



Making Social Care
Better for People

inspection report

Local Authority Adoption Services

Torbay Council Adoption Service

1st Floor, Union House

Union Street

Torquay

Devon

TQ1 3YA

9th June 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

Torbay Council Adoption Service

Headquarters Address

1st Floor, Union House, Union Street, Torquay, Devon,
TQ1 3YA

Adoption Service Manager

Rhona Lewis

Tel No:

01803 208577

Address

1st Floor, Union House, Union Street, Torquay, Devon,
TQ1 3YA

Fax No:

01803 208688

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		9th June 2004	ID Code
Time of Inspection Visit		10:00 am	
Name of Inspector	1	Delia Amos	128500
Name of Inspector	2	Rosie Dancer	125017
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		Rhona Lewis	

CONTENTS

Introduction to Report and Inspection
Inspection visits
Description of the Adoption Service

Part A:

Inspector's Summary and Evaluation
Reports and Notifications to the Local Authority and Secretary of State
Implementation of Statutory Requirements from last Inspection
Statutory Requirements from this Inspection
Good Practice Recommendations from this Inspection

Part B:

Inspection Methods & Findings
National Minimum Standards For Local Authority Adoption Services

Statement of purpose

Securing and promoting children's welfare

Prospective and approved adopters

Birth parents and Birth families

Adoption panels and Agency decisions

Fitness to provide or manage an adoption agency

Provision and management of the adoption agency

Employment and management of staff

Records

Fitness of premises

Part C: Lay Assessor's Summary (where applicable)

Part D: Provider's Response

D.1. Provider's comments

D.2. Action Plan

D.3. Provider's agreement

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 Torbay Council Adoption Service. The inspection findings relate to the National Minimum Standards for Local Authority Adoption Services published by the Secretary of State under sections 49 of the Care Standards Act 2000.

The Adoption Agencies Regulations 1983 and the Local Authority Adoption Service (England) Regulations 2003 are secondary legislation, with which a service provider must comply. Service providers are expected to comply fully with the National Minimum Standards. The National Minimum standards will form the basis for judgements by the 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.

Torbay Council has been an approved adoption agency since April 1998. Until recently a contract with the Families For Children adoption agency provided most of the adoptive placements needed for Torbay children. The contract ended on 31st December 2002. The Children's Services Select Committee agreed in January 2003 that Torbay develop its own in-house adoption service to provide the full range of adoption services. An interim contract with Families for Children continued to provide some adoptive placements while the new team was being set up.

The newly established adoption team consists of a service manager, three adoption social workers, a part time Post Adoption Support Worker, an adoption co-ordinator, and a part time administrator. The team had the responsibility for identifying, assessing and supporting adoption placements, with the exception of step parent adoptions.

Recruitment of adopters was being undertaken with posters and radio advertising. Information days and preparation groups have been held and assessments were ongoing. Support groups are being planned. Letter box and direct contact arrangements were to be co-ordinated by the part-time Post Adoption Social Worker. Section 51 counselling was to be undertaken in the team by identified workers. Assessments of prospective adopters wishing to adopt from overseas would be commissioned externally.

There is an established adoption panel which includes people with a broad range of experience of adoption issues. The service has access to a legal specialist adviser and a medical adviser.

Torbay is a member of the South West Consortium.

Childcare social workers responsible for placing children for adoption are in three permanency planning teams.

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. Any more urgent issues are identified in the report.

This inspection came at a time when significant changes had only recently been introduced into the way that Torbay managed its adoption functions. The service for recruiting and assessing prospective adopters was in its infancy. Staff recruited to the new team were experienced workers. They had completed a preparation programme for the first group of prospective adopters to be recruited by the service and were undertaking a number of assessments. They were also actively mentoring the, often, inexperienced placing social workers.

The methodology for this inspection was adapted to reflect the newly developing nature of the service. Adopters who were visited had not been assessed by members of the new team but had been presented to Torbay panel for recommendation. At this point no assessments by the adoption team were yet at the stage where they were ready for panel.

In a number of places it has been observed that systems are in the process of being developed and inspectors have needed to comment on aspects of the service which have not yet produced outcomes. The inspection found that the adoption team had made an enthusiastic and committed start. There were some sound foundations being established which would promote good practice in the recruitment and assessment of adopters.

The adoption team was in a transitional state. It was being managed within the permanency planning service area but was shortly to be restructured to be within the service area which included the fostering team. The adoption service manager was also continuing to undertake reviews of Looked After Children and was not able to give her full time to developing the new team.

These arrangements were to be sorted in the forthcoming months. The arrangements for the new adoption team have been one of many issues that the authority has needed to address. Children's services have had a major restructuring with considerable changes in management. Arrangements for management have been designed to improve the outcome for service user and increase consistency of practice across Torbay.

The Torbay management and executive member met during this inspection expressed strong commitment to ensuring that improvements to services should be made and sustained. Regular meetings were held to monitor the reducing number of unallocated cases. Staffing shortages remain a continuing challenge. Integration with education services is planned in 2005. There is a high, though decreasing, number of children looked after relative to other councils. The development of robust adoption services is part of a range of strategies to better meet the needs of Looked After Children in Torbay.

Statement of Purpose (Standard 1)

This standard was not met

The service manager had drafted a statement of purpose which, with some minor revisions would comply with regulations. It had not yet been formally approved by the Executive side of the council. Policies and procedures were being revised. The BAAF children's guide was available to children although the service needed to ensure that specific agency information in accordance with Schedule 2 was included. The service aimed to produce it's own children's guide.

Securing and Promoting Welfare (Standard 2)

This standard was partially met

There was no specific written plan for the implementation and evaluation of strategies to recruit sufficient adopters to meet the needs of children. This is recommended. The quality of information in Form E reports was variable and the agency was actively seeking to improve the quality of information available before matching decisions were made.

Prospective and approved adopters Standards 3-6)

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

Prospective adopters were provided with an information pack and invited to open days. The preparation sessions were based on the BAAF format and were generally favourably commented on by prospective adopters. Assessments of prospective adopters that were being undertaken were seen to be thorough. Good systems were being established to document checking processes and assessment procedures. It was proposed that adopters approved by the agency would have their own link worker who would guide them through the assessment process. There were procedures for matching arrangements and the service needed to ensure that all social workers were clear about these. There was a proposed strategy for working with and supporting adopters. Practice needed to be consistent in ensuring that life story work was completed.

Birth Parents and birth families (Standards 7-9)

Two of these three standards were partially met and one not met.

There was no system to ensure that independent support and counselling was available for birth parents and families. Arrangements were piecemeal. There were arrangements for direct and indirect contact, which were to be co-ordinated through the newly established adoption team. These arrangements were being clarified by the newly appointed post adoption support worker. In some cases there was evidence that birth families were encouraged to contribute to the maintenance of the child's heritage through providing information, photographs and so on. Life story work was not always made available. There was not a clear strategy for working with and supporting birth parents and birth families.

Adoption Panels and Agency Decisions (Standards 10-13)

Three of these four standards were met and one partially met.

Policy and procedures were available. Information given to panel members did not include all elements about the function of the panel as specified in Standard 10. Prospective applicants had the opportunity to attend panel. Panel members included a range of people with valuable experience of adoption matters. The panel was observed to be very child focused. The adoption panel was efficiently organised and conducted. Reports were circulated in advance. A thorough approach to the information was evidenced by the decision maker and decisions were made promptly.

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

These standards were both not met.

The nominated manager of the adoption agency had relevant experience for the role. The service manager of the adoption team also had extensive experience and more specifically in adoption law and practice. A requirement was made that relevant management training should be given to the service manager. Evidence of relevant CRB checks was not seen at the time of this inspection, despite inspectors asking to see relevant personnel files.

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

These three standards were partially met.

Staff confirmed there were clear lines of accountability and that there were effective systems for communication. Management arrangements would be more effectively established when the service manager became full time in the role. Monitoring procedures were established in regard to children who may be placed for adoption. Guidelines about adoption allowances were to be revised. An annual report in regard to the adoption panel was presented to the executive and a recommendation is made that more frequent reports are produced. Legal and medical advisers were available to the adoption service.

Employment and management of staff (Standards 19-23)

Two of these five standards were partially met, and three not met.

Personnel files examined did not all contain sufficient information to meet the requirements. Staff had relevant qualifications; one of the adoption workers was undertaking the Child Care Award. Adoption work undertaken in the childcare teams was sometimes by very inexperienced staff and inspectors were told that there had been acute staff shortages. A recruitment and retention policy had been introduced to address this. The adoption team was very newly established and effective systems for monitoring and for planning needed to be developed. There was a training programme for all staff but there was limited adoption input. Workload management systems were in place together with supervision and appraisal systems.

Records (Standards 25-28)

One of these four standards was partially met and three not met.

Case records of prospective adopters were well maintained and held the required information. The systems and processes are being newly established and inspectors were impressed with what was being put in place. The adoption case records for children did not meet the requirements. The present files were found to be confusing, with key documents sometimes hard to find, and errors noted.

There were policy and procedural instructions in relation to files, confidentiality and security. There was a policy regarding access to records; access to adoption records was through the adoption service manager. There was a written policy on case recording. Personnel files were kept centrally, but each service held some of its own personnel information and relevant information was not made available for this inspection. Adequate records needed to be maintained of independent and sessional staff. There was insufficient information seen on personnel files. Formal complaints were collated centrally by the complaints officer. Inspectors were concerned about issues that had not been identified as formal complaints but identified practice concerns that required monitoring and overview.

Fitness of Premises (Standard 29)

This standard was partially met.

The adoption team was located in a large, listed building, sharing premises with a number of other teams. Office space was very limited and the team were working in cramped, unsatisfactory conditions. There was an appropriate security system and measures to safeguard IT systems. No system had been devised for the back-up of paper records and there was no specific 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:

NA

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:

NA

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:

NA

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:

NA

The grounds for the above Report or Notice are:

NB This section is not applicable. Section 81 letter to follow.

**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	LAAS Regs 2003 2,3	LA1	The local authority must provide the completed statement of purpose, now in draft form, to the relevant parties as specified in this regulation.	08.09.04
2	AA Regs 1983 7(1)(a)(i)	LA7	The local authority must ensure that birth parents and families are provided with access to a counselling service, independent of the social worker, and that arrangements for this are documented.	08.09.04
3	LAAS Regs 2003 12(2)(a)	LA14	The local authority must ensure that all persons employed for the purposes of the adoption service receive appropriate training; specifically the manager responsible for the day to day running of the service should have appropriate management training.	08.09.04
4	LAAS Regs 2003 6	LA15	The manager must have a satisfactory enhanced disclosure from the CRB.	08.08.04
5	LAAS Regs 2003 11	LA19	All people working for the adoption service, including temporary and sessional workers, must have a satisfactory disclosure from the CRB which must be evidenced to inspectors.	08.08.04
6	LAAS Regs 2003 10	LA21	The local authority must ensure there is a sufficient number of staff working for the purposes of the adoption service.	08.09.04

7	LAAS Regs 2003 12(2)	LA23	The local authority must ensure all persons working for the adoption service receive appropriate training.	08.09.04
8	AA Regs 1983 7(2)(a)	LA25	A case record in respect of each child being considered for adoption must be set up, must be accurate and contain the required information.	08.09.04
9	AA Regs 1983 14(2)(3)& (4)	LA25	The adoption agency must ensure that adoption records are kept in a place of special security, and as far as possible, minimise the risk of damage from fire and water.	08.09.04
10	AA Regs 1983 11,15	LA27	Records in accordance with Schedule 3 and 4 must be maintained in respect of all staff including sessional staff.	08.09.04
11	AA Regs 1983	LA28	Panel members' files, as well as all members of staff, must include the required information.	08.09.04

GOOD PRACTICE RECOMMENDATIONS FROM THIS INSPECTION

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

No.	Refer to Standard *	Recommendation Action
1	LA1	Agency information in the children's guide should be completed systematically and consistently.
2	LA2	The agency should have a written plan for the implementation and evaluation of effective strategies to recruit sufficient adopters.
3	LA5	The agency should ensure that matching and introduction procedures are clear to all staff involved in the placing of children.
4	LA6	When there are difficulties in the placement, the adoption service should ensure effective communication and co-operation with other adoption agencies to support the adopters and the child.
5	LA7	Birth parents' views about adoption and contact should be clearly recorded.

6	LA7	The adoption service should ensure birth parents see and have the opportunity to comment on what is written about them or their circumstances before information is passed to the adoption panel or to adopters, and that this is documented.
7	LA8	The local authority should ensure that satisfactory efforts are made to obtain information for life story work, and that this should be made available for the child.
8	LA9	The adoption agency should have a clear strategy for working with and supporting birth parents and birth families. This should include consideration of independent sources of support.
9	LA10	The policies and procedures for the adoption panel should include something about the quality assurance role of the panel.
10	LA15	In staff and manager appointments, the practice should be established of making telephone enquiries to each referee to verify the written reference.
11	LA16	The adoption agency should have clear and concise written procedures that cover arrangements for the use of services provided by the Adoption Register.
12	LA17	The executive side of the council should receive written reports on the management and outcomes of the services of the adoption agency every six months.
13	LA18	The adoption agency should have a written protocol governing the role of specialist advisers.
14	LA20	The adoption service manager should have systems in place for prioritising and monitoring workloads of the adoption team.
15	LA20	The adoption agency should ensure that sessional workers are provided with appropriate written contracts, job descriptions and conditions of service which comply with the General Social Care Council.
16	LA22	The whistleblowing policy should be made known to all staff.
17	LA26	There should be a clear written policy and procedures about arrangements for access to adoption records.
18	LA27	There should be consideration given in the adoption team to ensuring that the complaints procedure is known to adopters.
19	LA27	The adoption agency should explore whether there is a satisfactory view of what constitutes a complaint and whether collation of informal complaints about the adoption service could be informative.
20	LA28	Personnel files should be up-to-date and comprehensive in respect of each member of staff.

21	LA28	There should be a clear and consistent system for ensuring the renewal of CRB checks every three years
22	LA29	Consideration should be given to ensuring that staff in the adoption team have sufficient office space for the purpose.
23	LA29	The adoption agency should ensure adequate provision of telephones for the purposes of the adoption team.
24	LA29	The adoption agency should have a Disaster Recovery Plan which includes provision for the safeguarding/back-up of records.

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

PART B**INSPECTION METHODS & FINDINGS**

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

Placing authority survey	YES
Placing social worker survey	YES
Prospective adopter survey	YES
Approved adopter survey	YES
Birth parent / birth family member survey	YES
Checks with other organisations and Individuals	
• Directors of Social services	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
Date of Inspection	09/06/04
Time of Inspection	09.00
Duration Of Inspection (hrs)	60
Number of Inspector days	8
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) (<i>in adoption team</i>)	6

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?

1

The service manager had drafted a statement of purpose which, with some minor amendments, would meet the legal requirements in its content. It will need to be submitted to the executive side of the council.

The BAAF children's guide had been purchased for use as an interim measure. The service manager for the adoption team said that social workers were being advised to include agency details as specified in Regulation 3, Schedule 2. The plan was that more age appropriate guides would be produced in due course.

A number of policies and procedures were being, or needed to be, updated as indicated at relevant points in this report.

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?

NO

Securing and promoting children's welfare

The intended outcome for the following set of standards is:

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

Standard 2 (2.1 - 2.3)

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

Key Findings and Evidence

Standard met?

2

Torbay had written plans in regard to setting up the new team. Inspectors saw various documents to support this. The service acknowledged that within these there was no specific written plan for the implementation and evaluation of recruitment strategies; it is recommended that this is developed. Inspectors were advised that the proposed plan for the team would be incorporated into the business plan of the foster care service. This plan was currently in draft form only and the adoption team had not yet moved into that service's responsibility.

There was monitoring of how enquirers heard about the adoption team. The small size of the authority facilitated the ease with which the adoption team knew about the needs of the children. It was identified that a number of younger children needed placements as well as the need for placements for older children, sibling groups and children with disabilities. The authority was a member of the South West Adoption Consortium as part of its strategy for providing placement choice and for meeting the needs of children from minority groups. The service manager indicated that Torbay had always been supportive in funding placements elsewhere that best matched a child's needs.

Case files indicated that attention was given to placing with adopters who best met the assessed need of the child. The views and feelings of children were evidenced as being taken into account in cases seen. Some Form E's contained insufficient information and inspectors were told that the agency was actively addressing this issue before matching decisions were made.

In the last 12 months:

How many children were identified as needing adoptive families?	10
How many children were matched with adopters?	9
How many children were placed with the service's own adopters? <i>NB this number refers to Torbay foster carers who applied to adopt children placed with them and were approved by Torbay as adopters.</i>	3
How many children were placed with other services' adopters?	5
How many children were referred to the Adoption Register?	3
In the last 12 months, how many children were matched with families which reflected their ethnic origin, cultural background, religion and language?	9

What percentage of children matched with the adoption service's adopters does this represent?	100	%
How many sibling groups were matched in the last 12 months?	0	
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?	3	
--	---	--

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?

3

Inspectors were shown information packs that were given to enquirers. A pattern of monthly open sessions had also been held. The information leaflet was attractive; it explained the criteria and had an inclusive and realistic style. Information about what is expected and posters were displayed at the open sessions.

The service manager informed inspectors that she would be responsible for providing information to those wishing to adopt from overseas. Enquiries have been few, and there were specialist workers in the region to whom she would refer. In the circumstances of developing a new team, inspectors were satisfied that this work would be developed more when other priority areas in establishing the team have been achieved.

The adoption workers had access to Form Es in respect of children awaiting placement, as well as the consortium newsletter and other publications about children needing placements. Their knowledge of the children needing placement in a general sense informed the information sessions, and back copies of publications were made available to people enquiring about adoption. This may be an area that the service looks at again in considering how best to identify placements for children.

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?

3

One preparation group for prospective adopters had been held. It was based on the BAAF format with additional input. The adoption team had also prepared an attractive preparation folder for prospective adopters.

The manager proposed that prospective adopters who wished to adopt from overseas would be referred to specialist preparation groups organised in the region. The numbers of people in this category had been very small but specialist knowledge and support was available from identified independent workers.

Inspectors met adopters who had attended the preparation course and it was regarded as a very positive experience. The course had been evaluated by the workers. Written evaluation had been requested about each session. Plans for the next course were being revised on the basis of the experience. Annual evaluation had not yet been considered and inspectors advise this should be developed.

There was good evidence of comprehensive assessment work being undertaken. Although no assessment had yet been concluded it was evident that appropriate checks were being undertaken, that the system for recording them was established, and that there was a thorough approach in all the files read.

Inspectors were confident in reporting this standard as met, in view of the positive foundations that were seen to be in place.

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

It was proposed that approved adopters would have their own link worker from the adoption team who would guide them through the matching process. Information was being made available to them about the process of matching, and the role of the adoption register. Matching procedures were established in the local authority. Matches had generally been with adopters assessed and approved by other agencies. There were systems seen on files for recording matching factors and decisions. Inspectors noted a lack of clarity in some placing social workers about when matching and introduction plans were being decided and procedures needed to be made clear to all those working with adoption. In two instances, prospective adopters told inspectors they were not clear about the legal implications at the different stages in moving towards adoption, and they did not feel they had been given full information or explanations.

The adoption service had devised a system for recording that adopters would be asked to notify the agency if their adopted child dies, and the importance of this was part of the preparation. It was also proposed that adopters would be asked to prepare information about themselves for a child.

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

NO

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 adoption service had a strategy to work with and support prospective adopters. A link worker would be allocated to help prepare them in advance for the child coming to live with them. Support groups were to be set up. Adopters were to be encouraged to maintain links with the agency. Post adoption support was to be offered and contact arrangements facilitated through the post adoption support worker. Inspectors note that the service will need to monitor the capacity of this part-time worker to undertake this expanding role. An adopter referred to lack of clarity about adoption allowances.

There were no formal arrangements for supporting and advising prospective adopters who receive a proposed match of a child from overseas, but the service manager was confident that advice about support networks would be available from the specialist workers in the region. In the present circumstances inspectors considered that it was appropriate to continue in this way, although this area of service will need to be more robustly addressed as the adoption team develops.

There was a commitment by the adoption team to ensuring that adopters were supported in helping a child develop and maintain a positive self-identity. This theme was part of the preparation programme. Inspectors have heard some frustration from adopters that life story work has not been made available to them as they had expected (see recommendation made at Standard 8).

In one case, inspectors noted that Torbay had not communicated effectively with another adoption agency when the adopters were in a stressful situation and a recommendation has been made in regard to this. Another adopter expressed the view that adoption support had not been made clear to them.

Torbay would anticipate that in the event of a disrupted placement, a disruption meeting would be held which would be independently chaired and jointly funded by the adopters' agency and the placing agency.

Number of adopter applications started in the last 12 months	9	
Number of adopters approved in the last 12 months	3	
Number of children matched with the local authority's adopters in the last 12 months	3	
Number of adopters approved but not matched	0	
Number of adopters referred to the Adoption Register	0	
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 – 7.5)

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

Key Findings and Evidence	Standard met?	1
<p>Inspectors were told that support was offered to birth families. This may be from the social worker, or birth families were advised to seek independent counselling through their GP. On occasions specific support has been commissioned from an independent agency. Workers in the newly forming adoption team were also involved in direct work with some birth family members. Arrangements were piecemeal and there was no consistent practice in ensuring that birth parents had access to a support worker independent of the child's social worker from the time adoption is identified as the plan for the child. Details about support or counselling which had been offered were not documented in Form E's.</p> <p>Inspectors were told that birth parents' views about contact were sometimes not recorded clearly; information was sometimes inconsistently recorded and out of date. The arrangements for contact were to be co-ordinated by the newly appointed post adoption worker who had been auditing the written arrangements. A new contact agreement form was being devised.</p> <p>There was insufficient evidence that birth parents were given the opportunity to comment on what was written about them or their circumstances before information was passed to the adoption panel or to adopters. Inspectors were informed that Form E's were rarely signed by birth parents.</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>Inspectors saw evidence in some files that social workers were encouraging birth families to contribute to the child's heritage. Effective efforts to acquire information and photographs were seen. There were other examples where life story work had not been successfully achieved and adopters expressed disappointment about the lack of life story work. It was not clear why it had not been provided. The absence of life story work had been identified in a significant number of cases which were being audited in regard to post adoption contact. This indicates a significant training need and consistent practice needs to be established. Inspectors were told that this issue was now being addressed by checking that work has been completed at reviews prior to an adoption application being made. A recommendation is made in respect of life story work.</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

Inspectors did not see evidence of a clear strategy for working with and supporting birth parents and birth families and it is recommended that this should be developed. The newly established adoption team had taken over the responsibility for direct contact arrangements which had previously been managed by the permanency planning teams. The newly appointed post adoption worker was dealing with developing the letter box arrangements. The same worker may have a significant role in ensuring there is appropriate support and advice for birth families. Information was being collated about local and national support groups.

There had been some consideration to commissioning the services of an independent support agency which would be available to birth parents and families, as well as to children and adults who have been adopted, and adopters. Inspectors considered that this would be a valuable path to pursue, and would provide independence which was not, at the present time, consistently available.

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>There was a written policy including the constitution and functions of the panel. Panel members were all given a copy of the BAAF publication, Effective Panels. Policies and procedures did not include a method of providing feedback to the agency on the quality of cases being presented. There were verbal systems. The chair or vice chair provided verbal feedback to the service manager who then provided feedback to the assistant director for children services. Feedback systems needed to be reviewed. Inspectors noted that Form E's reports presented to panel were very variable; some did not contain relevant information. Others would have been improved with, for example, the inclusion of a genogram. More consistent standards need to be established and panel's role in feeding this back could be a stronger driver in improving quality.</p> <p>Prospective adopters were given the opportunity to attend the adoption panel. Although none attended on the day that panel was observed, adopters spoken to said that they were dealt with fairly and promptly.</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?**

3

The panel had a medical and legal adviser in attendance. Inspectors were satisfied that panel members had suitable qualities and experience to be on the panel. The observed panel evidenced that panel members were very child focused and many pertinent questions were asked. Panel members were a good mix of people including an adopted person, an adoptive parent, and a health visitor.

New panel members had the opportunity to observe panel. The service manager made herself available as part of new member's induction. BAAF training was also provided but did not always fall within the ten week timescale.

Inspectors were told that since September 2003, CRB checks have been taken up on all panel members. References were taken up on members appointed since that date. Panel members were required to sign a confidentiality undertaking and these were seen on their files.

Panel briefing sessions take place from time to time to keep members abreast of relevant changes or issues. The service manager was also available to panel members for individual briefing or advice if required.

There was an annual joint training day with the agency's adoption staff. The last one included the staff from the new adoption team and it was planned that this would be an annual event.

There have been only two inter-country adoption applications to consider since 1998. The service manager informed inspectors that relevant training would be provided to panel in the event of an inter-country assessment having been started. This may be an area which will need more time and attention as the adoption team becomes established.

Is the panel a joint panel with other local authorities?

NO

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

NO

Standard 12 (12.1 – 12.3) Adoption panels are efficiently organised and conducted and are convened regularly to avoid delays in the consideration of prospective adopters and matching children and adopters.		
Key Findings and Evidence	Standard met?	3
<p>The panel meets once a month and there had been scope to convene an emergency panel.</p> <p>Panel papers were sent out to panel members one week before the panel date. The papers distributed to members also included the LAC (2004)14, The Independent Review Mechanism.</p> <p>The cases presented to the observed panel were all best interest recommendations and there was a consideration of an adoption allowance and an update of cases. The inspector observed that panel members had evidently read each case carefully and had prepared questions to raise in advance of the panel.</p> <p>Minutes were seen to be comprehensive and included reasons for conclusions reached and recommendations.</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>Panel minutes were taken by the administrator on a laptop which provided instant draft minutes. This process had only recently been introduced. At the time of the inspection the decision maker, the head of Children's Services, received notes made by the chair or vice chair, usually the same day as panel, rather than the draft minutes. The decision maker received the panel papers prior to the panel. There was a commitment to making the decision without delay. The decision maker was committed to giving thorough consideration to the issues and it would be good practice if the draft minutes were made available to him.</p> <p>The arrangements for conveying the decision to the child were through the child's social worker who would also notify the child's parents and any other significant people. The adoption worker would notify the adopters orally and this was followed up in writing. It may be better practice to consider that decisions in writing should be direct from the decision maker.</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 – 14.3 and 14.5 – 14.6)

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

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

Key Findings and Evidence	Standard met?	1
<p>Joy Howick, the nominated manager, had the role of Operations Manager Permanency Planning and was responsible for the permanency planning teams and a number of other related services. She was qualified and had considerable experience, including project work in adoption and leading other projects within children’s services.</p> <p>The management of the adoption service had been under the pressure of considerable staff shortages, felt across all the childcare services. It was acknowledged that these critical staff shortages affected the planning for children. The creation of the adoption team further depleted the permanency planning teams of experienced staff, although the mentoring role which the adoption workers exercised had reduced the impact to the childcare teams.</p> <p>The services were to be restructured soon after the inspection and the newly established adoption team was to come under the responsibility of the Operations Manager for services which also included fostering. The adoption service manager welcomed this proposal which would give somewhat more independence to the adoption team.</p> <p>The service manager carrying on the day to day management of the adoption team was an extremely experienced worker who evidenced a sound knowledge base in adoption law and practice, and a commitment to developing an effective service. Whilst she had some relevant training in management issues, this was limited and a requirement is made that she receives appropriate training in the management task she is undertaking.</p> <p>The responses below refer to the service manager.</p>		
<p>Does the manager have Management NVQ4 or equivalent?</p>	NO	
<p>Does the manager have at least 2 years experience of working in a childcare setting in last 5 years?</p>	YES	

Standard 15 (15.1 – 15.4)

Any person carrying on or managing the adoption agency are suitable people to run a voluntary organisation or business concerned with safeguarding and promoting the welfare of children.

Key Findings and Evidence

Standard met?

1

Inspectors were informed that the nominated manager and the service manager, along with all staff, have been requested to undertake CRB checks within the last year. The service manager reported that her check had not yet been submitted. This is a requirement.

Inspectors viewed personnel files but the evidence of checks of the nominated manager or other staff was not seen in the personnel files that were made available.

There was no evidence that the practice was established of making telephone enquiries to referees to verify the written references and this was confirmed in the service's self assessment documentation.

The inspector had confirmation from the CSCI inspector responsible for the recent inspection of Torbay fostering service, that the manager who will soon be responsible for the adoption service, had relevant experience and qualifications, and that a satisfactory CRB disclosure was evidenced in that inspection.

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

The adoption agency has been subject to considerable changes in structure and management in recent months. The establishment of the new team has been a major focus. The manager was appointed in September 2003, and social work staff were appointed early in 2004. Workers in the team have been helping inexperienced staff on a one to one basis in the permanency planning teams. They had also retained some cases to provide continuity for particular children.

Staff spoken with in the adoption team and in the permanency planning teams were clear about lines of accountability and communication between managers and staff.

The adoption service manager's role was described as responsible for all central adoption agency functions, developing procedures, implementing new legislation and policy requirements and line managing the members of the team. At the time of the inspection she also had the role of reviewing officer for children placed for adoption. Inspectors were advised that this role is not going to continue from October 2004. The local authority is expanding the independent reviewing unit.

The present arrangements were not helpful to the needs of the adoption management role. The new team is an exciting developmental challenge which requires robust systems and monitoring of progress. This inspection has identified a number of procedural and policy areas that will need review. Inspectors believed the manager needed more opportunity to develop the management role. Being part-time reviewing officer was not consistent with this role although had been valued by the manager in terms of keeping abreast of significant issues. She had also been able to ensure timely reviewing processes for the children.

Attention will also need to be given to ensuring the adoption service manager is well placed in systems of communication, both operationally and strategically. Inspectors considered there was a risk of marginalisation from other managers. The proposed restructuring of the adoption team will be an opportunity to plan for effective dialogue.

There was a staff conduct policy which included issues about conflicts of interest.

Procedures needed to be updated to include information regarding referral to the Adoption Register in accordance with Standard 16.7

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

2

Number of the above complaints which were substantiated

X

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

Inspectors met with the Head of Children's Services and an executive member with social services responsibility. They were told that the written procedures for monitoring and controlling were being revised with the adoption service manager drafting them, working with the policy office. Evidence was seen of tracking systems that were being revised to ensure planning for children was being more effectively monitored.

There was a rolling programme of councillor visits to the social work teams. The children's fund involved children in policies and planning. Children's views were being actively sought and acted upon, for example in how the review process was conducted.

There was acknowledgement that adoption was one of a number of service areas that needed to be developed. Child protection arrangements had been a major priority.

There was a need to revise procedures for monitoring and controlling the activities of the adoption agency and ensuring quality performance. It is recommended that the executive side of the council should receive written reports on the management and outcomes of the adoption agency every six months.

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

Monthly?

Quarterly?

Less than Quarterly?

YES

Standard 18 (18.1 – 18.5)

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

Key Findings and Evidence**Standard met?**

2

There was access to specialist advisers. The medical adviser and legal adviser regularly attended adoption panel and was available for consultation by staff. There was a specialist therapy and assessment team and other sources of direct support to young people. The adoption team indicated they had strong links with the available services.

Inspectors were informed that other specialist sources of advice were accessed as required. This included independent workers who were familiar with issues about adopting from another country.

There was no specific written protocol governing the role of the specialist advisers and this is recommended.

Employment and management of staff

The intended outcome for the following set of standards is:

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

Standard 19 (19.1 – 19.14)

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

Key Findings and Evidence

Standard met?

1

Inspectors saw recruitment guidelines which, whilst generally satisfactory, needed to be revised to ensure best practice is consistently followed. As previously stated, telephone enquiries should be made to each referee to verify the written reference (see recommendation made at Standard 15).

It was not possible for inspectors to confirm that all people working for the adoption agency, including sessional workers, have a satisfactory disclosure from the CRB. Records of checks were not on the personnel files, and there was no comprehensive system clearly established for checks to be renewed after three years.

One of the adoption team social workers was undertaking the child care award at the time of this inspection. All were qualified and had relevant experience. The team had recently attended BAAF training in assessment. Birth records counselling under Section 51(Adoption Act 1976) was identified as a training need for some of the adoption team since most of this work had been undertaken by Families for Children under previous contract arrangements. The service manager and one social worker had relevant experience and there were meetings with other agencies in the region for workers undertaking this work.

Social workers in the permanency planning teams were not all experienced in adoption issues. Acute staff shortages had led to the recruitment of workers from Canada and North America, and newly qualified workers were also undertaking adoption work. The workforce was reported to be more stable at the present time, and the number of unallocated cases was reducing.

Torbay had ensured a comprehensive induction programme. Workers told inspectors the induction had been very valuable but it had been difficult to absorb all at once. Adoption issues had been included but there was an ongoing need for more focused training. They valued the mentoring and support they received from the adoption team but identified an urgent need for training (See Standard 23).

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?

0

%

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

The service manager of the newly established adoption team indicated that systems were still being devised which would enable monitoring of the adoption assessment process and timescales. There was no formalised system for workload management in the team. Staff confirmed that they were well supported; that supervision was regular and that the manager was enabling and knowledgeable. The manager herself identified that there needed to be a more systematic approach to supervision, including recording supervisor's decisions on appropriate files (see Standard 25.5). This team was still in a transition; workers continued to carry children's cases and were mentoring staff in the permanency placement teams. The assessment and support of adopters is a growing area of work and the manager will need to monitor with care the workload and capacity of the staff team.

Staff in permanency planning teams described receiving regular supervision. Probationary and appraisal systems had been implemented. Workload management systems were evidenced. Updated procedures and policies were described as readily accessible over the intranet. Workers in the permanency planning teams said that access was limited for some. They were more likely to use their computer time for immediate tasks rather than the opportunity to read, or reread, the procedural guidelines

Staff in the adoption team had been provided with laptop computers. Administrative support to the adoption team was seen to be sufficient although the manager anticipated this would need reviewing because of the expanding nature of the team.

Staff spoken to were clear that they had appropriate contracts, job descriptions and conditions of service. No evidence was made available to inspectors about the contracts and conditions that are specified when independent, sessional, or agency staff are employed or about the level of supervision of these staff.

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?	1
----------------------------------	----------------------	---

This report has referred at various points to the chronic staff shortages that Torbay had experienced among the child care teams. The establishment of the adoption team had been an additional staffing pressure, but had provided a clear focus for the development of adoption work. Staffing in the adoption team was complete, although a vacancy was soon to arise.

Staffing shortages in the childcare teams had been reduced by active recruitment and retention policies. Qualified social workers from overseas had been recruited; agency staff and community care workers had also been used to cover shortages. Inspectors were informed that cases with an adoption element were allocated although a significant number of Looked After Children did not have an allocated worker. Their cases were being regularly monitored.

Case tracking evidenced that staff shortages had impacted on the timescales for progressing cases. An adopter reported considerable delay in a case being brought to panel. Other reports about lack of life story work were linked to staff not being available for such work. Inspectors acknowledge the complexities for Torbay in achieving a full staffing complement, and that progress was evident in the positive steps that had been taken. A requirement is none the less made in view of the continuing identified concerns.

Total number of social work staff of the adoption service	4	Number of staff who have left the adoption service in the past 12 months (due to leave end June)	1
Number of social work posts vacant In the adoption service.	1		

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?	2
----------------------------------	----------------------	---

Staff described working in a supportive environment. They considered managers were approachable, and that there were sources of advice and consultation available to them. The council also provided counselling to staff if required. Staff spoke positively about the arrangements for flexitime and that terms and conditions were generally satisfactory. They also felt they were given opportunities for consultation, although due to casework pressures, they felt the 'system fell down'.

There was a whistle blowing policy available on the intranet. Not all staff spoken to were confident in their knowledge about this, and it is recommended that the council considers ways of ensuring that the key elements of this and other relevant policies are known to staff.

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

The agency identified a need for more training throughout the service on specific adoption issues. The corporate training plan needed to include more specific attention to adoption practice and guidance.

The induction programme for new staff included adoption issues but the overall process was reported to have been something of an overload of information. Ongoing training opportunities needed to be developed.

Adoption team staff had been on relevant BAAF training in preparation for their role in the new team. The manager confirmed there was access to other externally provided courses.

Inspectors were informed there was a staff appraisal scheme which identified the training needs of staff involved in adoption work.

Staff were kept advised of changes or developments in guidance through regular team meetings. A children's service review group met bi monthly. Six monthly meetings involving the whole of the children's services were also seen as valuable in ensuring staff were informed about and involved in developments.

The service manager for adoption acknowledged the need to update training programmes to include current legislation.

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?	1
---------------------------	---------------	---

The adoption team had not yet completed a full assessment of a prospective adopter. The files of those that were in process of being assessed were inspected and found to be very satisfactory. Good practice was seen in the arrangement of information and in the clarity of the record.

Some children's files maintained by workers in the Permanency Planning service were inspected. LAC documentation was being used. Decisions by supervisors were seen in a number of files indicating an effective system for recording regular supervision. Inspectors have been advised that this is to be rigorously audited to ensure consistent use of the system.

An adoption file was created at the time that the best interests decision was made, which then became the working file for that child. This arrangement was not in accordance with Adoption Agency Regulations 1983 (Regulation 7(2)(a)). Inspectors were informed that the file system had been established to avoid confusion and was believed to be effective. A requirement has been made that a separate adoption case record is set up.

Because of the number of files, and in the absence of a specific adoption file, inspectors struggled to find the relevant key documents, in one case finding Form E in volume seven out of nine volumes. Significant information was at risk of being overlooked. In another case the date of birth was wrongly recorded on a Form E. Medical records were not clearly found in another file.

Inspectors were informed that when an adoption order is made the files are archived in a place of appropriate security. The archive was inspected. It is required that arrangements are reviewed to ensure that adoption records are kept in a place of special security. At present they are not kept in separate cabinets from other archived materials. It is suggested that an up to date risk assessment would be advisable in regard to any risk from fire or water. The service manager indicated that consideration was being given to putting the records on microfiche in the future.

The database for the adoption records could only be accessed by the adoption service manager and adoption co-ordinator. There were procedures covering the confidentiality of documents and adoption information. An example had been brought to the attention of the inspector in which the adopters' address had been mistakenly disclosed to a birth parent and this highlighted training gaps and shortfalls in monitoring practices.

The files being established for adoption applicants indicated that records would be

appropriately kept of CRB and other checks. Written references were being requested and checks were to be done on adults aged 18 or over were living in the households of prospective adopters.

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?

2

Requests for access to information from adoption records went through the adoption service manager. There was a policy guidance document on the disclosure of records which had been drawn up by the consortium and was reported as being used when sharing information.

Torbay had a corporate Information Security Policy which was being redrafted at the time of this inspection which took into account the requirements of the Data Protection Act 1998 and the Human Rights Act 1998. There was a 'Seeing your Records' leaflet being drafted. Inspectors recommend that Torbay's specific policy and procedures about access to adoption information should be reviewed and updated with cross reference to the corporate policies.

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?**

1

There was a written policy on case recording.

Inspectors were informed that separate records were not being kept for independent and sessional workers. This is required.

The process of monitoring the quality and adequacy of records was through supervision. In general inspectors found that written entries were typed, and signed and dated.

Formal complaints were centrally collated by the complaints officer and inspectors saw relevant documentation. Information on all complaints was reported bi monthly to the senior management team and annually to the overview and scrutiny board. Inspectors saw examples of practice issues that were not recorded as complaints but were dealt with by the worker or line manager within the relevant service. In the absence of collation there was no opportunity for identifying themes or patterns. In one case inspectors considered that the response given was not appropriate and that more external or senior scrutiny should have been given to the issue.

Two adopters reported that they had not been told how to complain. Inspectors were advised that complaints information is given to all adopters and the issue is revisited at each LAC review. It may be that a more proactive approach should be taken to identifying the extent to which adopters feel able to make complaints.

Inspectors were informed there had been no allegations made about adopters but there would be a system for collating them in the event.

Standard 28 (28.1 – 28.2)

Up-to-date, comprehensive personnel files are maintained for each member of staff and member of the adoption panel.

Key Findings and Evidence**Standard met?**

1

Personnel files for the adoption team workers and a sample of workers from the permanency planning service were inspected. Evidence was not seen in every case that the required information was held on record. Inspectors were later advised that records were also held by the different service managers. This meant that the personnel files were not up-to-date and comprehensive and did not meet the standard. Panel members' files did not all contain the required information.

Inspectors were informed that CRB checks had been undertaken on existing staff and panel members but were not able to see evidence of this in a number of files examined..

Inspectors were not confident that a robust system was in place that would ensure that renewal of CRB checks after three years would take place. The data base seen in the personnel department did not evidence that this would be done centrally and consistently; the checks were being sent for and recorded by different services.

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 team was based in Parkfield House, a listed building set in large, attractive grounds. The building is shared by a number of other teams, including the fostering service, the independent reviewing officers, and workers who provide a therapeutic service. The building had a security system. Access was monitored.

Office space was very limited at the time of the inspection. The team was working in very cramped, unsatisfactory conditions. Six workers used four desks. The provision of laptops alleviated the problem to a degree, allowing workers to work off site for some tasks. The adoption staff shared a room with members of another team. There was a proposal to decommission a meeting room and make it available as office space. Inspectors recommend that this, or an alternative solution, should be progressed as soon as possible. The IT system was described as efficient and with appropriate back-up and safeguard systems. Access to telephone lines was limited and inadequate for an expanding service. The adoption team members were sharing two phone lines between six people.

Non-electronic records were kept in locked cabinets. Archived records were kept in council premises elsewhere. No system had been devised for the back-up of paper records. Inspectors saw no documentary evidence to indicate that a risk assessment has been done in regard to the safe storage of non-electronic records (see also Standard 9)

The adoption service manager had clarified that corporate insurance covered the premises for perils such as fire, but not for burglary. Items would be replaced.

Inspectors were given a draft Information Security Policy, dated 10th June 2004, which sets out clear expectations and procedures in respect of the security and back up of information. It identified that designated and critical systems should have a disaster recovery plan. There was no specific Disaster Recovery Plan seen which included provision for safeguarding/back-up of adoption records. This is recommended.

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 9 June 2004 and any factual inaccuracies:

Please limit your comments to one side of A4 if possible

With the exception of the following, the report represents a fair and accurate account and will be helpful in the continuing work of the new adoption team.

(Corrections incorporated into report – note from inspector)

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

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

Note:

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

D.2 Please provide the Commission with a written Action Plan by 28 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"/>
Action plan was received at the point of publication	<input type="checkbox"/>
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 Torbay Council Adoption Service confirm that the contents of this report are a fair and accurate representation of the facts relating to the inspection conducted on the above date(s) and that I agree with the statutory requirements made and will seek to comply with these.

Print Name _____
Signature _____
Designation _____
Date _____

Or

D.3.2 I _____ of Torbay Council Adoption Service 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.