



Making Social Care  
Better for People

# inspection report

Local Authority Adoption Services

**Solihull Metropolitan Borough Council  
Adoption Service**

655 Auckland Drive

Smith`s Wood

Solihull

B36 0SN

10th March 2004

## **Commission for Social Care Inspection**

Launched in April 2004, the Commission for Social Care Inspection (CSCI) is the single inspectorate for social care in England.

The Commission combines the work formerly done by the Social Services Inspectorate (SSI), the SSI/Audit Commission Joint Review Team and the National Care Standards Commission.

### **The role of CSCI is to:**

- Promote improvement in social care
- Inspect all social care - for adults and children - in the public, private and voluntary sectors
- Publish annual reports to Parliament on the performance of social care and on the state of the social care market
- Inspect and assess 'Value for Money' of council social services
- Hold performance statistics on social care
- Publish the 'star ratings' for council social services
- Register and inspect services against national standards
- Host the Children's Rights Director role.

## **Inspection Methods & Findings**

SECTION B of this report summarises key findings and evidence from this inspection. The following 4-point scale is used to indicate the extent to which standards have been met or not met by placing the assessed level alongside the phrase "Standard met?"

### **The 4-point scale ranges from:**

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

'O' or blank in the 'Standard met?' box denotes standard not assessed on this occasion.

'9' in the 'Standard met?' box denotes standard not applicable.

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

**ADOPTION SERVICE INFORMATION**

**Name of Local Authority**

Solihull Metropolitan Borough Council Adoption Service

**Headquarters Address**

655 Auckland Drive, Smith`s Wood, Solihull, B36 0SN

**Adoption Service Manager**

Susan Evans

**Tel No:**

0121 749 8143

**Address**

655 Auckland Drive, Smith`s Wood, Solihull, B36 0SN

**Fax No:**

0121 704 8129

**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>		10th March 2004	<b>ID Code</b>
<b>Time of Inspection Visit</b>		10:00 am	
<b>Name of Inspector</b>	<b>1</b>	Lynn Smith	094143
<b>Name of Inspector</b>	<b>2</b>	Marian Denny	125215
<b>Name of Inspector</b>	<b>3</b>		
<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 NCSC. 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>		Michelle Whiting	

## CONTENTS

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

**Part A:**

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

**Part B:**

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

**Statement of purpose**

**Securing and promoting children's welfare**

**Prospective and approved adopters**

**Birth parents and Birth families**

**Adoption panels and Agency decisions**

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

**Provision and management of the adoption agency**

**Employment and management of staff**

**Records**

**Fitness of premises**

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

**Part D: Provider's Response**

**D.1. Provider's comments**

**D.2. Action Plan**

**D.3. Provider's agreement**

## INTRODUCTION TO REPORT AND INSPECTION

Local authority adoption services are subject to inspection by NCSC, 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 NCSC in respect of Solihull Metropolitan Borough 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 NCSC 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.**

Solihull Metropolitan Borough Council Adoption Services acts through its Education and Children's Services Directorate. The adoption team comprises of a team manager and five social workers. A vacancy exists for a senior practitioner. The adoption team is based at Jubilee House, Auckland drive, Smith's Wood. Approximately two miles away, the adoption panel is based at Craig Croft, Chelmsley Wood. The agency recruit, train, prepare, assess and support adoptive families.

## 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.)

Solihull Adoption Service is a good service that provides positive outcomes for children and young people.

#### **Statement of Purpose** standard 1

(Not met)

The Statement of Purpose is well presented and in line with schedule 1 of the Adoption National Minimum Standards.

The West Midland Consortium of Adoption Agencies has produced the Children's Guides. It's available in two formats to meet the needs of younger and older children.

Unfortunately the children's guides are not summaries of Solihull's Statement of Purpose. Both need to identify how long each stage of adoption should take and should contain a complaints procedure. The guide for younger children needs information on independent advocates.

#### **Securing and Promoting Children's Welfare** standard 2

(Met)

Through case tracking, inspectors found that matches are carefully considered. Ethnicity, culture and religion are well addressed in form F's and E's, giving full information to assist the matching process.

The Adoption Task Force identified recruitment as an area that needs developing for foster carers however, both fostering and adoption staff have undergone training.

The all Solihull children and young people have been placed with Solihull recruited families. The exception to this was when the child's assessed need was to place out of the borough.

#### **Prospective and Approved Adopters** standards 3 to 6

(3 standards met)

Inspectors were informed that the agency regularly undertakes recruitment drives, targeting specific groups. Evaluation of recruitment processes takes place.

Adopters gave the inspectors positive feedback about the assessment process and the training received. All felt they were well informed about the process.

Inspectors found not all files contained the relevant checks.

Adopters are given continual support from their link social worker. Advice and support is also available through CAMHS both pre and post adoption. A fast-track psychological service is in place for all adopted children and their families.

Evidence was viewed of the excellent financial support Solihull has given to support adopting families.

All adopters are encouraged to attend the post adoption support groups and information is regularly sent to them via a newsletter. Further training and courses are also advertised.



### **Birth Parents and Birth Families standards 7 to 9**

(1 met)

The manager informed the inspector that the agency is at present looking to commission an independent support service. At present there is a service level agreement with West Midlands Post Adoption Service (WMPAS) that offer support to anyone who has been touched in any way by adoption. WMPAS are commissioned to provide a service, however this needs to be monitored to assess the 'take up' of the service.

Inspectors viewed form E's of children placed and found that not all were signed by birth parents. The inspectors were unable to find any explanation or reasons to account for this. The letterbox system is very good, however it is a manual system. The agency is looking to up date it to an electronic system.

Reminders are sent to adopters and birth parents.

Adopters and link social workers spoke of the positive 'life story' work that has been done. A LAC social worker supports birth parents to complete life story work and complete a 'later life letter'.

The link social workers informed the inspectors that they had just had the first 'life appreciation day'.

### **Adoption Panels and agency Decisions standards 10 to 13**

(1 met)

Inter-country training is required for panel members and the agency need to evidence that new panel members observe a panel before taking part.

The personal files viewed contained signed confidentiality agreements, and indicated the members had clear CRB checks. The personal files should be kept in separate personal files and contain all required information in schedule 3.

The members of the panel receive necessary information approximately six days in advance of the panel meeting. The panel member's spoken to feel this is a suitable time period.

The panel minutes are a well written and informative. They clearly state the panel's discussions and conclusions.

Adopters informed the inspectors of long delays in receiving approval letters also the files evidences that the decision-maker does not sign the letters.

### **Fitness to Provide or manage an Adoption Agency standards 14 and 15**

(1 met)

The manager has only been in post for a short period of time, however has been the senior practitioner in the team for a substantial period.

At the time of the inspection the senior practitioners position was vacant.

The staff team state that the manager does exercise effective leadership and they can approach her for advice and support as required.

The inspectors viewed the manager's personnel file. No evidence was seen of an up to date Criminal Records Bureau check or that telephone references were made before appointment. Documentary proof of qualifications needs to be on file.

### **Provision and Management of the Adoption Agency standards 16 to 18**

(1 met)

The agency does reflect its Statement of Purpose very well.

The inspectors observed sound practices from the staff team in the ways they took into account with respect, the racial origin, religion, culture, language, sexuality, gender and disability of prospective adopters.

Clarification that all staff and management are aware of their responsibility to declare any conflict of interest should be evident.

Adoption is one of the Council's top 40 performance measures. The Chief Executive reviews

these on a monthly basis. The Cabinet Member receives six monthly monitoring reports. The Best Value Review Action Plan is reviewed six monthly by the Chief Executive and the Corporate Panel.

The agency does have specialist advisors and staff informed the inspectors they are approachable. The inspector found no written evidence of a written protocol for specialist advisors.

### **Employment and Management of Staff** standards 19 to 24

(4 met)

Inspectors found not all personnel files viewed had Criminal Records Bureau check numbers and identification stating they are enhanced.

Adoption social workers and children's social workers that were interviewed by the inspectors exhibited appropriate knowledge and skills in their respective roles.

Through regular monitoring of cases from an early point, timescales are achieved. Staff feel workloads are appropriately monitored and managed by the manager.

Staff informed inspectors that Solihull Metropolitan Borough Council has sound employment practices and the single status agreement.

Staff were aware of equal opportunities procedures and whistle blowing policy.

Staff informed the inspectors that the training is very good and they feel they are kept up to date with new legislation.

### **Records** standards 25 to 28

(1 met)

The adoption service has in place a Code of Practice on Confidentiality and Security of Adoption Records as well as the Policy, Procedure and Guidance on Records and Recording Practice.

Case records viewed by inspectors were of a varying standard. Not all containing records of status, health and Criminal Records Bureau's (CRB) checks, however evidence was produced that CRB checks had been addressed.

The adoption service uses the 'Care First' IT system, which should be congruent with the Integrated Children's System. IT files are regularly backed up. Solihull Metropolitan Borough Council also has a robust disaster and recovery plan.

### **Fitness of Premises** standard 29

(Met)

The premises used by the adoption service are identifiable and appropriate for the purpose. IT equipment is widely used and accessible to all staff.

Sufficient secure facilities were evident. Rooms are locked when not in use. Secure, fire and flood proof cupboards are used and the buildings are fully alarmed.

## 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:**

The Commission for Social Care Inspection no longer report under section 47.

**Implementation of Statutory Requirements from Last Inspection  
(Not relevant at first NCSC inspection)**

Requirements from last Inspection visit fully actioned?

NA

**If No please list below**

<b>STATUTORY REQUIREMENTS</b>				
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 National Care Standards Commission 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 and recommendations 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	The Local Authority Adoption Service Regs 2003 Reg 3 Schedule 2	LA1	The adoption agency must develop an appropriate Children's Guide.	1 <sup>st</sup> October 2004
2	Adoption Agencies Regs 1983	LA4	Criminal Record Bureau checks need to be undertaken and evidenced.	Immediate
3	Adoption Agencies Regs 1983	LA9LA7	The adoption service must provide a consistent and appropriate service to birth parents and families.	1 <sup>st</sup> Oct 2004
4	Adoption Agencies Regs 1983	LA10	The adoption service must review its policies and procedures in line with NMS 10(2)	1 <sup>st</sup> Oct 2004
5	The Local Authority Adoption Service Regs 2003	LA28LA25 LA19LA15 LA11	The adoption service must obtain full and satisfactory information on each member of staff and each panel member, as specified in Schedule 3.	1 <sup>st</sup> Oct 2004

6	Adoption Agency Regs 1983	LA13	The adoption service must ensure those involved in decisions relating to adoption are informed without delay.	Immediate
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#### 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	LA11	The agency should provide and record all training for panel members. Including any observations of panels.
2	LA16	Managers and staff should declare any possible conflicts of interest.
3	LA25	Decisions by supervisors should be clearly identified on case files.
4	LA27	Confidentiality should be maintained at all times.
5	LA18	The adoption service should establish a written protocol governing the role of specialist advisors.

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

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

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

Placing authority survey	NO
Placing social worker survey	YES
Prospective adopter survey	YES
Approved adopter survey	YES
Birth parent / birth family member survey	YES
Checks with other organisations and Individuals	
• Directors of Social services	YES
• Specialist advisor (s)	YES
Tracking Individual welfare arrangements	YES
• Interview with children	NO
• Interview with adopters and prospective adopters	YES
• Interview with birth parents	NO
• Interview with birth family members	NO
• Contact with supervising social workers	YES
• Examination of files	YES
Individual interview with manager	YES
Information from provider	YES
Individual interviews with key staff	YES
Group discussion with staff	YES
Interview with panel chair	YES
Observation of adoption panel	YES
Inspection of policy/practice documents	YES
Inspection of records (personnel, adopter, child, complaints, allegations)	YES
Date of Inspection	10/03/04
Time of Inspection	09.00
Duration Of Inspection (hrs)	68
Number of Inspector days	7
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)	5

The following pages summarise the key findings and evidence from this inspection, together with the NCSC 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 adoption service has a well-presented Statement of Purpose in line with schedule 1 of the Adoption National Minimum Standards. The Statement of Purpose has been approved by the Executive Members. This is the first one in this form and is due to be reviewed in February 2005.

Staff informed the inspectors they were consulted about the Statement of Purpose and do access it. Staff feel it is a true reflection of the Solihull Adoption Service.

The West Midland Consortium of Adoption Agencies has produced the Children's Guides. It's available in two formats to meet the needs of younger and older children.

Unfortunately the children's guides are not summaries of Solihull's Statement of Purpose. Both need to identify how long each stage of adoption should take and should contain a complaints procedure. The guide for younger children needs information on independent advocates.

The manager gave examples of when the Statement of Purpose and Children's Guide was translated into different formats for individuals.

**See requirement number 1**

**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?**

YES

**Is there a children's guide to adoption?**

YES

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

NO

## Securing and promoting children's welfare

The intended outcome for the following set of standards is:

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

### Standard 2 (2.1 - 2.3)

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

#### Key Findings and Evidence

Standard met?

3

The Adoption Task Force identified recruitment as an area that needs developing for foster carers however, both fostering and adoption staff have undergone training.

The all Solihull children and young people have been placed with Solihull recruited families. The exception to this was when the child's assessed need was to place out of the borough. Solihull has also provided placements for other agencies.

Case tracking indicated matches are carefully considered. No breakdowns in placements also are a positive indicator.

Ethnicity, culture and religion are well addressed in form F's and E's, giving full information to assist the matching process. Inspectors observed cases where heritage issues arose and support was evident.

Matching meeting minutes were clear and standardised with foster carers and social workers attending. Minutes were presented to the adoption panel.

#### In the last 12 months:

How many children were identified as needing adoptive families?

19

How many children were matched with adopters?

18

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

10

How many children were placed with other services' adopters?

5

How many children were referred to the Adoption Register?

19

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

18

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?

5

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?

17

## 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.

<b>Key Findings and Evidence</b>	<b>Standard met?</b>	<b>3</b>
<p>The agency has recently had the Adoption Task Force in to address recruitment of adopters. The agency is part of a consortium that is at present seeking to recruit a recruitment manager for all members.</p> <p>Social worker's informed the inspectors that recruitment drives do take place targeting specific groups, recently adoption for older children and black and ethnic children. Evaluation of the recruitment process is achieved by giving out enquiry forms. These forms ask, "where did you hear about adoption?"</p> <p>A couple that had undergone the adoption process in Europe informed the inspectors that in comparison with their previous experience, they believed Solihull's process to be much more through and in depth. They were also extremely complimentary about the level and quality of support provided to them.</p> <p>Solihull adoption team work closely with Child and Adolescent Mental Health Services (CAMHS). The support given by CAHMS includes pre and post adoption work with adopters and children. Adopters confirmed that they are aware of the support available through CAHMS.</p> <p>The inspectors spoke to couples that are considering adoption from overseas. They felt the agency did not have robust information regarding adoption in specific countries. Prospective adopters are sent excellent information in writing and video form explaining the stages of becoming an adopter. The agency also produces a booklet about adopting from overseas. Solihull also have information available on a website. The inspector visited the website and found it informative, clear and easy to find.</p>	<p>3</p>	<p>3</p>

**Standard 4. (4.1 – 4.9)**

**Prospective adopters are involved in a formal, thorough and comprehensive assessment, preparation and approval process.**

**Key Findings and Evidence****Standard met?****2**

Adopters gave the inspectors positive feedback about the assessment process and the training received. All felt they were well informed about the process.

Adopters are given written leaflets of each process including references and attending panel. After the panel meeting they are invited to give comments on a questionnaire.

Evidence was viewed of Form F's prepared to a high standard. Written comments from the adopter about the Form F were evident.

Inspectors found not all checks were evidenced within the adopter's files. The manager informed the inspectors that their policy is to destroy Criminal Records Bureau (CRB) checks, however this process was not done on all files. The agency were able to clarify with their personnel section that in fact CRB checks had taken place on the adopters in question, however they need to ensure they can evidence to inspectors that in fact the correct level checks have been done.

During case tracking, the inspector noted that one couple had provided their own CRB equivalent check from another country. This was brought to the manager's attention who assured the inspectors that the agency would be pursuing checks for themselves.

**See requirement number 2**

<b>Standard 5 (5.1 – 5.4)</b>		
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.		
<b>Key Findings and Evidence</b>	<b>Standard met?</b>	4
<p>Matching is evidentially explained to adopters and comprehensive written information given. Adopters are invited to the post adoption group straight away and receive regular newsletters.</p> <p>Wherever possible, the link social worker remains throughout the process.</p> <p>Adopters said they received clear and comprehensive information about the children and their support social workers were excellent throughout.</p> <p>Adopters informed the inspectors the preparation groups informed them about the need to give children information about themselves. Social workers informed the inspectors that the agency encourages adopters to take photos and videos by loaning equipment to adopters. Evidence was viewed in the Adoption Policy and Procedures that all social workers discuss with adopters the National Adoption Register. Adopter's confirmed they had been informed about the National Adoption register.</p>		
<b>Does the local authority have written procedures for the use of the Adoption Register?</b>	YES	

**Standard 6 (6.1 – 6.7)**

**Adoptive parents are helped and supported to provide stable and permanent homes for the children placed with them.**

**Key findings and evidence****Standard met?**

4

Adopters are given continual support from their link social worker. Advice and support is also available through CAMHS both pre and post adoption. A fast-track psychological service is in place for all adopted children and their families. The need for this service was evidenced via the Best Value Review.

All adopters are encouraged to attend the post adoption support groups and information is regularly sent to them via a newsletter. Further training and courses are also advertised.

The adoption policy and procedures gives clear guidance on the introductions prior to children going to live with their adopted parents.

Evidence was viewed of the excellent financial support Solihull has given to support adopting families. The inspector visited a family who were given a grant to purchase a suitable family home and also received support with mortgage payments

Adopters spoken to were very aware of the importance of keeping safe information for young people. They informed inspectors the preparation groups addressed the importance of this.

Adopters are given BAAF information 'Nutmeg' series once linked.

At the time of the inspection Solihull agency had not had a family disruption. The manager informed the inspectors that if they did have a disruption, their process would be to finance an independent chair and report outcomes to the adoption panel.

**Number of adopter applications started in the last 12 months**

X

**Number of adopters approved in the last 12 months**

15

**Number of children matched with the local authority's adopters in the last 12 months**

11

**Number of adopters approved but not matched**

6

**Number of adopters referred to the Adoption Register**

15

**How many placements disrupted, between placement and adoption, in the last 12 months?**

0

## Birth Parents and Birth Families

The intended outcomes for the following set of standards are:

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

### Standard 7 (7.1 – 7.5)

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

<b>Key Findings and Evidence</b>	<b>Standard met?</b>	
<p>The manager informed the inspector that the agency is at present looking to commission an independent support service. At present there is a service level agreement with West Midlands Post Adoption Service (WMPAS) that offer support to anyone who has been touched in any way by adoption.</p> <p>Inspectors viewed form E's of children placed and found that not all were signed by birth parents. The inspectors were unable to find any explanation or reasons to account for this. This issue was also raised at the adoption panel.</p> <p>The letterbox system is very good, however it is a manual system. The agency is looking to up date it to an electronic system.</p> <p>Reminders are sent to adopters and birth parents.</p> <p>The agency operates a system where grandparent's addresses are kept on file. They are encouraged to participate in letterbox contact particularly where birth parents are likely to be unreliable or their whereabouts are unknown.</p> <p><b>See requirement number 3</b></p>	2	

### Standard 8 (8.1 – 8.2)

Birth parents and birth families are enabled to contribute to the maintenance of their child's heritage.

<b>Key Findings and Evidence</b>	<b>Standard met?</b>	
<p>Adopters and link social workers spoke of the positive 'life story' work that has been done. A LAC social worker supports birth parents to complete life story work and complete a 'later life letter'.</p> <p>The link social workers informed the inspectors that they had just had the first 'life appreciation day'.</p> <p>All people spoken to who attended the first life appreciation day said how well it went and that they hope to do more.</p>	3	

**Standard 9 (9.1)**

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

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

2

The agency is aware that more work is needed in this area.

WMPAS are commissioned to provide a service, however this needs to be monitored to assess the 'take up' of the service.

Limited support is available. The inspectors were of the view that this should be developed.

**See requirement number 3**



## 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>Polices and procedures need to address all issues in standard 10.2                      Evidence was viewed of information leaflets regarding adopters attending panel. The adopters spoken to confirmed that they had received these leaflets and had been provided with the opportunity to attend panel.  <b>See requirement number 4</b></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.

<b>Key Findings and Evidence</b>	<b>Standard met?</b>	2
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Inter-country training is required for panel members and the agency need to evidence that new panel members observe a panel before taking part.  
 The personnel files viewed contained signed confidentiality agreements, and indicated the members had clear CRB checks. The personal files should be kept in separate personal files and contain all required information in schedule 3.  
 Evidence was seen of the adoption panel member's information pack.  
 The agency need to evidence training received by each panel member.  
**See requirement number 5**  
**See recommendation number 1**

<b>Is the panel a joint panel with other local authorities?</b>	NO	
<b>Does the adoption panel membership meet all of the statutory requirements?</b>	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.

<b>Key Findings and Evidence</b>	<b>Standard met?</b>	3
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The agency has a panel meeting every two weeks. Evidence was viewed of cancelled panels in the past, however this has not been an issue for sometime.  
 The members of the panel receive necessary information approximately six days in advance of the panel meeting. The panel member's spoken to feel this is a suitable time period.  
 The panel minutes are a well written and informative. They clearly state the panel's discussions and conclusions.

**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

Adopters informed the inspectors of long delays in receiving approval letters also the files evidences that the decision-maker does not sign the letters.

The adoption policy and procedures state written replies would be sent in 7 days.

The manager informed the inspectors that letters are also sent to birth parents.

**See requirement number 6**

## Fitness to provide or manage an adoption agency

The intended outcomes for the following set of standards are:

- The adoption agency is provided and managed by those with the appropriate skills and experience to do so efficiently and effectively and by those who are suitable to work with children.

Standard 14 (14.1 – 14.3 and 14.5 – 14.6)

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

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

**Key Findings and Evidence**

**Standard met?**

3

The manager has only been in post for a short period of time, however has been the senior practitioner in the team for a substantial period.

As the senior practitioner, the role was to supervise specialist adoption staff as well as the responsibility for delivering recruitment training, assessment and support of prospective adopters. At the time of the inspection the senior practitioners position was vacant.

The staff team state that the manager does exercise effective leadership and they can approach her for advice and support as required.

The manager is aware that she will need to undertake a management qualification.

The manger does have a suitable job description.

**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

The inspectors viewed the manager's personnel file. No evidence was seen of an up to date Criminal Records Bureau check or that telephone references were made before appointment. Documentary proof of qualifications needs to be on file.

The Recruitment and Selection Guidelines states that Criminal Records Bureau checks should be shredded and not kept on file. Guidelines need to be revised to reflect how inspectors and others who need to evidence that CRB checks have been completed satisfactory can access information.

The Recruitment and Selection Guidelines needs to reflect that the National Minimum Standards for Adoption does ask that telephone enquiries be made to each referee to verify the written reference.

To have documentary proof of qualifications needs to be included in the Recruitment and Selection Guidelines.

**See requirement number 5**

## Provision and management of the adoption agency

The intended outcomes for the following set of standards are:

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

Standard 16 (16.1 – 16.7)

The adoption agency is managed effectively and efficiently.

**Key Findings and Evidence**

**Standard met?**

2

The agency has clear accountability and management structures in place, however the manager has just taken up this post. The manager has been a senior practitioner in the team for some years and staff stated they feel confident in her skills.

The agency does reflect its Statement of Purpose very well.

Inspectors found no evidence that managers and staff were aware of their responsibility to declare any possible conflict of interest.

The inspectors observed sound practices from the staff team in the ways they took into account with respect, the racial origin, religion, culture, language, sexuality, gender and disability of prospective adopters.

The adoption policy and procedures clearly address the use of the national Adoption Register.

**See recommendation number 2**

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

0

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

0

**Standard 17 (17.1 – 17.3)**

There are clear written procedures for monitoring and controlling the activities of the adoption agency and ensuring quality performance.

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

4

The Statement of Purpose has clear performance measurements for the service. These are reviewed monthly and discussed within the management team and Resource Panel. Overseas adopters are informed of the charging policy in the information pack they receive. Inter-agency charges are in line with the agreed charges within the consortium and BAAF recommended fees for local authorities.

Adoption is one of the Council's top 40 performance measures. The Chief Executive reviews these on a monthly basis. The Cabinet Member receives six monthly monitoring reports. The Best Value Review Action Plan is reviewed six monthly by the Chief Executive and the Corporate Panel.

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

Monthly?	YES
Quarterly?	
Less than Quarterly?	

**Standard 18 (18.1 – 18.5)**

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

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

2

The agency does have specialist advisers and staff informed the inspectors they are approachable. Due to the recent changes of legal advisor, the staff expressed confusion at present; however feel able to discuss issues.

The inspector found no written evidence of a written protocol for specialist advisers.

**See recommendation number 5**

## Employment and management of staff

The intended outcome for the following set of standards is:

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

Standard 19 (19.1 – 19.14)

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

**Key Findings and Evidence**

**Standard met?**

2

Inspectors viewed the Authority's Recruitment and Selection Guidelines. It clearly states that the Departmental Staff Officers have relevant skills and training in recruitment and selection. The Guidelines need to be up dated to include telephone enquires should be made to each reference to verify the written references.

Inspectors found not all personnel files viewed had Criminal Records Bureau check numbers and identification stating they are enhanced.

Adoption social workers and children's social workers that were interviewed by the inspectors exhibited appropriate knowledge and skills in their respective roles.

The inspector viewed three months panel papers containing social workers assessments. The standard of these assessments were good. No breakdowns in placements indicate a high standard of assessment and matching by staff.

The adoption service has clear procedures for birth records counselling under section 51. The team manager allocates this to experienced social workers.

The manager is aware the adoption service needs to ensure professional staff and advisors are professionally qualified and are appropriately trained to work with children and young people, their families and adoptive parents, and have a good understanding of adoption.

**See requirement number 5**

**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?**

57

%



<b>Standard 20 (20.1 – 20.12)</b> <b>Staff are organised and managed in a way which delivers an efficient and effective service.</b>		
<b>Key Findings and Evidence</b>	<b>Standard met?</b>	<b>3</b>
<p>The service has recently undergone changes in management. At the time of the inspection a new team manager was in post and a vacancy existed for a senior social worker. The team manager is also the advisor to the panel. At present without a senior practitioner, conflicts of interest can arise as the team manager monitors, supervises and over sees all aspects of adoption work.</p> <p>Through regular monitoring of cases from an early point, timescales are achieved. Staff feel workloads are appropriately monitored and managed by the manager.</p>		

<b>Standard 21 (21.1 – 21.4)</b> <b>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.</b>			
<b>Key Findings and Evidence</b>	<b>Standard met?</b>	<b>3</b>	
<p>At the last review of the adoption service it was decided to increase the staff levels by one manager and one support worker. The support worker was in post at the time of the inspection, however one senior practitioner was still to be appointed.</p> <p>Staff informed the inspectors that their pay and conditions are comparable with similar agencies in the surrounding area.</p> <p>The manager informed the inspectors that they do have available, checked, qualified, experienced independent social workers and the finances to employ them if required. At present they are mainly employed for stepparent and overseas adoption work.</p>			
<b>Total number of social work staff of the adoption service</b>	7	<b>Number of staff who have left the adoption service in the past 12 months</b>	0
<b>Number of social work posts vacant In the adoption service.</b>	1		

<b>Standard 22 (22.1 and 22.3)</b> <b>The adoption agency is a fair and competent employer, with sound employment practices and good support for its staff.</b>		
<b>Key Findings and Evidence</b>	<b>Standard met?</b>	<b>3</b>
<p>Staff informed inspectors that Solihull Metropolitan Borough Council has sound employment practices and the single status agreement.</p> <p>Staff were aware of equal opportunities procedures and whistle blowing policy</p>		

<b>Standard 23 (23.1 – 23.6)</b>		
There is a good quality training programme to enhance individual skills and to keep staff up-to-date with professional and legal developments.		
<b>Key Findings and Evidence</b>	<b>Standard met?</b>	<b>3</b>
<p>Adoption social workers informed the inspectors that they are able to attend external adoption training, which is provided by DoH, BAAF and other specialist bodies. Evidence was viewed on personal files of the internal and external training received.</p> <p>Annual appraisals identify training needs and staff are encouraged to undertake PQ training. Six monthly informal reviews enable training needs to be kept on track.</p> <p>Staff informed the inspectors that the training is very good and they feel they are kept up to date with new legislation.</p>		

## Records

The intended outcome for the following set of standards is:

- All appropriate records are maintained securely, kept and are accessible when required.

<b>Standard 25 (25.1 – 25.5)</b>		
The adoption agency ensures comprehensive and accurate case records are maintained for each child, prospective and approved adopter with whom the agency has worked.		
<b>Key Findings and Evidence</b>	<b>Standard met?</b>	<b>2</b>
<p>The adoption service has in place a Code of Practice on Confidentiality and Security of Adoption Records as well as the Policy, Procedure and Guidance on Records and Recording Practice.</p> <p>Case records viewed by inspectors were of a varying standard. Not all containing records of status, health and Criminal Records Bureau's (CRB) checks, however evidence was produced that CRB checks had been addressed. Inspectors found difficulty identifying supervisors recording's and signatures on the case files. During discussions with the manager, the possible reason for this may have been that the case notes were typed, however signatures need to be clear and present.</p> <p>Files are secured in fire and waterproof cabinets.</p> <p>The adoption service uses the 'Care First' IT system, which should be congruent with the Integrated Children's System. IT files are regularly backed up. Solihull Metropolitan Borough Council also has a robust disaster and recovery plan.</p> <p><b>See requirement number 5</b> <b>See recommendation number 3</b></p>		

**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.**

<b>Key Findings and Evidence</b>	<b>Standard met?</b>	<b>3</b>
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Relevant Information is provided to other agencies in a positive and timely way. This was evident in adopters' files.  
 The adoption service has in place a Code of Practice on Confidentiality and Security of Adoption Records as well as the Policy, Procedure and Guidance on Records and Recording Practice  
 The policy on 'Access to Records' has been reviewed and addresses third party information. Support is given by social workers or an advocacy whilst the files are read.  
 Staff informed inspectors that they were aware of confidentiality also inspectors viewed signed verification within personnel files that staff and panel members had read and understood the policy.

**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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Solihull has a clear and concise policy and procedure guidance on recording, however not all files viewed by inspectors followed it. For example, Criminal Records Bureau checks were copied and placed on some files but not on others. Confidentiality was compromised by form E's not being anonymous, however placed on adopter's files during the matching process, then remained although the match was not made. This issues also arose on children's files with form F's.  
 At the time of the inspection, the adoption service did not have any complaints or allegations, however the manager needs to ensure separate records are kept of complaints and allegations.  
 The manager explained the file monitoring system, however inspectors did not see evidence within the files viewed that monitoring had taken place.  
**See recommendation number 4**

**Standard 28 (28.1 – 28.2)**

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

**Key Findings and Evidence**

**Standard met?**

**2**

Inspectors viewed five personnel files including two panel members. Criminal Records Bureau (CRB) check dates were in place, however the information did not evidence if they were enhanced or not, if the checks were clear nor did they give CRB numbers for reference if required.

Not all files contained documentary proof of qualifications.

The staff files all contained two suitable references, but no telephone references. The manager informed the inspectors that at the time the staff were appointed, telephone references was not the practice, however she did say for new members of staff, telephone references would be required and recorded.

The manager informed the inspectors that none of the staff have had a complaint made against them or had any disciplinary action taken.

Personnel files contained photographs and employment history.

The panel files need to address all aspects of standard 28.2 and should be individual files for each member.

**See requirement number 5**

## 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
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The premises used by the adoption service are identifiable and appropriate for the purpose. IT equipment is widely used and accessible to all staff. IT systems are accessed by personal codes and inspectors were informed, codes are regularly changed. Data is backed up systematically. Staff informed inspectors that communication is good within the service. Sufficient secure facilities were evident. Rooms are locked when not in use. Secure, fire and flood proof cupboards are used and the buildings are fully alarmed. Inspectors viewed a robust disaster recovery plan in place.

**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 10<sup>th</sup> March 2004 and any factual inaccuracies: 27<sup>th</sup> August 2004

Please limit your comments to one side of A4 if possible

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

Amendments to the report were necessary

YES

Comments were received from the provider

YES

Provider comments/factual amendments were incorporated into the final inspection report

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

**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 27<sup>th</sup> August 2004 , which indicates how statutory requirements and recommendations are to be addressed and stating a clear timescale for completion. This will be kept on file and made available on request.**

**Status of the Provider's Action Plan at time of publication of the final inspection report:**

Action plan was required

YES

Action plan was received at the point of publication

YES

Action plan covers all the statutory requirements in a timely fashion

YES

Action plan did not cover all the statutory requirements and required further discussion

Provider has declined to provide an action plan

NO

Other: <enter details here>

**Public reports**

It should be noted that all NCSC 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 Solihull MBC Adoption Service confirm that the contents of this report are a fair and accurate representation of the facts relating to the inspection conducted on the above date(s) and that I agree with the statutory requirements made and will seek to comply with these.**

**Print Name** \_\_\_\_\_  
**Signature** \_\_\_\_\_  
**Designation** \_\_\_\_\_  
**Date** \_\_\_\_\_

**Or**

**D.3.2 I \_\_\_\_\_ of \_\_\_\_\_ 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.

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