



*Making Social Care  
Better for People*

# inspection report

## ADOPTION SERVICE

**Trafford MBC**

**71a Northenden Road  
Sale  
Cheshire  
M33 2DG**

*Lead Inspector*  
Maureen  
Moore

*Announced*  
6<sup>th</sup> June 2005 10:00

The Commission for Social Care Inspection aims to:

- Put the people who use social care first
- Improve services and stamp out bad practice
- Be an expert voice on social care
- Practise what we preach in our own organisation

## Reader Information

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This is a report of an inspection to assess whether services are meeting the needs of people who use them. The legal basis for conducting inspections is the Care Standards Act 2000 and the relevant National Minimum Standards for this establishment are those for *Adoption*. They can be found at [www.dh.gov.uk](http://www.dh.gov.uk) or obtained from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering: [www.tso.co.uk/bookshop](http://www.tso.co.uk/bookshop)

*Every Child Matters*, outlined the government's vision for children's services and formed the basis of the Children Act 2004. It provides a framework for inspection so that children's services should be judged on their contribution to the outcomes considered essential to wellbeing in childhood and later life. Those outcomes are:

- Being healthy
- Staying safe
- Enjoying and achieving
- Making a contribution; and
- Achieving economic wellbeing.

In response, the Commission for Social Care Inspection has re-ordered the national minimum standards for children's services under the five outcomes, for reporting purposes. A further section has been created under 'Management' to cover those issues that will potentially impact on all the outcomes above.

Copies of *Every Child Matters* and *The Children Act 2004* are available from The Stationery Office as above.

This report is a public document. Extracts may not be used or reproduced without the prior permission of the Commission for Social Care Inspection.

# SERVICE INFORMATION

<b>Name of service</b>	Trafford MBC Adoption Service
<b>Address</b>	71a Northenden Road, Sale, Cheshire, M33 2DG
<b>Telephone number</b>	0161 912 3504
<b>Fax number</b>	0161 969 2036
<b>Email address</b>	
<b>Name of registered provider(s)/company (if applicable)</b>	Trafford MBC
<b>Name of registered manager (if applicable)</b>	Matthew Brazier
<b>Type of registration</b>	LAA
<b>No. of places registered (if applicable)</b>	NA
<b>Category(ies) of registration, with number of places</b>	NA

# SERVICE INFORMATION

## Conditions of registration:

Not Applicable

**Date of last inspection**          Not Applicable

## **Brief Description of the Service:**

The Metropolitan Borough of Trafford is in Greater Manchester. It is a member of the Greater Manchester consortium. The council's adoption service is part of the Children & Young People's Service within the council's integrated children's services. It provides the following services: recruitment, preparation and assessment of adoptive parents; matching adoptive parents to children; approval of non-agency adopters; support and supervision of adopters; counselling for birth parents; the assessment of children's needs; production of relevant reports for court; placement of children with adoptive families; support for children post-placement; post adoption contact; training and support for adopters post-placement; support and counselling for adults who have been adopted. The service commissions overseas adoptions to a local voluntary agency.

# SUMMARY

This is an overview of what the inspector found during the inspection.

This inspection was undertaken in June 2005. It was the first time that Trafford MBC had been measured against the National Minimum Standards (NMS) and the Adoption Agencies Regulations (2003) (the regulations). As a result, there are a number of statutory requirements and good practice recommendations, for which the agency must produce an action plan.

The methodology for the inspection included the following:

- reading of documents provided by the service
- questionnaires received from adopters; birth parents & families; placing social workers and the panel legal adviser
- file reading
- talking to staff at all levels of the service; an elected member of the council; 4 sets of adopters and 1 birth parent
- observation of the adoption panel.

The service was asked to report on specific issues relating to a case that was tracked during the inspection; these are being dealt with outside of this report.

## **What the service does well:**

The adoption team, which has case responsibility for children, as well as the more traditional role of adoption social work, employs knowledgeable and experienced staff who contribute to good outcomes for children. Pre-inspection documents from the agency indicated that Trafford placed 24 children for adoption in the year preceding the inspection, which reflects good social work practice in matching issues.

The agency provides clear information leaflets to adoptive applicants that explain the eligibility criteria and adoption process. There is a comprehensive website that contains information about the whole spectrum of adoption services and which has links to other useful organisations.

The majority of adopters reported a good, supportive service in relation to the preparation training and assessment process. Adopters also commented favourably on the quality of support offered to them during the pre and post-approval stages. One questionnaire included the comment: "It's always straightforward seeking support ... they are committed to training ... including after adoption".

There is the foundation of a very good post-adoption support service, which should be in line to meet the full implementation of the Adoption & Children

Act. One birth family reported a helpful and sensitive service, and adopters commented on the good quality of post-placement support, including training.

## **What has improved since the last inspection?**

This is the first inspection by CSCI.

## **What they could do better:**

The adoption service needs to be fully integrated into the wider strategy for the delivery of services to children and young people. The agency needs to identify its main functions and decide upon what is required to achieve their success. This means analysing all aspects of the adoption service; from the recruitment and selection of workers right through to the measurement of outcomes for children.

Senior managers within the service must produce a comprehensive framework within which social workers can operate effectively. This includes the development of clear, coherent policies and procedures and their structured implementation. Quality assurance, monitoring and reporting procedures need to be made more robust. Management information systems should be linked clearly to the strategic and operational management of the service.

Please contact the provider for advice of actions taken in response to this inspection.

The report of this inspection is available from [enquiries@csci.gsi.gov.uk](mailto:enquiries@csci.gsi.gov.uk) or by contacting your local CSCI office.

# **DETAILS OF INSPECTOR FINDINGS**

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Staying Safe

Enjoying and Achieving

Making a Positive Contribution

Achieving Economic Wellbeing - There are no NMS that map to this outcome

Management

Scoring of Standards

Statutory Requirements identified during the inspection



# Staying Safe

## The intended outcomes for these standards are:

- The agency matches children with adopters (NMS 2)
- The agency assesses and prepares adopters (NMS 4)
- Adopters are given information about matching (NMS 5)
- The functions of the adoption panel are as specified (NMS 10)
- The constitution and membership of adoption panels are as specified (NMS 11)
- Adoption panels are timely (NMS 12)
- Adoption agency decision is made without delay and appropriately (NMS 13)
- The manager is suitable to carry on or manage an adoption agency (NMS 15)
- Staff are suitable to work with children (NMS 19)
- The agency has a robust complaints procedure (NMS 24 Voluntary Adoption Agency only)

## **JUDGEMENT – we looked at outcomes for standard(s) 2,4,5,10,11,12,13,15,19.**

The agency has provided successful placements for children. However, the lack of suitable policies and procedures and robust management oversight, means that child care practices are unsafe

### **EVIDENCE:**

The service placed 24 children for adoption in the twelve months preceding the inspection; there were no disruptions within those placements. Discussion with social workers demonstrated their knowledge and experience in this area of work, which contributes towards positive outcomes for children. The agency provides clearly written information to adopters about the matching process to aid their understanding. The majority of adopters reported that they were kept well informed during the process, and had good access to support from adoption team workers. Life appreciation days are held to facilitate the sharing of all relevant information different people have on children.

The adoption service is not underpinned by written policies and procedures. There is no written strategy for recruiting or prioritising potential adopters; the agency reported that they did not feel one was needed as they had sufficient numbers of applicants contact them directly. This means that the service has no way of identifying the types of adopters required against the needs of children who are waiting in Trafford. Adopters confirmed that they were not

given information about children who are waiting locally. Although the agency places children via the consortium, 14 of the 24 children placed in the last year were with the service's own adopters, according to information provided by the service.

The agency does not have clear policies and procedures regarding the matching process (although a "matching pro-forma" has recently been introduced to aid the practice). Adoption team workers rely on each other to discuss any issues such as transracial placements, where views can differ. This lack of formal guidance for social workers must be rectified.

Adopters who had attended preparation training reported that it had been well presented and informative. Comments included: "... Excellent... extremely valuable training..." and "Training was excellent."

Some adopters commented on the apparent shortage of staff within the adoption team, which they believed contributed to delays in the assessment and approval process. However, the majority of adopters were satisfied with the service they received from application to approval.

One case selected for tracking revealed that adopters had been recommended for approval at panel without having undergone any preparation training, so in effect, the assessment process was incomplete. Another couple were recommended for approval, subject to CRB clearance; this also occurred during the panel meeting which was observed. This seriously affects the safeguarding of children and must cease immediately.

Forms E on children were of varying standards, and there was evidence of shortfalls in the quality assurance process. One Form E, on a two year old child, was 9 months out of date when it went to panel for matching. There was evidence that some social workers had produced a Form E without ever having met the child.

The standards of the Forms F, on adopters were also variable, and there was evidence again of insufficient quality assurance. There was too little analysis into the effects of applicants' life experiences and no weight given to the quality of information gleaned from referees. In one case, an applicant was employed working with children, but no reference was sought from the employer. There were gaps in some career histories and health and safety checklists were not completed consistently.

The service has a draft policy and attendant procedures for the adoption panel. There are inaccuracies regarding the role of making recommendations to the agency decision maker and should be amended. They should also be amended to comply with 10.2 of the NMS.

The panel comprises relevantly qualified and experienced people. The agency is aware that the composition is biased towards female members and plans to address this imbalance as vacancies occur. The chair at the time of the inspection intends to step down in December 2005 to make way for someone who will be independent of the local authority. Although someone has "been identified", the agency does not appear to be complying with its own draft procedure regarding the recruitment of panel members in this case.

The minute taking of the panel meeting could be improved to reflect better the discussion and the reasons for conclusions reached. There was evidence that the agency decision is made in a timely fashion, following consideration of the papers and discussion with the panel chair. The agency should consider making notes of these meetings. The letter of confirmation sent out to adoptive applicants is inaccurate, stating it is the panel that has made a decision; and although sent out in the decision maker's name, it is not seen by him. This must be rectified.

The agency's staff recruitment and selection procedures have not been updated since 1995, so do not take into account legislation and policy since then; for example, the service does not follow up written references with telephone enquiries. They must be amended.

# Enjoying and Achieving

## The intended outcomes for these standards are:

- The adoption agency provides support for adoptive parents (NMS 6)
- The agency has access to specialist advisers as appropriate (NMS 18)

## JUDGEMENT – we looked at outcomes for standard(s) 6,18

Trafford offers good support to adoptive parents; but the lack of a clear strategy for this area of work means that the quality of support is in danger of being compromised.

### EVIDENCE:

The agency is developing a good post-adoption support service, which is in line to meet the full implementation of the Adoption & Children Act and the Adoption Support Regulations. Until recently, post-adoption support work was undertaken by one worker; two part-time senior practitioners have recently taken up post. This indicates the authority's positive intention of developing this area of work but the lack of a coherent strategy for the service means that the work is being performed in a reactive rather than planned way. There is no effective method of monitoring referrals and subsequent workloads.

Adopters reported that they felt well supported by adoption team social workers. Comments included "... without their ongoing help this placement would have broken up".

Discussion with social workers and adopters revealed that the agency takes seriously the importance of keeping safe information on the child provided by birth families. These issues are covered through preparation and post-approval training.

If a disruption occurs in a placement a meeting is convened which is facilitated by the consortium and is chaired by a person who is independent of the local authority.

The service has access to a legal adviser who attends the panel, and a medical adviser who is a member of the panel. Staff confirmed that both advisers are available for consultation, and each was described as "brilliant" and "very accessible" by social workers. In addition, the service has commissioned

services from a child psychotherapist who is available for consultation and training to staff and adopters.

Adoption team staff can access the agency's "Black Cases Panel" which was set up following consultation with a council which has beacon status for issues of diversity. This panel looks at achieving best practice and better outcomes for children and families from minority ethnic communities.

There are no written protocols governing the role of specialist advisers; the service should develop them in line with the NMS.

## **Making a Positive Contribution**

### **The intended outcomes for these standards are:**

- Birth parents and birth families are involved in adoption plans (NMS 7)
- Birth parents and birth families are involved in maintaining the child's heritage (NMS 8)
- The Adoption agency supports birth parents and families (NMS 9)

### **JUDGEMENT – we looked at outcomes for standard(s) 7,8,9**

The service to birth parents and families is undermined by the lack of a coherent strategy, and the absence of effective liaison between fieldwork and adoption teams.

### **EVIDENCE:**

The agency does endeavour to involve birth parents in adoption plans; most of the Forms E seen, were signed by birth parents and included their views about the adoption of, and any future contact with, their children. The service has partnerships with other agencies to provide independent support for birth families if they so choose.

However the way that the service is structured jeopardises any potentially positive outcomes: adoption team social workers begin working with birth parents following the issue of a court order; the families have, by this time, had extensive involvement with fieldworkers. The rationale given for this way of working is that it is "difficult" to engage positively with families when there is the prospect of adoption proceedings. It is also believed that the adoption team workers, because of their prior distance from the case and their expertise, are better placed to take families through the twin-tracking process.

Because the allocation of cases to the adoption team social workers is largely dictated by court timescales rather than good social work planning and practice, it often results in the lack of a coherent transfer strategy, and the failure of birth parents to be told of plans in a sensitive and timely manner.

Another consequence of this way of working has been the increasingly lower priority afforded to some life-story work and support to adopters, as children's case- working dominates the agenda.

The agency does not have a clear, written strategy for working with birth parents and families, but it has developed a valuable resource for this work in the post-adoption team. One family highlighted the very beneficial work undertaken by the adoption support worker on their behalf. There is a good system for letter-box contact, which would benefit from access to administrative support; particularly as the service continues to expand. The agency should ensure that this service has the capacity to realise fully its potential.

# Management

## The intended outcomes for these standards are:

- There is a clear written statement of the aims and objectives of the adoption agency and the adoption agency ensures that it meets those aims and objectives (NMS 1)
- The agency provides clear written information for prospective adopters (NMS 3)
- The manager has skills to carry on or manage the adoption agency (NMS 14)
- The adoption agency is managed effectively and efficiently (NMS 16)
- The agency is monitored and controlled as specified (NMS 17)
- The staff are organised and managed effectively (NMS 20)
- The agency has sufficient staff with the right skills / experience (NMS 21)
- The agency is a fair and competent employer (NMS 22)
- The agency provides training for staff (NMS 23)
- Case records for children and prospective / approved adopters are comprehensive and accurate (NMS 25)
- The agency provides access to records as appropriate (NMS 26)
- The agency's administrative records processes are appropriate (NMS 27)
- The agency maintains personnel files for members of staff and members of adoption panels (NMS 28)
- The premises used by the adoption agency are suitable for purpose (NMS 29)
- The adoption agency is financially viable (NMS 30, Voluntary Adoption Agency only)
- The adoption agency has robust financial processes (NMS 31)

## **JUDGEMENT – we looked at outcomes for standard(s) 1,3,14,16,17,20,21,22,23,25,26,27,28,29**

The absence of a clear management strategy for the adoption service and the lack of policies and procedures to underpin current practice and service development, means that the service does not meet children's needs.

## **EVIDENCE:**

The agency's statement of purpose sets out the aims and objectives of the adoption service. However some of the content would seem to be aspirational rather than descriptive of the current service delivery. The statement of



purpose does not comply with Schedule 1 of the regulations, and must be amended.

The adoption service does not have a children's guide. This is a regulatory requirement, as well as very basic good practice; a guide must be produced urgently.

Adoptive applicants are provided with clearly set out written information which includes the eligibility criteria. The agency has no systems in place to prioritise applicants who are most likely to meet the needs of children who are awaiting adoption.

The executive director for Children's & Young People's Services (CYPS) is responsible for the progression and oversight of the integrated services for children in Trafford. It is acknowledged that the council still has much further to go to provide a fully integrated service at the point of delivery. The hitherto vacant position of assistant director, CYPS, has recently been filled; the appointee is expected to take up post in September 2005. The head of service (for all looked after children) has been the direct link between the service delivery and the executive management.

The adoption team manager has very recently returned to work following a prolonged period of sickness leave. Interim arrangements had been put in place, in that the senior practitioner had been "acting-up" in a part-time capacity since March 2005. The adoption team manager has since decided to relinquish the role and return to practice based work. It is understood that the service will recruit a new adoption team manager. The agency must ensure that the recruitment and selection of a new manager is compliant with the regulations, and should be in keeping with the NMS regarding management qualifications.

The absence of key managers has no doubt contributed to some of the shortfalls identified through this inspection; but by no means all of them. The lack of strategic planning in relation to the adoption service, as well as the absence of coherent policies and procedures, significantly undermine the good social work practice that exists within the service.

Discussion with personnel throughout the service and the examination of files indicated that the roles of management and staff have become blurred, with indistinct lines of communication and accountability between managers and staff, as well as across the social work teams. There was evidence of confusion and poor planning when cases are transferred, and no effective management oversight at any stage. Practice has been allowed to become reactive to various pressures such as court deadlines and other timescales, with little or no reflection on the quality of services.

Quality assurance systems for the service operate via staff supervision and quarterly file audits. However, supervision in the adoption team had not occurred consistently during the absence of a manager; and file audits seen, do not fulfil any identifiable purpose, other than to demonstrate that a manager has seen the file. Social work staff were clear that they would welcome a developmental style of supervision, which enhanced their learning and increased their confidence.

The deputy executive member of the council for children's social services confirmed that he meets weekly with the executive director, CYPS, and is kept informed of any relevant issues during this meeting. Reports on the adoption service are received annually. The elected member also reports, as appropriate, to group colleagues.

The executive director, CYPS, meets with the head of service on whom he relies upon for updates on service activity. It was evident that reporting and monitoring systems lacked robustness and senior managers acknowledged this. The service needs to establish a clear link between management information and reporting systems and the strategic and operational management; bearing in mind the future development of the service.

Although the staffing establishment has been increased, there was evidence that there are not enough staff to fulfil workload demands. The emphasis on the twin-tracking process and pressure from the courts were cited as reasons. The legal adviser alerts the adoption team to the probability of the need to twin track a child's case, so two social workers are involved in the case up until a court order is made; cases are then transferred wholly to the adoption team. There is no visible means of tracking the social work planning and decision making that facilitates the reassignment of cases.

This has contributed to the at times chaotic nature of working practice. For example, some Forms E are completed by fieldwork social workers (as a "favour", because of shortages in the adoption team). Others are commissioned on an in-house basis, payable by bursary.

The practice of operational issues being decided by the legal adviser should be reviewed; and the protocols between the fieldwork and adoption teams regarding the management and transfer of cases should be made explicit, and monitored more closely. In addition, effective quality assurance policies should be developed and implemented.

There is no workload management system in operation for the adoption team. The adoption support service is in danger of being swamped by the sheer volume of work, which will increase. The whole service would benefit from a comprehensive analysis of its core business in order to identify what resources are needed and how they could best be deployed to meet the agency's requirements.

Two senior practitioners hold the full ACCA award, although no one in the team is currently undergoing PQ training. There is no induction programme for new employees; one must be developed and implemented. Individual training needs were identified during the annual Professional Review and Development Planning process, which was completed on all staff by March 2005. However, these findings are yet to be incorporated into the training schedule for staff. training programme for staff. Staff reported that they are informed of changes in some legislation and policies via email; although the service has recently commissioned external training on new adoption legislation, and further training on the Adoption & Children Act is scheduled for December of this year.

The agency opens a separate adoption file for children once a decision has been made that adoption is in their best interest. The agency should produce guidance on the content and maintenance of children's adoption files. One children's file seen contained the case notes of a sibling. There was no evidence of decisions made during supervision or of any effective management oversight.

Files are also kept on adoptive applicants. Again there was no effective management oversight of these. For example, evidence of CRB clearance was absent on one file and on files where evidence was recorded, disclosure numbers were not retained.

Although there was a record of panel recommendations and agency decisions on children's and adopters' files; there were no individual minute items placed on file. This practice should be implemented. All case notes should be typed, signed and dated. Any signatures on files should be supplemented by the worker's or manager's printed name.

The agency has recently introduced a new IT system (SAPS) which was undergoing extensive teething problems; at one time, some children's files could not be retrieved (temporarily) from the system.

The agency should review the workload of the business support services within the adoption team. There is one designated clerk who is responsible for the processing of all administrative work generated by the adoption team (apart from panel business); from initial enquiries through to typing Forms E, F, matching and all court reports. Clerks from other areas of the service assume responsibility in the case of the adoption team clerk being absent, or when the workload increases. Other workers in the adoption service do not believe the administrative support is adequate.

Recording policies and procedures do not take into account the work of the adoption service or the legislation listed under 26.2 of the NMS, and should be amended accordingly.

The adoption service does not keep a separate record of complaints and allegations made; this should be rectified.

Staff personnel files do not meet the regulations or the NMS; for example, some files do not have up-to-date evidence of CRB clearance. The agency does not follow up written references with telephone enquiries. There are no personnel files in respect of panel members. These issues must be addressed by the agency.

Space is at a premium within the premises of the adoption service, which, as reported from several sources, is the case for other workers within the Children & Young People's Service. The agency should give due consideration to this situation.

Archives are stored at Trafford Public Hall; these were not seen during the inspection. Although a service manager must authorise external access to adoption records, the service should produce procedures to govern the retrieval and replacement of archived files. Working files are stored in lockable cabinets on a corridor; these cabinets should be moved to a lockable room.

# SCORING OF OUTCOMES

This page summarises the assessment of the extent to which the National Minimum Standards for Adoption have been met and uses the following scale.

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

“X” in the standard met box denotes standard not assessed on this occasion  
 “N/A” in the standard met box denotes standard not applicable

<b>BEING HEALTHY</b>	
<i>Standard No</i>	<i>Score</i>
No NMS are mapped to this outcome	

<b>MAKING A POSITIVE CONTRIBUTION</b>	
<i>Standard No</i>	<i>Score</i>
<b>7</b>	2
<b>8</b>	2
<b>9</b>	2

<b>STAYING SAFE</b>	
<i>Standard No</i>	<i>Score</i>
<b>2</b>	1
<b>4</b>	1
<b>5</b>	1
<b>10</b>	2
<b>11</b>	1
<b>12</b>	2
<b>13</b>	1
<b>15</b>	1
<b>19</b>	1
<b>24</b>	X

<b>ACHIEVING ECONOMIC WELLBEING</b>	
<i>Standard No</i>	<i>Score</i>
No NMS are mapped to this outcome	

<b>ENJOYING AND ACHIEVING</b>	
<i>Standard No</i>	<i>Score</i>
<b>6</b>	3
<b>18</b>	2

<b>MANAGEMENT</b>	
<i>Standard No</i>	<i>Score</i>
<b>1</b>	1
<b>3</b>	1
<b>14</b>	1
<b>16</b>	1
<b>17</b>	1
<b>20</b>	1
<b>21</b>	1
<b>22</b>	3
<b>23</b>	1
<b>25</b>	1
<b>26</b>	1
<b>27</b>	1
<b>28</b>	1
<b>29</b>	2
<b>30</b>	X
<b>31</b>	X

N/A

Are there any outstanding requirements from the last inspection?

### STATUTORY REQUIREMENTS

This section sets out the actions which must be taken so that the registered person/s meets the Care Standards Act 2000, Voluntary Adoption and the Adoption Agencies Regulations 2003 or Local Authority Adoption Service Regulations 2003 and the National Minimum Standards. The Registered Provider(s) must comply with the given timescales.

No.	Standard	Regulation	Requirement	Timescale for action
1.	15, 19	6 (1) (c) (2003)	Trafford MBC must update its recruitment and selection procedures in line with current legislation and national guidance.	30.1.06
2.	2, 3, 14, 15, 16, 17, 19, 20, 21, 23, 25, 26, 27, 28	7, (2003)10 (a) (b) (2003)	Trafford MBC must produce and implement sound policies and procedures that govern every aspect of the adoption service. The agency must develop, implement and maintain robust quality assurance procedures for all aspects of the adoption services. The agency must undertake a review of its staffing requirements to ensure that there are enough resources; and that they are effectively deployed.	30.1.06
3.	4	7 (2003)8 (2) (a) (b)8A (1)(1983)	Trafford MBC must cease the practice of approving adoptive applicants subject to clear statutory checks. No applicants' cases must be considered by panel if they have not undergone preparation training. References must be sought from employers in the case of applicants who	Immediately

			work with children.	
4.	5	2 (e) (1983)	Trafford MBC must ensure that all reports produced on children and presented to the adoption panel are up to date.	Immediately
5.	10	6 (1) (2) (1983)	Trafford MBC must review its draft policies and procedures in respect of its adoption panel, in line with this regulation, and 10.2 of the NMS.	30.1.06
6.	11,28	7 (b) (2003)15 (1) (2003)	Trafford MBC must produce and maintain separate files on each of its adoption panel members, ensuring that all of the information required by Schedule 4.	30.9.05
7.	13	7 (b) 2003	Trafford MBC must ensure that its agency decision maker has sight of, and signs, letters that go out in his name, informing the relevant people of agency decisions.	Immediately
8.	1	2 (2003) 3 (2003)	Trafford MBC must amend its statement of purpose in line with Schedule 1. The agency must produce a children's guide in accordance with Schedule 2.	30.9.05
9.	23	12 (2) (a) (b)	Trafford MBC must develop appropriate induction training for all new staff. The agency must review its staff supervision policy. It must ensure that staff have access to appropriate and timely supervision.	30.9.05

## RECOMMENDATIONS

These recommendations relate to National Minimum Standards and are seen as good practice for the Registered Provider/s to consider carrying out.

No.	Refer to Standard	Good Practice Recommendations
1.	4	The service should ensure that health and safety checklists are completed in all cases of adoptive applicants' homes. The service should ensure that there are no gaps in applicants' career histories. The service should ensure that

		the social workers consider the value of information gleaned from interviews with applicants' referees. Social workers should retain on file, their original notes from home studies.
2.	5	The service should ensure that there is a system in place to comply with 5.3 of the NMS.
3.	12	The service should consider how the minute taking of panels could be improved to reflect better the discussion and conclusions reached.
4.	13	The service should consider making notes of the discussion between the agency decision maker and the panel chair, following panel meetings.
5.	15	The service should set up a system to ensure that CRB checks are renewed every three years.
6.	6	The service should develop a written strategy for working with and supporting adopters.
7.	18	The service should produce written protocols governing the roles of specialist advisers. The service should review the practice of the legal adviser making decisions on operational issues.
8.	7	The service should review its arrangements for working with birth parents to ensure that birth parents are told of plans in a sensitive and timely manner, and then kept informed throughout the process.
9.	8	The service should review its current configuration of resources to address the increasingly lower priority afforded to life story work and support to adopters, as children's cases dominate the workers' agenda. The service should consider the administrative requirements of the letter-box contact scheme.
10.	9	The service should develop a written strategy for working with birth parents and families.
11.	3	The service should develop a system of prioritising prospective adopters who are most likely to meet the needs of Trafford children awaiting adoptive placements. The service should develop a mechanism for giving information needs of Trafford's children who are waiting, to prospective adopters.
12.	14	The service should have regard to standard 14 of the MNS when recruiting and selecting a new adoption team manager.
13.	16	The service should develop written procedures in accordance with 16.7 of the NMS.
14.	17	The service should establish a clear link between management information and reporting systems, and the strategic and operational management of the service
15.	20	The service should make explicit , and monitor, the



		protocols between the fieldwork and adoption teams regarding the management and transfer of cases. The service should review the workload of its administrative staff.
16.	25	The service should retain the disclosure numbers of CRB check on file. The service should ensure the efficiency of its IT system. The service should ensure that evidence of case decisions taken during supervision, are placed on files.
17.	26	The service should produce policies and procedures in relation to access to files that comply with 26.2 of the NMS.
18.	27	The service should amend its policies and procedures relating to case recording to take account of the adoption service; and ensure their compliance with standard 27 of the NMS. The service should produce guidance on the content and maintenance of children's adoption files. The service should ensure that individual panel minute items are kept on case files. The service should ensure that all files are stored in keeping with this standard. All case notes should be typed, signed and dated. Any signatures on files should be supplemented by the worker's or manager's printed name. The service should keep a separate record of complaints and allegations.
19.	29	The service should consider, in consultation with staff, the suitability of the premises that currently house the adoption service.
20.		

## **Commission for Social Care Inspection**

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