



Making Social Care  
Better for People

# inspection report

Local Authority Adoption Services

## **Leeds City Council Adoption Service**

Merrion House, Children`s Resources

110 Merrion Centre

Leeds

LS2 8QB

1st March 2005

## **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**

Leeds City Council Adoption Service

**Headquarters Address**

Merrion House, Children`s Resources, 110 Merrion  
Centre, Leeds, LS2 8QB

**Adoption Service Manager**

Eric Shedlow

**Tel No:**

0113 247 8578

**Address**

Merrion House, Children`s Resources, 110 Merrion  
Centre, Leeds, LS2 8QB

**Fax No:**

0113 247 7781

**Email Address**

**Certificate number of this adoption service**

**Date of last inspection**

NA

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

<b>Date of Inspection Visit</b>		1st March 2005	<b>ID Code</b>
<b>Time of Inspection Visit</b>		10:00 am	
<b>Name of Inspector</b>	<b>1</b>	Sean White	127556
<b>Name of Inspector</b>	<b>2</b>	Marian Denny	
<b>Name of Inspector</b>	<b>3</b>	Rosemary Dancer	
<b>Name of Inspector</b>	<b>4</b>		
<b>Name of Lay Assessor (if applicable)</b> 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.			
<b>Name of Specialist (e.g. Interpreter/Signer) (if applicable)</b>			
<b>Name of Establishment Representative at the time of inspection</b>		Roger Walker, Manager.	

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## INTRODUCTION TO REPORT AND INSPECTION

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

This document summarises the inspection findings of the CSCI in respect of Leeds City 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.**

Leeds City Council's adoption service is constituted as an agency under current legislation. It undertakes the full range of duties and responsibilities in respect of this including the assessment and approval of domestic and inter-country adopters, matching and placing children with adopters and provides, or makes arrangements for adoption support and counselling services for anyone whose life has been affected by adoption.

It is managed within the resources section of the children's department of social services and has close links with all other children's services operations.

It operates, currently, from several locations across the city; the main office in the department's headquarters is accessible to the public and conveniently located.

## PART A SUMMARY OF INSPECTION FINDINGS

### INSPECTOR'S SUMMARY

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

The inspection of Leeds Social Services Adoption Agency was carried out with the full cooperation of managers and staff. However, even though everyone involved in the inspection was courteous and assisted with the fieldwork, some of the preparation and planning was somewhat disorganised and poorly arranged. Files were not available as requested and agreed, visits to adopters were arranged at the 'last minute' – with some addresses and phone numbers being wrong, and it was unhelpful that only two placing social workers and three adoption workers attended for interviews.

The general findings of the inspection are presented below under the main headings of the National Minimum Standards (NMS).

#### **Statement of Purpose.**

The one standard in this section was almost met.

The statement of purpose was a well-constructed document that clearly outlined the agency's aims and objectives in a simple format that was easy to read and understand by a wide audience. The statement, however, had only been drafted in January 2005 and had not been formally approved by the executive of the council.

The children's guide was a well thought through, colourful and easy to follow booklet that provided a clear outline of the adoption processes in Leeds and what children could expect should they be adopted.

#### **Securing and promoting children's welfare.**

The one standard in this section was almost met.

It was evident that the agency was committed to the effective matching of children with suitable adopters and the strategy employed by it to ensure that children's needs were met was through identifying the children requiring adoption and prioritising applicants who could best meet those needs.

Although the agency appeared committed to securing the views of children, in one case it was noted that a child's views had not been sought and recorded even though the child was eight years old.



### **Prospective and approved adopters.**

Of the four standards in this section, one was exceeded, one was met and two were not met.

The information pack produced for prospective adopters is comprehensive, informative and of a good standard. It outlines clearly all aspects of adoption including, the type of children requiring adoption, how to apply and what to expect of the preparation and assessment process.

The preparation for adoption provided by the agency had until recently been of only of two days duration, in recent times, however, this had been increased by an extra evening session to address attachment issues. The BAAF preparation and training pack is used, which is a thorough and comprehensive tool for this purpose. Although the agency evaluates the feedback it receives from those who attend preparation groups, and takes the findings seriously, there were several comments made about these groups being far too negative in their emphasis.

The records of assessments of prospective adopters (Forms F) were not felt to be of a particularly good standard in all cases. Insufficient analysis of the available information was evident in many instances and in several cases there were clear issues raised during assessments that could have had the potential to be problematic that were given no serious examination by the assessing social worker. The perfunctory case/contact records, along with the absence of contemporaneous notes and supervision decisions, added to the problems of judging the thoroughness of adopter assessments.

The agency provides an Adopters' guide on the matching and placement process; there are also clear guidelines about the use of the consortium and national register. There was some confusion during the inspection about the information recorded and presented to panel when a match was being considered. There are two matching reports compiled, each with a different title, one of which 'Proposed Matching & Adoption Support Plan' (the one usually presented to panel) was felt to be perfunctory and uninformative. There were instances of insufficient information about children being available to adopters.

The recent creation of a discrete adoption support team, which is informed and underpinned by a comprehensive policy and which has its own team manager, appeared to offer the potential for a dynamic and comprehensive service.

The systems already in place and the plans for development demonstrated that the team is committed to providing realistic services to support adoptive placements and to sourcing appropriate resources to provide adopters or children with any necessary assistance. This was a commendably strong aspect of the agency's work.

### **Birth parents and birth families.**

Of the three standards in this section, two were met and one was almost met.

The service recognised its responsibilities in respect of the needs of birth parents; its comprehensive adoption support policies confirm this and the statement of purpose makes clear its obligations in this area. Most of the support provided to birth parents whose child/children are to be adopted is contracted to a voluntary organisation; the agency managers appropriately monitor this.

Although the agency was committed to the importance of life-story work, and its importance for adopted children, the evidence for a consistent approach in this area was rather limited.

### **Adoption panels and agency decisions.**

Of the four standards in this section, one was met, two were almost met and one was not met.

The agency runs two adoption panels, each with its own chairperson, that meet alternately

every two weeks. The chairpersons are senior managers in the social services department and not, therefore, independent. There was a protocol for members in place but it did not include all the information expected in the NMS. Applicants have never been invited to attend the adoption panel.

The two adoption panels were suitably constituted and members (of the panel that was observed) demonstrated that they had the requisite qualities and understanding to undertake their duties and responsibilities satisfactorily. There was evidence, however, of the panel not being able to achieve a quorum on occasions. Not all panel members had been CRB checked.

There were two panels operating for the agency at the time of the inspection but it was explained that, due to the amount of business that they have to manage, a third panel is being planned. Although conducted well and managed thoroughly, there were some issues presented to the panel that should have been subject to greater scrutiny. The arrangements for administering the panel were satisfactorily efficient; full sets of papers are sent to all members in sufficient time for them to be read. The minutes of panel meetings, however, were somewhat insubstantial in the amount of detail included.

The agency decision-maker does not receive a set of panel papers at the same time as panel members; she received the papers, minutes and recommendations together, usually forty-eight hours after the panel has met. It is not felt that the decision-maker would have the opportunity to be fully informed about each case given this time scale.

#### **Fitness to provide or manage an adoption agency.**

Of the two standards in this section, one was almost met and one was not met.

People who have significant experience of social work in children's services and family placement manage the agency. The manager of the service was qualified in social work but did not, however, have any qualifications in management. Not all of the team managers had been subject to a CRB disclosure.. It is of great concern that management staff in a local authority children's service had not even been invited to apply for a CRB disclosure until very recently.

#### **Provision & management of the adoption agency.**

Of the three standards in this section, two were met and one was almost met.

The agency was in a state of reorganisation at the time of the inspection; this involved the creation of a discrete adoption team and adoption support team – hitherto the service operated as a fostering and adoption team. Although the process of change was creating some (as would be expected) disruption and anxiety the evolving model demonstrated a much greater clarity of role and purpose.

Although there were some systems in place for monitoring the activities of the agency, it was not possible to determine if there were any clear written procedures governing quality control. Nevertheless, the executive of the council receives performance reports and management information regularly.

The agency has medical and legal advisers but does not have a written protocol governing their role.

#### **Employment & management of staff.**

Of the five standards in this section, three were met, one was almost met and one was not met.

Although the department had, in the main, reasonably safe recruitment procedures and practices – some of which were particularly robust, including the verification of qualifications through the GSCC – there were some issues that were found to be below the standard expected.

The workers in the agency were suitably qualified and experienced in social work with children and in family placement. The arrangements for post-qualifying awards, however, were not as advanced as they ought to be to meet the 20% target by April 2006.

The management arrangements in the agency were generally good; the reorganisation of the fostering and adoption service into discrete teams, each with their own team manager, should bring positive dividends for the overall management of the service. The people managing the service were clearly knowledgeable about adoption matters and led and supported their staff in a structured and positive manner. Formal supervision is provided regularly and records of this were seen to be of a good standard.

Although the agency has been experiencing difficulties with low staffing levels, plans are in hand to increase the number of workers employed.

Leeds City Council had a satisfactory approach to staff care and support; it operates a range of systems that promote a realistic approach to work-life balance, including opportunities to work flexibly and working from home.

Despite the difficulties posed by low staffing levels in recent times, the agency has provided opportunities for training and staff development which included external courses arranged through BAAF, in-house training on a range of issues plus four staff development days.

### **Records.**

Of the four standards in this section, one was met, one was almost met and two were not met.

In the main, the case records in respect of adopters were well maintained and contained all relevant information. There were some exceptions to this, however, and lack of evidence of formal auditing/monitoring made it difficult to demonstrate the effectiveness of quality control. Children's files were not 'adoption' files as required by the 1983 regulations, the agency should arrange for a protocol to be developed that identifies what should and should not be included on adoption files for children.

The agency's policies and procedures ensure that relevant information is provided for other agencies in a timely way. The procedures are constructed in a way that takes account of the demands of data protection and confidentiality.

There was a satisfactory policy in place in respect of case recording, although, as outlined earlier in this report, the lack of evidence of a formal auditing system makes the reality of monitoring somewhat vague. Security of case files was appropriately managed.

The files held in respect of workers were, in the main, well managed and ordered. There were some exceptions to this that require attention; records in respect of panel members were incomplete.

### **Premises.**

The one standard in this section was met.

The head office is located on the edge of the city centre, is easily accessible by people with a legitimate business with the agency and it is convenient for public transport and car parking.

Adequate security is in place and arrangements for the safe retention of electronically held records and information were satisfactory.

## 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:**

**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	Reg 8 1983 regs	LA4	The agency must ensure that the assessment process is as thorough as necessary and that assessment reports record fully the issues explored.	01/09/05
2	Reg 8 1983 regs	LA4	Evidence of enhanced CRB checks must be recorded on every adopter's case file.	Immediate.
3	Reg 7 1983 regs	LA5	The agency must arrange for up to date medical information to be available when considering a child being matched.	01/09/05
4	Reg 5 1983 regs	LA11	The agency must ensure that the panel is a quorum whenever it meets to make recommendations.	Immediate.
5	Reg 11 2003 regs	LA11	The agency must arrange for all members of the adoption panel to have an enhanced CRB disclosure.	Immediate
6	Reg 6 2003 regs	LA15	Managers in the agency must have an enhanced CRB disclosure.	Immediate.
7	Reg 11 2003 regs.	LA19	All people working for the agency must be checked through the CRB.	Immediate.
8	Reg 7 1983 regs	LA25	The agency must arrange for a case record to be set up for each child where adoption is the plan.	01/09/05

9	Reg 11 2003 regs	LA28	Proof of identity, including a recent photograph, must be included on staff records.	01/09/05
10	Reg 11 2003 regs	LA28	Panel members' files must include all required details, including CRB disclosure information.	01/09/05

### GOOD PRACTICE RECOMMENDATIONS FROM THIS INSPECTION

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

No.	Refer to Standard *	Recommendation Action
1	LA1	The agency should make arrangements for the statement of purpose to be formally approved by the executive of the council.
2	LA2	The agency should produce a written plan regarding how it aims to recruit appropriate adopters to meet the needs of children requiring adoption. Children's views about adoption should be sought and recorded.
3	LA3	The agency should review its preparation groups in respect of style and emphasis.
4	LA5	Matching reports should provide full and comprehensive information for the panel to consider.
5	LA5	Arrangements should be made to ask adopters if they are prepared to notify the agency about the death of a child and to record this on the case file in every case.
6	LA8	The agency should develop a more consistent and timely approach to life-story work.
7	LA10	The agency should produce policies and procedures that fully address the activities of the adoption panel.
8	LA10	The agency should expedite plans for arranging the attendance of applicants at adoption panel.
9	LA12	The agency should ensure that the material presented to panel is complete and satisfactory to avoid deferring cases and, thereby, causing delays.
10	LA12	The minutes of panel meetings should include as much detail of the proceedings as possible.

11	LA13	The decision maker should receive a set of panel papers before the panel meets.
12	LA14	Arrangements should be made to enable the manager of the agency to become qualified in management.
13	LA17	The agency should draft clear written procedures on monitoring the activities of the service.
14	LA18	The agency should produce a written protocol for the use of specialist advisers.
15	LA19	The agency should arrange for all references to be verified by telephone.
16	LA19	The agency should ensure that plans are made to have at least 20% of workers to have achieved the PQ award by April 2006.
17	LA21	The agency should ensure that it recruits sufficient staff to carry out its responsibilities.
18	LA25	The agency should arrange for supervision decisions to be placed on adopters' case files.
19	LA27	A more visible procedure for auditing and monitoring the quality of case files should be produced.

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



**PART B****INSPECTION METHODS & FINDINGS**

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

Placing authority survey	YES
Placing social worker survey	YES
Prospective adopter survey	YES
Approved adopter survey	YES
Birth parent / birth family member survey	YES
Checks with other organisations and Individuals	
• Directors of Social services	YES
• Specialist advisor (s)	YES
Tracking Individual welfare arrangements	YES
• Interview with children	YES
• Interview with adopters and prospective adopters	YES
• Interview with birth parents	YES
• Interview with birth family members	YES
• 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	01/03/05
Time of Inspection	09.00
Duration Of Inspection (hrs)	74
Number of Inspector days	8
Additional Inspection Questions:	
Certificate of Registration was displayed at time of inspection	YES
The certificate of registration accurately reflected the situation in the service at the time of inspection	YES
Total Number of staff employed (excluding managers)	36

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

The scale ranges from:

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

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

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

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

## Statement of Purpose

The intended outcome for the following standard is:

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

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

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

### Key Findings and Evidence

Standard met?

2

The statement of purpose was a well-constructed document that clearly outlined the agency's aims and objectives in a simple format that was easy to read and understand by a wide audience. It outlines the functions of the service and how it aims to undertake them, makes clear the needs of children that it proposes to prioritise, provides details of the preparation and assessment process for adopters. It also provides details about the management and staffing structure (including experience and qualifications), how feedback from users is incorporated into practice and how complaints can be made.

The statement, however, had only been drafted in January 2005 and had not been formally approved by the executive of the council; it was not clear why the delay had occurred given that this standard (and corresponding regulation) had been in force since May 2003.

The children's guide was a well thought through, colourful and easy to follow booklet that provided a clear outline of the adoption processes in Leeds and what children could expect should they be adopted. It was only available in one format but it was said that translations are available whenever necessary. Again, however, the guide was very new – only being finally produced during the inspection – which meant that it had not been circulated and children being adopted had not been provided with a copy.

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

NA

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

NO

Is there a children's guide to adoption?

YES

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

YES

## Securing and promoting children's welfare

The intended outcome for the following set of standards is:

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

### Standard 2 (2.1 - 2.3)

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

#### Key Findings and Evidence

Standard met?

2

It was evident that the agency was committed to the effective matching of children with suitable adopters and the strategy employed by it to ensure that children's needs were met was through identifying the children requiring adoption and prioritising applicants who could best meet those needs. The statement of purpose makes clear that the main priorities of the agency are to find suitable families for children with particular needs or circumstances (sibling groups, older children, children from minority ethnic backgrounds). The agency's procedures also make clear that delays should not occur if a suitable family who may not reflect the child's background is located. However, there were no written plans regarding how these aspirations and commitments might be pursued and/or achieved. And interviews with agency staff demonstrated an ignorance of any particular strategy to recruit black adopters. Although, in the main, it appeared that the agency is committed to securing the views of children when decisions about their adoption are being made, it was noted on one file that the social worker had recorded that the child was too young to understand the implications of adoption when, in fact, the child in question was 8 years old. Clearly, this should have been explored in more detail with the child and quality monitoring should have picked this up as an issue.

#### In the last 12 months:

How many children were identified as needing adoptive families?

62

How many children were matched with adopters?

62

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

58

How many children were placed with other services' adopters?

4

How many children were referred to the Adoption Register?

62

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

62

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?

14

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?

80

## 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**

The information pack produced for prospective adopters is comprehensive, informative and of a good standard. It outlines clearly all aspects of adoption including, the type of children requiring adoption, how to apply and what to expect of the preparation and assessment process. It encourages applicants from all walks of life and all sectors of the community and is welcoming and non-discriminatory; it also outlines the eligibility of people who can or cannot be accepted.

The pack is sent to enquirers in a timely way and monitoring of this by the agency has demonstrated that its own timescales are generally met.

**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?**

1

The preparation for adoption provided by the agency had until recently been of only of two days duration, in recent times, however, this had been increased by an extra evening session to address attachment issues. The BAAF preparation and training pack is used, which is a thorough and comprehensive tool for this purpose. Although the agency evaluates the feedback it receives from those who attend preparation groups, and takes the findings seriously, there were several comments made about these groups being far too negative in their emphasis – in one case to the point of causing distress – with little or no positive encouragement about the success of many/most adoptions. Whilst it is accepted that preparation has to present a realistic picture of adoption it is felt that the agency should ensure that the information provided is honest yet balanced. The records of assessments of prospective adopters (Forms F) were not felt to be of a particularly good standard in all cases. Insufficient analysis of the available information was evident in many instances and in several cases there were clear issues raised during assessments that could have had the potential to be problematic that were given no serious examination by the assessing social worker. For instance, in three separate cases the following were stated but were not recorded as explored or explained:

- loneliness as a child, separation of parents and relationships with in-laws
- previous marriage and relationship with father
- spending time in children's homes and foster care

The perfunctory case/contact records, along with the absence of contemporaneous notes and supervision decisions, added to the problems of judging the thoroughness of adopter assessments. It is essential that the adoption panel and decision-maker are presented with the information necessary to formulate realistic judgements on applicants in every case.

There were some assessment reports that did not include health and safety checks on prospective adopters homes.

In most cases all the necessary checks and references were taken up but there were some instances of weakness. In one case (2<sup>nd</sup> time adopter) only one reference was requested and in two other cases a social worker associated with family placement was provided as a reference (although these were as 3<sup>rd</sup> referees). In one instance there was no record of a CRB check being undertaken.

Many respondents (more than 50%) stated that they had experienced considerable delays in the adoption process, waiting for preparation groups, waiting for a social worker to be allocated, waiting for assessments to begin.

**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?**

1

The agency provides an Adopters' guide on the matching and placement process; there are also clear guidelines about the use of the consortium and national register.

There was some confusion during the inspection about the information recorded and presented to panel when a match was being considered. There are two matching reports compiled, each with a different title, one of which 'Proposed Matching & Adoption Support Plan' (the one usually presented to panel) was felt to be perfunctory and uninformative (and, on occasions, hand-written): a discussion with managers failed to enlighten totally the procedure that should be followed in so far as which of these two reports should be presented. Ironically, the matching reports that were not presented to panel during the inspection (Children and Family Matching Report) were much more detailed than the ones that were. The overall outcome of the findings, however, being that the panel is presented, in some cases, with insufficient matching information. This confusion needs to be addressed as a matter of urgency.

In at least one instance the adopters were not provided with up to date medical information in respect of the child they were being matched with.

In one instance an approved adopter who had stated that they did not wish to be matched with a child whose family had a history of severe mental illness were, in fact, matched with children whose family did have such a history.

There were no systems in place to enquire routinely of adopters if they were prepared to notify the agency in the event of a child dying, and record this.

Nevertheless, despite the shortfalls noted in this standard, the agency had only experienced one disruption in the twelve-month period prior to the inspection.

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

YES

**Standard 6 (6.1 – 6.7)**  
**Adoptive parents are helped and supported to provide stable and permanent homes for the children placed with them.**

<b>Key findings and evidence</b>	<b>Standard met?</b>	<b>4</b>
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The recent creation of a discrete adoption support team, which is informed and underpinned by a comprehensive policy and which has its own team manager, demonstrates the service's commitment to enabling adoption to be a positive and sustainable option for children. The systems already in place and the plans for development demonstrated that the team is committed to providing realistic services to support adoptive placements and to sourcing appropriate resources to provide adopters or children with any necessary assistance. Initiatives already in place include:  
 Adopters' support group  
 Training for trainers on attachment issues  
 Adopters' respite scheme  
 Support group for adopted 12-14 year olds.  
 The team is also involved in a pre-adoption order meeting and, even if there has been no request for support following the making of the order, the team offers a visit twelve months after adoption.  
 This was one of the strongest aspects of the agency's work and is clearly a well resourced and skilled service.

<b>Number of adopter applications started in the last 12 months</b>	36	
<b>Number of adopters approved in the last 12 months</b>	48	
<b>Number of children matched with the local authority's adopters in the last 12 months</b>	62	
<b>Number of adopters approved but not matched</b>	19	
<b>Number of adopters referred to the Adoption Register</b>	48	
<b>How many placements disrupted, between placement and adoption, in the last 12 months?</b>	1	



## Birth Parents and Birth Families

The intended outcomes for the following set of standards are:

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

**Standard 7 (7.1 – 7.5)**

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

**Key Findings and Evidence**

**Standard met?**

**3**

Most of the support provided to birth parents whose child/children are to be adopted is contracted to a voluntary organisation; social workers would normally work with birth parents until a decision that adoption is the plan has been made. A senior manager responsible for adoption services monitors the quality and content of the work undertaken by the voluntary agency; this is through analysis of a quarterly report.

**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**

Although the agency was committed to the importance of life-story work and its importance for adopted children the evidence for a consistent approach in this area was rather limited. Information from adopters suggested that this is an area of work that is lacking and children's social workers said that gathering information for life-story books does not generally begin until proceedings are initiated. Good practice would suggest that the gathering of information should begin as soon as a child becomes looked after to avoid losing valuable opportunities to work closely with birth families.

**Standard 9 (9.1)**

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

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

3

The service recognised its responsibilities in respect of the needs of birth parents; its comprehensive adoption support policies confirm this and the statement of purpose makes clear its obligations in this area. As outlined in standard 7, above, much of this is undertaken, through a monitored contract, with a voluntary organisation. Arrangements for contact appeared well managed; the letterbox system is appropriately organised but, at the time of the inspection, letters were not opened and analysed by the agency – this responsibility resting with adoptive parents to screen for inappropriate material; the agency said that it planned to review this.

## 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.

<b>Key Findings and Evidence</b>	<b>Standard met?</b>	<b>2</b>
<p>The agency runs two adoption panels, each with its own chairperson, that meet alternately every two weeks. The chairpersons are senior managers in the social services department and not, therefore, entirely independent of the agency; one of the chairs has line management responsibility for the adoption service. The agency had a Protocol for Panel Members that outlined their general responsibilities, constitution, quorate meetings, confidentiality and declarations of interest. The protocol, however, did not constitute a formal policy or procedure and did not include all the expectations of this standard.</p> <p>Although the agency managers said that they were planning to introduce the practice of inviting applicants to attend the adoption panel, it had never been the practice in this agency hitherto. Given the importance to prospective adopters of this significant event in their lives the agency should expedite its plans to invite them to attend the panel so that they can be included in the process and have the opportunity to express their views.</p>		

**Standard 11 (11.1 – 11.4)**

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

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

1

The two adoption panels were suitably constituted and members (of the panel that was observed) demonstrated that they had the requisite qualities and understanding to undertake their duties and responsibilities satisfactorily. There had been recent incidences of a quorum not being achieved, however, and discussions regarding declarations of interest by the panel chairs, also had implications of the panel not being a quorum when such declarations were made. The agency must ensure that, if a panel chairperson declares an interest, or, if the panel papers suggest that a declaration will have to be made, the vice chair is in attendance. If the vice chair is not in attendance in such circumstances, the panel will not be a quorum. The panel had training opportunities and twice a year a training event with agency workers is arranged. New members of the panel receive induction training and have the opportunity of observing a panel before they take up their responsibilities. The panel adviser and legal adviser assist the panel to keep abreast of changes in legislation and government guidance. Not all of the panel members had been subject to an enhanced CRB disclosure.

**Is the panel a joint panel with other local authorities?**

NO

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

YES

**Standard 12 (12.1 – 12.3)**

**Adoption panels are efficiently organised and conducted and are convened regularly to avoid delays in the consideration of prospective adopters and matching children and adopters.**

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

3

There were two panels operating for the agency at the time of the inspection but it was explained that, due to the amount of business that they have to manage, a third panel is being planned. This development demonstrated the agency's commitment to ensuring that the system was able to deal efficiently with adoption matters to avoid delays.

The one panel that was observed was seen to be organised and managed in an effective way and the business was undertaken in a reasonably thorough manner. However, as already stated earlier in this report, some of the information presented in assessment reports was weak on analysis of particular problem areas. This, it is felt, should have been explored in greater depth by the panel to enable a full and clear understanding of the applicant's circumstances and antecedents to be realised. The panel chairperson demonstrated a commitment to developing the quality of material presented to the panel and it was clear that in some circumstances incomplete or insubstantial reports were not accepted; the agency should ensure, nevertheless, that it promotes better practice in report presentation to enable the panel to function more efficiently and to avoid delays.

The arrangements for administering the panel were satisfactorily efficient; full sets of papers are sent to all members in sufficient time for them to be read. The minutes of panel meetings, however, were somewhat insubstantial in the amount of detail included; to ensure that the decision-maker has as much information as necessary, the minutes should include more detail.

**Standard 13 (13.1 – 13.3)**

**The adoption agency's decision is made without delay after taking into account the recommendation of the adoption panel and promotes and safeguards the welfare of the child.**

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

2

The agency decision-maker does not receive a set of panel papers at the same time as panel members; she received the papers, minutes and recommendations together, usually forty-eight hours after the panel has met. It is not felt that the decision-maker would have the opportunity to be fully informed about each case given this time scale and the other duties and responsibilities she carries.

Nevertheless, in the main, the decisions appeared to be made in a timely way although there were some omissions of copies of decision letters on case files.

## 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?

2

People who have significant experience of social work in children's services and family placement manage the agency. They demonstrated comprehensive knowledge and understanding of adoption matters and were clearly well prepared for forthcoming changes to legislation.

The manager of the service was qualified in social work but did not, however, have any qualifications in management; this is an issue that the agency should have addressed when the NMS came into being in April 2003.

Does the manager have Management NVQ4 or equivalent?

NO

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

YES

### Standard 15 (15.1 – 15.4)

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

### Key Findings and Evidence

### Standard met?

1

Although the manager of the agency had been subject to an enhanced CRB disclosure, not all of the team managers had been. It is of great concern that management staff in a local authority children's service had not even been invited to apply for a CRB disclosure until very recently, almost three years since they were obliged to do so.

## Provision and management of the adoption agency

The intended outcomes for the following set of standards are:

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

Standard 16 (16.1 – 16.7)

The adoption agency is managed effectively and efficiently.

**Key Findings and Evidence**

**Standard met?**

3

The agency was in a state of reorganisation at the time of the inspection; this involved the creation of a discrete adoption team and adoption support team – hitherto the service operated as a fostering and adoption team. Although the process of change was creating some (as would be expected) disruption and anxiety the evolving model demonstrated a much greater clarity of role and purpose. The senior managers of the service should be credited for having the foresight to develop the new model and all managers involved in the changes demonstrated a full commitment to ‘getting things right’, whilst continuing to manage the day-to-day service in a fully functional manner.

Despite the size of the authority the lines of accountability and communication were clear and managers understood their roles – both as they were and how they would develop; the dynamism of the evolving adoption support team demonstrated this very clearly. Once the new arrangements are fully in place the service should be much more able to develop a more focused and ‘bespoke’ service for adopters and children if the plans already in place continue to evolve.

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

5

**Number of the above complaints which were substantiated**

1

<b>Standard 17 (17.1 – 17.3)</b>		
There are clear written procedures for monitoring and controlling the activities of the adoption agency and ensuring quality performance.		
<b>Key Findings and Evidence</b>	<b>Standard met?</b>	3
<p>Although there were some systems in place for monitoring the activities of the agency, it was not possible to determine if there were any clear written procedures governing quality control. The manager, in his self-assessment, referred the inspectors to the Adoption Implementation Plan for evidence of this but it was not possible to use this as a demonstration of how quality issues are monitored – it was a strategic aims and objectives document that could provide a basis for performance monitoring, but not for showing how things might be monitored.</p> <p>Nevertheless, the executive of the council receives performance reports and management information regularly and the elected members who sit on the adoption panel were clear that their involvement in monitoring the activities and performance of the service was crucial.</p>		
<b>How frequently does the executive side of the council receive written reports on the work of the adoption service?</b>		
	Monthly?	<input type="checkbox"/>
	Quarterly?	YES
	Less than Quarterly?	<input type="checkbox"/>

<b>Standard 18 (18.1 – 18.5)</b>		
The adoption agency has access to specialist advisers and services appropriate to its needs.		
<b>Key Findings and Evidence</b>	<b>Standard met?</b>	2
<p>The agency has a long-standing medical adviser for each panel, plus a new adviser to deputise for absences. People with suitable backgrounds and experience provide legal advice through the council's legal services.</p> <p>Other specialist advice is sourced as and when required – the adoption support team had developed a strong working relationship with the CAMHS team that enabled them to have access to advice on children's mental health matters.</p> <p>There was no written protocol, however, for the use of specialist advisers – how they are recruited etc.</p>		



## 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

Although the department had, in the main, reasonably safe recruitment procedures and practices – some of which were particularly robust, including the verification of qualifications through the GSCC – there were some issues that were found to be below the standard expected. The HR section had only recently started to arrange for staff who had a previous police check (prior to 2002) to be checked through the CRB; the consequence of this was that there were several workers in the agency who did not have an enhanced CRB disclosure. Neither did the HR section have a procedure or protocol to ensure that written references were verified by telephone.

The workers in the agency were suitably qualified and experienced in social work with children and in family placement. Although there was only limited opportunity to discuss matters with team members, it was evident that there was a sound knowledge base and good understanding of adoption matters, assessment practices and diversity issues. The arrangements for post-qualifying awards, however, were not as advanced as they ought to be to meet the 20% target by April 2006 but there are consultations taking place with the PQ awarding body about the development of more relevant post qualifying awards.

**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?**

10

%

**Standard 20 (20.1 – 20.12)**

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

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

3

The management arrangements in the agency were generally good; the reorganisation of the fostering and adoption service into discrete teams, each with their own team manager, should bring positive dividends for the overall management of the service. Even though the separation had not been fully realised at the time of the inspection it was clear that it was being pursued positively with clear management arrangements, duties and responsibilities evolving. The people managing the service were clearly knowledgeable about adoption matters and led and supported their staff in a structured and positive manner. Formal supervision is provided regularly and records of this were seen to be of a good standard and written in a way that clearly demonstrated effective case management and oversight. Staff understood their roles and responsibilities, despite the forthcoming changes in the service and their workload and working practices were evenly distributed; allocation and workload management were arranged on an equitable basis using a flexible system of weighting.

**Standard 21 (21.1 – 21.4)**

**There is an adequate number of sufficiently experienced and qualified staff to meet the needs of the adoption agency and they are appropriately supported and assisted in providing a service.**

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

2

At the time of the inspection there was significant evidence gathered from questionnaires completed by adopters and prospective adopters that demonstrated the agency had been having difficulty maintaining an efficient through-put of processing applications and assessments. Insufficient staff being employed to fulfil the agency's responsibilities and obligations had caused this. It was said, however, that funds had been made available recently to increase the staffing complement by at least two, possibly three, more social workers. The agency is encouraged to expedite the appointment of more workers to ensure that it can effectively carry out its responsibilities to recruit sufficient adopters to avoid delays for children requiring placement.

<b>Total number of social work staff of the adoption service</b>	44	<b>Number of staff who have left the adoption service in the past 12 months</b>	4
<b>Number of social work posts vacant In the adoption service.</b>	6		

**Standard 22 (22.1 and 22.3)**

The adoption agency is a fair and competent employer, with sound employment practices and good support for its staff.

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

3

Leeds City Council had a satisfactory approach to staff care and support; it operates a range of systems that promote a realistic approach to work-life balance, including opportunities to work flexibly and working from home. It has appropriate policies that cover grievance and disciplinary matters and there is a whistle blowing policy and procedure in place that workers were aware of.

**Standard 23 (23.1 – 23.6)**

There is a good quality training programme to enhance individual skills and to keep staff up-to-date with professional and legal developments.

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

3

Despite the difficulties posed by low staffing levels in recent times, the agency has provided opportunities for training and staff development over the last year. There was an annual appraisal system in place; this is used to identify training needs and developmental issues. The training that had been undertaken by workers included external courses arranged through BAAF, in-house training on a range of issues plus four staff development days held throughout the year.

## 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

In the main, the case records in respect of adopters were well maintained and contained all relevant information. There were some exceptions to this where it was found that 'running sheets' had not been fully completed and some records hand-written but illegible. Although it was stated that files are routinely audited for content and quality and an audit tool was available, there was little evidence kept on case files, which would be the most appropriate place to keep them. There was little evidence of supervisors' decisions being placed on case files; this makes it difficult for an accurate picture of the progress of a case to be gained. Children's files were not 'adoption' files as required by the 1983 regulations, they were merely children's main case files that had a different label pasted on them once a decision was made that adoption was the plan for the child. 'Adoption' files must be separate from the child's main file and contain the information directed by regulations; inappropriate or unnecessary information should not be included on such files; the agency should arrange for a protocol to be developed that identifies what should and should not be included on adoption files for children.

### 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?

3

The agency's policies and procedures ensure that relevant information is provided for other agencies in a timely way. The procedures are constructed in a way that take account of the demands of data protection and confidentiality.

The means by which requests for adoption information are managed was found to be rigorous in ensuring confidentiality and safety of information.

**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.**

<b>Key Findings and Evidence</b>	<b>Standard met?</b>	<b>2</b>
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There was a satisfactory policy in place in respect of case recording, although, as outlined earlier in this report, the lack of evidence of a formal auditing system makes the reality of monitoring somewhat vague; it was not possible, therefore, to determine if the records had been audited to the agency procedures or not.

Only the head office of the agency was inspected on this occasion and it was not possible, therefore, to judge the quality of the security of record keeping in all the locations used by the agency. Nevertheless, there was sufficient evidence to demonstrate a commitment to effective security, particularly in respect of archive records; there was a thorough protocol and check list that ensured back up and copying of all records being forwarded to the archive – which is managed in a separate building.

**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.**

<b>Key Findings and Evidence</b>	<b>Standard met?</b>	<b>1</b>
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The files held in the HR section of the department in respect of workers were, in the main, well managed and ordered. There were some exceptions to this in respect of some omissions regarding proof of qualifications, no up to date photograph (except, in some cases, a photocopy of a driving licence, which are not acceptable) and, most seriously, no CRB details. This has already been raised earlier in this report and a requirement has been made under standards 15 and 19.

Records in respect of panel members did not include all the required information.

## 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?**

3

Workers in the agency, at the time of the inspection, were located at various area team offices throughout the department; this, however, will change once the reorganisation of the adoption service into a discrete team is finalised – it will then operate from one location. In light of this the office locations were not inspected, except for the head office. This is located on the edge of the city centre, is easily accessible by people with a legitimate business with the agency and it is convenient for public transport and car parking.

Adequate security is in place and arrangements for the safe retention of electronically held records and information were satisfactory.

**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 1<sup>st</sup> March 2005 and any factual inaccuracies:

Please limit your comments to one side of A4 if possible

Provider comments are available upon request.



**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 2<sup>nd</sup> June 2005, 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 \_\_\_\_\_ 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 Leeds City 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.

**Commission for Social Care Inspection**  
33 Greycoat Street  
London  
SW1P 2QF

Telephone: 020 7979 2000  
Fax: 020 7979 2111

National Enquiry Line: 0845 015 0120  
[www.csci.org.uk](http://www.csci.org.uk)

S0000056566.V213558.R01

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