



*Making Social Care  
Better for People*

# inspection report

## ADOPTION SERVICE

### **City of Sunderland Adoption Service**

**Penshaw House**

**Adoption & Permanency**

**Station Road, Penshaw, Houghton le Spring**

**DH4 7LB**

*Lead Inspector*

Maureen

Moore

*Announced*  
9<sup>th</sup> August 2005

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

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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.

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# SERVICE INFORMATION

<b>Name of service</b>	City of Sunderland Adoption Service
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<b>Telephone number</b>	0191 382 3108
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<b>Name of registered provider(s)/company (if applicable)</b>	City of Sunderland
<b>Name of registered manager (if applicable)</b>	Jenny Parkin
<b>Type of registration</b>	LAA
<b>No. of places registered (if applicable)</b>	N/A
<b>Category(ies) of registration, with number of places</b>	N/A

# SERVICE INFORMATION

## Conditions of registration:

N/A

**Date of last inspection** N/A

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

The City of Sunderland Council's adoption service is based in the Northeast of England. It is a member of the Northern Region consortium and has professional links with the Greater Manchester consortium. The adoption service provides the following services: recruitment, preparation, assessment and approval 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 and supervision 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 and assessment and approval of adopters who wish to adopt a child from overseas.

# SUMMARY

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

This inspection was undertaken in August 2005. It was the first time that The City of Sunderland had been measured against the National Minimum Standards (NMS) and the Adoption Agencies Regulations (2003) (the regulations). As a result, there is one statutory requirement and several 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 a group of birth parents
- talking to staff at all levels of the service; an elected member of the council and 4 sets of adopters
- observation of the adoption panel.

The agency had prepared well for the inspection and people at all levels of the service were welcoming, open and informative.

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

The adoption social workers are knowledgeable, experienced and relevantly qualified. The team is now stable following periods of long term sickness, and the workers are child focused and enthusiastic about their work. Adopters were positive about the service they received in relation to the preparation and assessment process. Comments included: "a well run, very friendly, excellent and informative preparation course"; "... [the social worker] was always punctual ... sessions were in-depth ... but [she was] careful to keep us emotionally intact" and "our experience...has been positive...".

The agency has produced a very good range of clearly written information for anyone who has an interest in adoption; this includes an adopters' charter in which the service makes commitments to applicants in terms of what they can expect from the service. All information can be made available in other languages, large print, Braille and audiocassette.

The service is committed to providing ongoing support; one of its information booklets states: "We will always be there for you and your adopted child". There is a regional support group for those who are awaiting placement as well as regular training events. One adopter said "we know that support is there whenever we need it".

The agency appropriately takes into account the views and feelings of children and young people in relation to their adoption.

Sunderland has a well organised adoption panel which is very skilfully chaired by an independent person. All those who commented on their attendance at panel did so positively. Social workers understood the quality assurance role and adopters spoke of "being put at ease" by the panel members. The service has access to excellent medical and legal advice which was cited across the agency throughout the inspection; this contribution was also witnessed at the observation of the adoption panel.

The agency hosts a support group for birth parents, which is valued by its members. This is a positive innovation as it affords people with common experiences to give and receive mutual support at a very difficult period in their lives. The agency also refers birth parents and families to independent agencies as appropriate.

Social workers reported that the senior management team in Sunderland is very supportive and accessible: "they listen" is how one worker put it. Managers across the service demonstrated an awareness of the challenges within the service and showed the resolve to address them effectively. Adoption now has a high profile and is central to the wider strategy for provision to children and families; this should ultimately contribute to the improvement in outcomes for the children and young people in receipt of these services.

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

This is the first inspection undertaken by CSCI.

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

The service would benefit from taking a more strategic and marketing based approach to its recruitment of suitable adopters for children who are waiting in Sunderland. It needs to ensure that all sections of the community are included in recruitment drives as all those approved in the 12 months prior to the inspection were white British, married couples.

The agency needs to achieve consistency in its social work practice across the whole service, which might mean providing specific training to staff across the agency relating to all aspects of permanency planning for children. Although there was evidence of good work by social workers, some of the Forms F on adopters and Forms E on children lack sufficient analysis of information gathered, as did some matching reports. Linked to this is the need for more robust quality assurance systems at every stage of the process. This includes ensuring that references sought on adoptive applicants are consistent with the

agency's policies and procedures, and that they serve to provide quality information.

Sunderland carries out very few assessments of people who wish to adopt a child from overseas; the agency should reflect on the need for more training in this area of specialist work, or whether an external commissioning arrangement might be of benefit.

The agency is due to review its configuration of child care services; attention needs to be paid to the hold-ups in the system of transferring of cases from one team to another, as well as whether the current arrangements deliver the most effective 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

## The intended outcomes for these standards are:

- The agency matches children with adopters (NMS 2)
- The agency assesses and prepares adopters (NMS 4)
- Adoptors 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 aims to take a child centred approach to its adoption work, but it needs to establish consistency in practice across the whole system, to ensure successful adoption placements for children.

### **EVIDENCE:**

The agency placed 29 children for adoption in the year preceding this inspection, one of whom experienced a disruption. Discussions with managers and staff across the service confirmed them to be aware of the lifelong implications of adoption for children: "We are making life changing decisions for the rest of that child's life", was how one person put it. Another said "I would do for someone else's children what I would want for my own".

Although the service reviews its adopter recruitment policy annually, it needs to take a more strategic approach if it is to fulfil the intention of finding suitable permanent placements for many of the looked after population. The agency would benefit from undertaking an analysis of the needs of children waiting in Sunderland, and of those coming through the system, in order to target and recruit potential adopters best suited to meet those needs. These targets should explicitly include people from all sections of the community. In the period prior to the inspection, only one single adopter was approved (who was adopting from overseas); there were no same sex couples and those

couples who were approved were all of white British origin. A more dynamic, marketing based approach to recruitment would benefit the service as a whole, and enhance the chances of children finding successful adoptive families more quickly.

There was evidence throughout the inspection of the views and feelings of children and young people being taken into account; in reports, in discussions with social workers and at panel. This is clearly good practice and shows that Sunderland aims to take a child-centred approach to its care planning, and so increase the chances of successful outcomes for children. However, the service should be aware of ensuring consistency in matching families to children. The service has a good pro-forma for matching reports, but there is variation in the quality of these reports. Some seen were very clearly written and analytical; others much less so. In the case of one placement which had disrupted the matching report had not addressed the many complex needs of the child, which were evident from reading the adoption file. Such an omission would have been a major contributory factor in the eventual breakdown of the placement.

There is an ongoing child protection investigation involving an adopter from another local authority who had a Sunderland child placed for adoption. The child's file provides evidence of Sunderland's representations to the other authority in relation to the safeguarding of this child; it is vital that continued efforts are made to ensure that this child's best interests are served at all times.

Sunderland undertakes very few inter-country adoption assessments, and the one case looked at during the inspection highlighted a lack of knowledge on behalf of the agency, which resulted in delays in the processing of the application. The service should consider whether it is best placed to carry out this work, or contemplate specialist training for its staff and panel. If Sunderland continues to carry out its own inter-country assessments, consideration should also be given to the appropriateness of its current preparation training; applicants attend the general course, which (understandably) does not cover issues to do with the complexities of adopting a child from overseas.

Some adopters expressed frustration at the delays in the assessment process; citing staff sickness (a problem which was resolved by the time of the inspection). Adopters reported that the preparation training had been "excellent" and "well-presented and informative". Adopters expressed general satisfaction with the assessment process once it was underway. Comments included: "Pretty straightforward, sensitive ... [the social worker] kept all appointments".

The standards of the From F assessments were varied; some were acceptable, but many of those seen lacked analysis of key information. For example, one

adopter had expressed very strong views on a previous relationship; these views were not explored or analysed within the context of the application. In another, applicants' views on a range of issues were described but not evaluated. Issues to do with diversity were mentioned in reports, but not discussed; indicating a lack of confidence on behalf of social workers. Managers should consider how these issues can be addressed within the service.

The agency does not use health and safety checklists in its assessment of the suitability of applicants' homes; these should be introduced to the process to provide evidence that potential hazards have been considered and acted upon.

Statutory checks and references are undertaken on behalf of applicants, and letters are sent to previous partners and adult children of adopters, asking whether they have any comments to make regarding the application to adopt. However, the nature of the enquiry often elicits a response of "no comment to make"; the service should review the style of this request, and make and record efforts to seek opinions from people who were known to the applicants at the time of a previous relationship, where appropriate. The agency should also be mindful of achieving a balance in terms of how long the applicants have been known to personal referees; in one case, all of the referees had known one member of a couple, having only become acquainted with the other applicant since the relationship was established. Although the agency states that employment references are sought when applicants are employed in the caring professions; in one case looked at, they had not been.

The children's Forms E assessments varied in quality; ranging from good to very poor. The inspection revealed a lack of understanding on behalf of some child care social workers as to the purpose of these reports. Opportunities were missed to explain fully the background factors leading to the child being adopted, and some reports contained judgmental comments which were not substantiated by fact. One form E seen on a child was two years out of date when the case was considered for matching at panel.

The above findings on the Forms F and E assessments highlight shortfalls in quality assurance systems, which are discussed in the Management section of this report.

The agency has a good system of screening applicants: files seen on those people who had withdrawn or had been counselled out of the process showed evidence of timely decision making and good use of resources such as the adoption panel.

Sunderland's adoption panel comprises relevantly experienced and qualified people. The panel that was observed was very well organised and child focused. The independent chair demonstrated excellent skills in summarising complex issues, and in ensuring that everyone contributed. Questions raised

during the meeting were relevant and insightful, indicating that every member had carefully read all of the papers. This last point is particularly pertinent as the panel had generated some 26 reports to be scrutinised. The agency has two panels each of which meets at least monthly, and whilst the majority of personnel are different for each panel, others such as the advisers, attend both. This means that the work involved for these people in particular is immense, much of it being conducted outside of working hours. It is recommended that the agency undertakes a review of its arrangements for holding panels to see if a more accommodating system can be achieved.

The quality assurance role of the panel was referred to positively throughout the inspection. The agency has a good system whereby panel members record any corrections required, as well as any questions raised by reports. However, it must be pointed out that the quality assurance issues referred to earlier in this section of the report, were not highlighted in the panel minutes relating to the cases.

The decision maker meets with the panel chair annually, although contact can be made at other times if necessary. Consideration should be given to more frequent formal meetings as they would provide independent insight into the quality of work undertaken by the agency.

Agency decisions are taken usually in a timely manner; the decision maker does not read all of the papers available, but meets with the panel adviser for clarification of any issues. Although selected reports are read if it is thought necessary, the agency should review whether this is sufficient to make an informed judgment. Letters confirming agency decisions are sent out to the relevant people; the service should ensure that these are signed by the agency decision maker as a matter of good practice.

# 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.

The agency provides good support to adopters and has access to excellent medical and legal advice. This helps to provide stable and permanent homes for children.

## EVIDENCE:

The agency helps and supports adopters to provide stable and permanent homes for children through a variety of means. The regional waiting adopters' group is hosted by the consortium; it meets bi-monthly and is supported by Sunderland's adoption workers. This group provides mutual support for those people awaiting placements, but also offers a year long programme that covers various aspects of preparing for a child being placed. Adopters also have access to training (post-approval and post placement) of which adopters spoke positively, family fun days and a quarterly newsletter.

Discussion with the adoption team social workers found them to be very child focused and there was evidence of some good adoption support plans in place, which help increase the chances of placements being successful.

Discussion with adopters and social workers revealed that the agency is very aware of the importance of keeping safe any information relating to a child's birth heritage. All those spoken to demonstrated this either by their understanding for the need of ongoing contact, and the importance of children's life-story work and later-life letters, although no examples were seen during the inspection.

A striking feature of this inspection was the propensity for adopters to change children's given first names; adopters "not liking them" was the main reason cited. Whilst it is understandable in the case of a very unusual name that might identify a child adopted locally; it is not good practice to change children's names routinely, as appears to be the case in Sunderland. The

agency needs to review its stance on this issue, and revise its coverage of the significance of identity during the preparation process.

The medical adviser to the service provides an excellent standard of guidance to social workers, adopters and panel. She sees children and adopters pre and post-placement and provides support and advice to social workers and guardians; as well as delivering training to social work staff. Clearly written reports are produced for the panel on each case that is considered. Social workers and managers across the service praised very highly the quality of work undertaken by the medical adviser; they said she was very approachable and available for consultation. Also praised was the work of the specialist health visitor for looked after children, and the well run system for gaining access to the medical team, which is co-ordinated by a dedicated administrator. Workers spoke of the good (medical) team work that made the process straightforward and effective.

The legal adviser also provides excellent guidance which was commended across the service. The legal adviser brings to the panel an extensive professional knowledge, but also an understanding of the background of cases that have been ongoing for some time. An example was given of how the legal adviser was able to give a full history of the authority's involvement with a child from pre-birth to the current intervention, a period of some nine years. Social workers described the legal advice as invaluable, and the adviser as being very supportive.

The service has a good relationship with the local Community and Mental Health Service (CAMHS) team and access to the services of two clinical psychologists. As well as relevant voluntary agencies within the area.

The agency should draw up a written protocol governing the role of specialist advisers as referred to in 18.5 of the NMS. It is recommended that any protocol should be developed following consultation with the advisers and their respective substantive employers i.e. the health trust and the legal department, as there is evidence to suggest a lack of understanding of the scope of the work and of the time needed to dedicate to it (please see the Staying Safe section of this report).

## **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 agency offers good opportunities for the support for birth parents and families; it needs to ensure consistency in its approach to involving birth parents in the care planning process in order to protect the heritage of children who have been adopted.

### **EVIDENCE:**

Sunderland employs an assistant social worker who is designated to offer support to birth parents. This work is very highly regarded across the service; it was described by social workers as being "invaluable". The birth parent support worker offers help with post-box contact and contribution to life-story work. This role is continuing to develop, and the agency should be aware of capacity issues in the future.

The service has established a support group for birth parents so that they can share experiences and gain mutual support and practical advice. One of the inspectors met with this group during the inspection; they said that they found the meetings useful and that the workers were helpful. Particularly of value was the work undertaken by the designated support worker. Obviously, the members of this group had endured traumatic experiences but clearly they derived benefit from what these meetings offered; it was apparent that the commonalities had enabled them to forge positive relationships – with each other, and adoption team staff. The group meets every two months, and members expressed a desire for meetings to be more frequent. If this were to occur, it could help the service achieve its aim of the group becoming more self-sufficient sooner rather than later.

Members of this group shared their individual experiences of their children being adopted, and whilst there were specific differences, there was a common theme of their not knowing, or not understanding, what was happening to



them and their children during the process. This group might provide useful feedback to the service that could inform the approach taken in future interventions.

The agency has a service level agreement with a local voluntary agency should birth parents want support from a source that is independent from the authority; it also gives birth parents information about other appropriate groups.

Child care social workers expressed an awareness of the lifelong implications of adoption for birth parents, and the importance of involving them in the care planning process; but because there are varying degrees of experience in adoption and planning for permanency within the child care teams, practice is variable. The service should develop written guidance and provide training as to how this very sensitive area of work is approached from when a child first becomes looked after; often valuable information is not gathered early enough, and by the time the birth parent support worker becomes involved, vital information is already lost. Social workers commented that this invariably has an effect on the quality of information available to adopted children later in life.

# 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 adoption service is generally well managed but the agency needs to tighten up its quality assurance processes to ensure consistent and safe practice across the service.

## EVIDENCE:

The agency has a statement of purpose which sets out the aims and objectives of the adoption service. The document meets the regulations and the NMS and it has been ratified by the elected members.

There is an appropriate children's guide to adoption in Sunderland, which needs amending slightly, to cover better how children and young people can make complaints and to tell them what independent advocacy services there are in the area, and how they can be accessed. Social workers spoke at panel about how they had used the guide with young people and other evidence suggests that this is common practice.

The service has a very good information pack that is sent out to enquirers which explains the procedure thoroughly. Included in the pack is an Adopters' Charter which clearly sets out what applicants can expect from the service at each stage of the process, including timescales. It also pledges to monitor and report on how well the agency performs in meeting the commitments made. This gives applicants confidence in the service and a starting point should there be any cause for complaint. However, the pack should be altered, as it does not state explicitly among the list of who might be allowed to adopt, people who have a disability or those who are gay or lesbian. People from these groups could assume that they are ineligible to adopt in Sunderland, so the agency (and children ultimately) could miss out on good adoptive families.

Sunderland has been preparing for the establishment of its new children's trust, which will occur in April 2006. The head of children's services had been seconded to the trust implementation team until just after this inspection took place. The organisation has chosen a model for the trust which is designed to bring minimal structural changes to the organisation, because there is a desire to strengthen the partnership working on joint commissioning of children's services.

It was evident from discussion with senior managers within the agency that adoption now has a high profile in Sunderland: "it is at the heart of our 5 year strategy". The council has a relatively high number of looked after children – some 450 – most of whom are accommodated within its own provision; and it sees its priority as securing permanent placements wherever appropriate. Discussion with the portfolio holder of the council revealed him to be committed to providing a needs-led service for looked after children. He expressed a desire to ensure his council colleagues fully understand and accept their responsibilities as corporate parents. To this end, the council has recently agreed to establish a corporate parenting group; membership of which will be agreed at the September cabinet meeting.

Sunderland has a dedicated service manager for adoption and permanent fostering (the latter will be managed by another part of the service by December 2005). She is professionally qualified; has extensive experience and has recently gained her NVQ4 in management. As part of her management

course, the service manager completed a project for recruitment of adopters in Sunderland, based on the Northamptonshire County Council 's "Parents for Children" model. This is aimed at developing adoptive placements, from within its own resources, for children who have been traditionally harder to place. Unfortunately, because of (then) staff shortages, the project did not come to fruition. However, the service manager said that it will be revived in the coming months. If this model is implemented judiciously, it could enable some of Sunderland's waiting children and young people to acquire secure adoptive families.

It was evident throughout the inspection that Sunderland takes a strategic approach to the broader management of its adoption service, and that it has a very knowledgeable and committed management team. Managers across the service impressed as optimistic and well motivated. Staff reported that they feel very well supported, and said that the senior management are visible, approachable and "seem to know what's going on" within the department.

However, attention needs to be paid to some of the more fundamental elements of the service; such as its approach to care planning. The configuration of the fieldwork services which was implemented in September 2004 was aimed specifically at improving services for looked after children and is due for review this September. This review is timely, and it is recommended that the agency considers the capacity of some of its teams, as there was evidence of hold-ups in the transfer of cases between different parts of the service. The size of caseloads in the permanency team in particular, was high at 30 plus. This had led to adoption work, such as Forms E, being completed in various sections of the service; which has resulted in confusion and a lack of consistency in the approach to permanency planning. The current system also has an impact on the quality of information gathered for children in later life, particularly when a child first becomes looked after. Social workers across the service expressed the importance of this, but acknowledged that improvements could be made.

Also in need of consideration is the system whereby a child is referred to the initial assessment team and then transfers to the locality workers, where adoption is identified as the plan; and the case is then passed to the permanence workers – by which time the child and their family will have had three social workers. The agency would benefit from mapping out its core business; it needs to identify how best to accomplish a whole systems approach, and so achieve consistently good outcomes for children.

The agency has written procedures for monitoring and controlling activities of the adoption service. Performance reports, which are considered by the senior management team, are produced quarterly. The Social Services and Health Monitoring and Preview Committee receives reports on children's services activity every six months. The service usually produces an annual report on adoption, but due to training and development commitments of the service manager, this did not occur this year. The manual data collection system has

made the production of management information an arduous task, but the introduction (in September 2005) of a computerised method should make the collection and analysing of data more efficient.

There seems to be good working relationships between the different social work teams, with each acknowledging the different pressures colleagues are under. The permanence and adoption teams proved to be insightful of issues related to adoption. The workers have access to regular supervision and training from their own, and external providers, as well team development days. The service should ensure that staff in all of the social work teams have access to training that covers all of the issues to do with permanency planning.

The agency's file-auditing system needs to be made more robust. Children's adoption files that were seen had evidence of management oversight, but only in relation to the contents of the file, not the quality of the work. Some file audit sheets were undated. One file seen had a very poor quality and confused panel minute, which included information on another child. On another file, the Form E was two years out of date and this was the report that was apparently considered at the matching panel. There were matching reports that were undated and had no evidence of authorship. Material for life-story work was placed loosely in files, and could easily be lost. It is of utmost importance that children's adoption files reflect an accurate record of all work undertaken in relation to the adoption, which will be readily understood by the adoptee at any future date.

Adopters' files seen also had evidence of management oversight, but no evidence of case decisions made during supervision. One case examined during the inspection indicated some potentially serious issues that emerged during the home study, but there was no evidence of case discussion. This highlighted the need for a more forceful approach to the supervision of the home study procedure, perhaps in the form of a mid-assessment review. The service should keep original notes taken during the home study so that there is evidence of how decisions have been reached. The agency should develop and implement effective quality assurance systems for the Forms E and F assessments.

Although there was evidence of good case recording, some of it was illegible. Case notes should be typed, signed and dated. Any signatures on files should be supplemented by the worker's or manager's printed name.

Administrative staff were seen to be hardworking and sensitive to the nature of the work of the service. Although the post of panels' administrator has recently been established as full-time, it is recommended that the agency reviews further the capacity for this work. Sunderland holds two adoption panels a month (more, if necessary) and one fostering panel which are all co-ordinated from this post. The panel that was observed as part of the inspection

generated an enormous amount of paperwork and there were indications that the equivalent of one full-time administrator was not enough.

At the time of the inspection, the agency had two systems in place for the storage of files (both of which were robust). These systems are due to be integrated in the near future, which should alleviate the workload for administrative staff. Archived adoption files are kept in a purpose-built environment, and although there is a sprinkler system in place in case of fire, consideration should be given to the protection of files should they get wet due to this, or any other form of water incursion, particularly as archived files are not backed up anywhere.

Staff personnel files were generally well ordered and contained the required documentation. However, the service should ensure that employment and education chronologies explain any gaps, and that the months, as well as years are recorded. Panel members' files do not meet the regulations and must be reviewed to ensure that they comply with Schedules 3 & 4 of the regulations and standard 28 of the NMS.

# 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>	3

<b>STAYING SAFE</b>	
<i>Standard No</i>	<i>Score</i>
<b>2</b>	2
<b>4</b>	2
<b>5</b>	2
<b>10</b>	3
<b>11</b>	3
<b>12</b>	3
<b>13</b>	3
<b>15</b>	3
<b>19</b>	3
<b>24</b>	N/A

<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>	3

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

**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.		



## **Commission for Social Care Inspection**

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