procedures were out of date. The agency had recently allocated time to update the policies and procedures. The redrafting of the statement of purpose should be undertaken alongside the updating of the policies and procedures volume. This could be useful in ensuring that information was located in the appropriate format and document.

The agency had purchased the British Association for Adoption and Fostering Children's Guide 'Adoption what it is and what it means'. The agency needed to add specific local information. The agency needed to ensure that the Children's Guide was available in a range of formats to meet the needs of all children placed for adoption.

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

NO

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

NO

Is there a children's guide to adoption?

YES

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

YES

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?

4

The agency had a dedicated recruitment and marketing officer. There was an effective written recruitment strategy that was routinely monitored and evaluated. The strategy reflected the breadth of recruitment activity. There was evidenced of general advertising and raising of awareness in the wider community as well as more targeted recruitment for individual children. The tools used within this strategy were of a very high standard. The agency had received a charter mark for this part of the service. The recruitment strategy ensured that the agency received a constant stream of interested applicants who represented the diversity within the community.

Adopters visited during the inspection commented on the positive profile of the adoption service within the community it served.

There was evidence in returned questionnaires from placing social workers that they valued the experience and skill of the staff in the adoption service in assisting them to secure and promote children’s welfare

The agency was part of the Yorkshire Adoption Consortium. One of the team managers was the current chair of the consortium.

In the last 12 months:

How many children were identified as needing adoptive families?

86

How many children were matched with adopters?

56

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

37

How many children were placed with other services’ adopters?

19

How many children were referred to the Adoption Register?

33

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

48

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

86% %

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

21

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

0

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

37

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?

4

The service had a dedicated admin recruitment officer. There was a range of information for prospective adopters. The information was given to adopters at various stages of the process without delay. The information was clear and well presented. The information included eligibility criteria and a description of the process from application to approval, matching and post placement support. There was evidence in interviews with adopters that the service had welcomed them without prejudice. A number of adopters said they had contacted several agencies before deciding to proceed with one. They had chosen to proceed with Bradford because of the quality of the initial contact and the clarity of the written information. Information meetings were held every month. The programme was set a year in advance. Applicants were given the dates with the initial information pack. An interpreter for families who spoke Punjabi or Urdu was available at the information meeting. The meetings were held in a building that was accessible by wheelchair. Applicants were given the quarterly child profiles bulletin of children waiting. The assessments of prospective adopters for these children were allocated without delay. Applicants wishing to adopt from another country were referred to the Doncaster Adoption and Family Welfare Society for information, training and assessment. A service level agreement was in place between the agencies.

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 of a thorough and comprehensive assessment process on all of the files seen during the inspection. The information was gathered together on the BAAF Form F.

This was presented to the Adoption Panel.

There was a preparation group programme in place. The programme was delivered on a rolling programme in English and Asian languages. The preparation groups in English were delivered in partnership with Barnardos. The Asian language groups were part of a regional arrangement linked to the local consortium. There was a separate preparation group programme for second time adopters. The group programme was routinely evaluated and reviewed.

The assessment, preparation and approval process was conducted within the framework of the Children's Division equalities strategy.

There was evidence in questionnaires and interviews that some prospective adopters had waited a long time between the preparation group and the assessment. Applicants were not kept informed. This was discussed with managers during the inspection.

There was a plan to review the service to ensure that resources were identified and targeted to avoid delay for applicants beyond the very effective and efficient initial engagement with the agency.

The agency needed to develop a system to gather feedback from adopters on all stages of the process not just the preparation groups. This would ensure that feedback was routinely incorporated into service developments.

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

Adopters were given written information about the matching process. This needed to be updated. The procedures for matching, introduction and placement needed to be updated. There was written information for adopters about the use of the Adoption Register. There was evidence that adopters were aware of the role of the register.

Adopters were given the opportunity to meet the medical advisor to ensure they had accurate up to date information about the child. The service had developed an audit of information provided to adopters. This had recently been introduced at the introductions and planning stage.

There was evidence that use was made of family books, videos and photographs from adopters to help prepare the child before placement.

The agency needed to develop a system to record the willingness of adopters to inform the agency if an adopted child dies during childhood or soon afterwards. This needed to be incorporated into the preparation programme and the letterbox process and procedures.

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 |
|----------------------------------|----------------------|----------|

The adopters who were interviewed as part of the inspection indicated a high level of satisfaction with the support they had received. There was evidence in questionnaires that applicants with children in placement felt well supported. The agency had developed a post adoption placement support team. The team were actively involved in supporting placements. Policies and procedures for adoption support needed to be updated within the adoption procedural manual. This work was in hand. There was some evidence of adoption support plans. The agency needed to ensure they were in place in all cases.

Adopters were able to evidence how they kept safe information for the child. The agency had a protocol for dealing with disruptions. An independently chaired disruption meeting was held. There was evidence on files of co-operation between agencies.

A support group for domestic adopters was provided by After Adoption Yorkshire.

| | | |
|--|-----------|--|
| Number of adopter applications started in the last 12 months | 93 | |
| Number of adopters approved in the last 12 months | 38 | |
| Number of children matched with the local authority's adopters in the last 12 months | 37 | |
| Number of adopters approved but not matched | 22 | |
| Number of adopters referred to the Adoption Register | 15 | |
| How many placements disrupted, between placement and adoption, in the last 12 months? | 6 | |

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 agency had a service level agreement with After Adoption Yorkshire. The agency received information on a quarterly basis about the take up of services. The agency needed to ensure that all birth parents were aware of the services on offer. There was evidence in some questionnaires that some birth parents were not aware of the services available. Birth parents did not have access to an independent support worker. This needed to be addressed.</p> <p>Six birth parents completed a questionnaire. Two birth parents expressed satisfaction with the process and the support received. Four birth parents felt they had not been given enough information about the process and the services available.</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>There was evidence on children's files that the views of birth parents and relatives were sought. This was seen on Form E's and LAC review documentation. There was no evidence of birth parent's signatures on Form E's</p> <p>There was evidence that life story work had been completed for some children. Birth parents had contributed to this process. This needed to be addressed for all children. There was evidence from adopters that repeated requests for a life storybook had not been met.</p> <p>The agency managed a large letterbox system for post adoption contact. There was evidence that birth parents and families contributed to the maintenance of a child's heritage through the use of this system.</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

There was no evidence of a comprehensive strategy for working with and supporting birth parents. There was some evidence that some good work was being undertaken. The agency needed to develop a comprehensive strategy with its partner agencies. This strategy needed to be supported by up to date policies and procedures.

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 policies and procedures were out of date. This needed to be addressed. There was evidence of good practice. All panel members were given a copy of the BAAF publication 'Effective Panels'.</p> <p>Prospective adopters were given the opportunity to attend panel. The practical arrangements for prospective adopters attendance were sensitively handled. Applicants were given private space for waiting at all stages of the process. The agency had written information for applicants about the panel process. During interviews adopters said they had found the information clear and informative. Adopters expressed satisfaction with their experience of attending 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

The agency had two adoption panels. There were arrangements for new members to observe a panel before joining. The adoption panels had training twice a year with the agency staff. There was evidence from minutes that the legal advisor kept panel members informed of changes to regulation, and guidance.

The legal advisor was a full panel member. She was included in membership numbers for the purposes of maintaining a quorum. This was evidenced in panel minutes. The agency had a medical advisor and an assistant medical advisor on each panel. The number of panel members listed by the agency was 11 for panel one and 12 for panel two. This was discussed with managers during the inspection.

The maximum number of members required in the regulations was 10. This needed to be addressed.

There was considerable knowledge, experience and skills in evidence in panel members. An independent chairperson chaired both panels. All panel members were enabled to contribute. The quality of the debate and discussion was very thorough.

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?**

2

The agency had two adoption panels that met fortnightly throughout the year. Dates for panel meetings were set for the whole year in advance. Panel papers were generally circulated in advance of the meeting. There was evidence that some panel members had not received all of the papers in advance of the meeting that was observed as part of the inspection. This was discussed with managers during the inspection. Panel members and managers said that this was not a regular occurrence. The chairperson ensured that time was given to read the papers before proceeding with the item.

The structure and standard of panel minutes was good. The agency may wish to consider recording any declarations of interest, their prejudicial or non-prejudicial nature and the ability of the panel to remain quorate, in the minutes, in the future.

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

The agency decision maker meets with the panel chair after each panel meeting. The agency decision maker had access to all of the information surrounding each case. There was evidence on files and in discussion with adopters that the agency decision was conveyed orally to all parties within 24 hours. There was evidence that this was followed up in writing within seven days.

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? | 3 |
|--|---------------|---|
| <p>There was a current vacancy at unit manager level. The divisional service manager was covering this vacancy. The divisional service manager was an experienced childcare professional with management skills and financial expertise and limited experience of adoption work. The managers of the adoption team and the post adoption placement support team had the necessary experience of childcare and adoption law and practice with limited management and financial expertise. The Head of Children’s services who was the agency decision maker was an experienced childcare professional with management skills, financial expertise and experience of adoption work.</p> <p>The agency had made a recent appointment to the vacant post of unit manager. The person appointed was said to have all of the necessary qualities to manage the service. There was a clear written job description for the unit manager of the service.</p> | | |
| <p>Does the manager have Management NVQ4 or equivalent?</p> | <p>YES</p> | |
| <p>Does the manager have at least 2 years experience of working in a childcare setting in last 5 years?</p> | <p>YES</p> | |

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 a written recruitment and selection procedure for the appointment of staff. The management team had demonstrated how they were working together to cover the vacant post of unit manager. The pre-inspection questionnaire and the self-assessment form were completed prior to the inspection. The adoption team manager and the manager of the post adoption and placement support team provided all of the supporting documentation for the inspection in a timely and well ordered way. The agency needed had developed a system to trigger the renewal of CRB checks for staff every three years. The agency also needed to develop a system to follow up written references with telephone enquiries.

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?

2

There was evidence that the agency was well managed. There was a duty manager system in place. There were clear roles for managers and staff. Lines of accountability and communication were well established. There was an agency code of conduct that informed staff of their responsibility to declare any possible conflict of interest.

Policy objectives were described in the Adoption and Fostering Unit Plan 2003. There was evidence from staff and adopters interviewed during the inspection process that racial origin, religion, culture, language, sexuality, gender and disability were taken into account and respected by the agency.

The agency referred children and adopters to the Adoption Register and the local consortia. The agency needed to complete written procedures for the use of the Adoption register.

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

6

Number of the above complaints which were substantiated

3

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?

2

The agency gathers monthly information about performance. This is linked to the executive side of the council via the lead member.

There were no clear written procedures for monitoring and controlling the activities of the agency. This was recognised by managers. There was a plan to address this when the new unit manager came into post.

There was written information for adopters about adoption allowances. This was clear and well presented. Adopters were aware of this information.

The agency used BAAF and COVA agreements in relation to interagency placements.

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

Monthly? YES

Quarterly?

Less than Quarterly?

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 number of specialist advisers. The agency had the services of two community paediatricians who were employed by the Bradford Hospitals NHS Trust. Bradford Council employed the legal advisor. The legal advisor was a member of the British Agencies for adoption and fostering legal advisors group.

The agency had the services of two psychologists employed on a freelance basis.

There was evidence from staff and adopters that the advisers had offered a very valuable service that was highly regarded.

The agency needed to develop a written protocol governing the role of specialist advisers.

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

The agency had a written recruitment and selection procedure for the appointment of staff. Appointments were dependent upon a formal interview and satisfactory references. The agency needed to update procedure and practice to include telephone inquiries to follow up written references.

The agency had a staff group with considerable skills and experience.

An enhanced criminal records bureau check had been undertaken for all staff. A system to trigger a further CRB check every three years had been put in place.

All social work staff had a Diploma in Social Work. The agency had 20% of staff that had already completed the Post Qualifying Child Care Award. A further four members of staff were currently undertaking this training.

Placement support workers who were working with adopters to provide support were working to a plan monitored by a social worker.

Birth records counselling under section 51 of the Adoption Act 1976 was provided by After Adoption Yorkshire or in house by staff that were experienced in this area of work.

All advisors to the service were professionally qualified

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?

20

%

| | | |
|---|----------------------|----------|
| 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? | 2 |
| <p>The level of management delegation and responsibility were clearly defined.</p> <p>There was evidence from adopters visited and in questionnaires received that adopters had begun to experience significant delays in being allocated a worker for assessment. The agency needed to review the resourcing of the service to ensure that it was at the right level to cope with the increasing demand. This was set against a backdrop of sustained high levels of inquiries from prospective adopters and an increase in the number of children referred to the service.</p> <p>There was evidence from staff and managers that the level of clerical and administrative support may benefit from a similar review.</p> <p>The agency had a supervision policy. There was evidence that this was in use.</p> <p>There was evidence that the level of I.T. support varied within the unit. The agency needed to ensure that all staff had access to the equipment they needed to communicate effectively with other agencies and colleagues. This was particularly relevant for family finding activity.</p> | | |

| | | | |
|---|----------------------|---|---|
| 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 | |
| <p>There was evidence to suggest that the staffing levels were not adequate. The evidence was the delay in allocating some assessments and the delay in allocating a family finder for a child. This was reported to the adoption panel.</p> <p>The agency was planning a workforce review of the service.</p> <p>The agency had a workforce development strategy that addressed recruitment and retention of staff. The level of staff retention in the adoption team was good.</p> <p>The agency had some contingency plans to resolve shortages with assessments being undertaken by staff at Barnardos. There was a strong local partnership with Barnardos. This had not proved to be sufficient to prevent significant delay for some applicants.</p> | | | |
| Total number of social work staff of the adoption service | 12.5 | Number of staff who have left the adoption service in the past 12 months | 0 |
| Number of social work posts vacant In the adoption service. | 0 | | |

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?**

3

The agency had a public liability and professional indemnity insurance for all staff. There was a whistle blowing policy that was known to staff.

There was evidence from staff that the council was a fair and competent employer with sound employment practices.

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?**

3

The agency had a departmental training plan.

The agency had set priorities for the number of staff achieving the post-qualifying award in childcare practice. This was on target.

During the past year staff had received in house training in the National Assessment Framework, Training for trainers and Solution Focused therapy.

In November 2003, Nancy Thomas had delivered a training session for adopters and staff.

Staff had attended a number of other courses some at British Agencies for adoption and Fostering and some with After Adoption Yorkshire.

Senior care managers had attended short courses in dealing with complaints and managing diversity.

Staff said they had access to good training opportunities.

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? | |
|---------------------------|---------------|--|
|---------------------------|---------------|--|

The agency had appropriate records for prospective adopters, approved adopters and children.

The organisation of the files seen during the inspection was good. Information was easily located. The agency may want to consider separate storage for the post-box system.

There was good practice in place to ensure the arrangements for maintaining the confidentiality of adoption case records and their indexes. This needed to be supported by written policy and procedural guidelines.

There was evidence on case records of all the appropriate status checks, enquiries and written references.

The agency needed to ensure that decisions by supervisors were recorded on all files.

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? | |
|---------------------------|---------------|--|
|---------------------------|---------------|--|

There was evidence to demonstrate that the agency provided relevant information to other adoption agencies. The adoption archivist and the records clerk had a system to record this activity. There was a written procedure for staff seeking access to archived files.

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

The agency had separate records for staff, complaints and allegations. These records were seen during the inspection. The records were in good order.

The agency needed to develop written policies and procedures for adoption and post adoption case records.

There was no system in place to monitor the quality and adequacy of records. This needed to be developed.

There was evidence that some handwritten information on files was difficult to read. There was evidence that some records were not signed and date. This needed to be addressed.

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

The adoption service maintained files for each adoption panel member. The agency maintained personnel files for all members of staff.

A number of files were examined as part of the inspection process. The files were in good order. The files contained all of the elements required by the National Minimum standards.

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

The adoption service was housed in a three-storey building with basement. The premises were secured by an alarm and an internal keypad system. The building had disabled access and a lift to all floors. The building was able to accommodate all staff. The building had facilities for meetings, including the adoption panel and training groups. The number of staff in the building had increased. Inspectors were concerned that further increases would lead to a loss of facilities. This was discussed with managers during the inspection. Managers stated that there were no plans to further increase the number of staff in the building. The premises and contents were adequately insured. The adoption records were kept in lockable, fireproof filing cabinets within a lockable room. Archived files were securely stored in the basement. The agency had appropriate measures in place to back up the I.T. system. The agency needed to develop a disaster recovery plan.

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 26TH April 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 | <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"/> YES |

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 23RD July 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"/> NO |
| Action plan covers all the statutory requirements in a timely fashion | <input type="checkbox"/> |
| Action plan did not cover all the statutory requirements and required further discussion | <input type="checkbox"/> |
| Provider has declined to provide an action plan | <input type="checkbox"/> |
| Other: <enter details here> | <input type="checkbox"/> |

Public reports

It should be noted that all CSCI 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 Bradford Metropolitan District Council 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.