

# Derbyshire County Council Adoption Service

Inspection report for LA Adoption Agency

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## About this inspection

The purpose of this inspection is to assure children and young people, parents, the public, local authorities and government of the quality and standard of the service provided. The inspection was carried out under the Care Standards Act 2000.

This report details the main strengths and any areas for improvement identified during the inspection. The judgements included in the report are made in relation to the outcomes for children set out in the Children Act 2004 and the relevant National Minimum Standards for the service.

### The inspection judgements and what they mean

Outstanding:	this aspect of the provision is of exceptionally high quality
Good:	this aspect of the provision is strong
Satisfactory:	this aspect of the provision is sound
Inadequate:	this aspect of the provision is not good enough

## Service information

### Brief description of the service

The Adoption Service for Derbyshire County Council is placed in the Department for Children and Young Adults. The service is provided by a central team based in Darley Dale, near Matlock. They recruit, prepare, train, assess and support adopters to meet the needs of Derbyshire children who have a plan of adoption. They also undertake assessments of step-parents applying to adopt their partner's children and of inter-country adopters. Support is offered to birth families including counselling and assistance with direct and indirect contact. Counselling and intermediary services are provided for adopted adults.

Derbyshire is part of the East Midlands Family Placement Consortium and plays an active part in both referring and placing children from the Consortium.

### Summary

The overall quality rating is satisfactory.

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

This was an announced inspection in which all the National Minimum Standards were considered. The adoption service is staffed by experienced and skilled workers and managers. The adoption support aspect of the service including the work of the Family Resource Worker is effective in supporting children with adopters and in ensuring that the views of birth parents are heard as part of the planning for the child. There has been positive progress in the recent creation of posts which focus on family finding. The staffing level still has a negative impact on the provision of the service. There is a high number of children waiting for adoption, delays in the early stages of prospective adopters being considered, some delay in adoption support being provided and some restriction on the provision of the letterbox exchange.

The staff throughout the service are committed and keen to move the service forward.

### Improvements since the last inspection

The last inspection was a follow-up inspection, which looked at progress on the action plan following the inspection in 2005. There were four requirements and four recommendations. Of these one of the actions is fully met, another is partially met and two of the recommendations are met. A children's guide is now in place but is not fully compliant or child friendly. There remain concerns about the staffing level, although there has been an increase in established posts. This concern relates to delays in service, especially in the number of children waiting for adoptive placements. Administrative staff are still not CRB checked and the council's Human Resources department disputes the requirement to do them. The inclusion of the

adoption files in the auditing system of the authority is not yet in place.

There has been progress in the recording of complaints, the deputising for the decision maker and the use of feedback forms about the experience of attending adoption panel. Progress has also been made on the children's guide but more work is needed to create an effective tool for preparing children for adoption.

### **Helping children to be healthy**

The provision is not judged.

### **Protecting children from harm or neglect and helping them stay safe**

The provision is satisfactory.

The service is clear about the children needing adoptive placements and identifies no difficulty in attracting prospective adopters. The strategic planning is not well established but the needs of children are met through out of county placements if necessary. The main focus of the recruitment officer is fostering but there are plans to make more definite provision for adoption recruitment. Currently those expressing an interest in becoming an adopter are placed on a waiting list for some time before their application proceeds.

The preparation group is run four times each year. There were still some adopters who reported waiting for 12 months to get on a course. The content of the course is appropriate and useful in preparing prospective adopters. All the information from surveys and adopters seen was positive about the course. Social workers commented that they see a change in the approach and attitude of adopters to contact as a result of the preparation they have received. One adopter said 'some exercises really brought home to you what the child has gone through'. The preparation of prospective inter-country adopters is incorporated into the domestic adoption preparation as it is needed, rather than use being made of the specific training available through an adoption agency specialising in inter-country work, which diminishes the specialist information available.

The assessments of prospective adopters are variable. Some are full and informative, others are overly descriptive. Diversity is not fully addressed as the reports focus on race and culture. The reports seen did not make consistent use of competencies in assessing applicants. The checks undertaken include appropriate health and safety and Criminal Records Bureau (CRB) checks, references from all employers, previous partners and family and friend references. There is evidence of a CRB being lost at the start of the application, which resulted in delay. It is good practice that the service undertakes a second opinion report at the end of the assessment process and a report of this visit is presented to the panel. Applicants reported in the surveys that they were kept well informed throughout the assessment process.

There are two Adoption and Permanence Panels, which meet each month and are

supported by clear and appropriate procedures. Provision is made for emergency panels if they are needed. The views of prospective adopters who attend are sought and recently this has been extended to all attendees. Panel members are kept up to date on developments in adoption by the panel and legal advisers. Observation of the panel indicated a well structured process, which involved all the members who demonstrated their understanding of their role, an awareness of the papers considered and a clear focus on the needs of children. This is assisted by the service's provision of the 'Welfare checklist' and the values statement from the National Minimum Standards, with the panel papers.

The roles of members are clear, however that of the panel adviser is not, as they ask direct questions of those attending the panel, which is not their role. All panel members sign a confidentiality agreement and CRB checks have been undertaken but renewals not requested after three years. Three of the sample seen did not have current CRB checks. The delay with a prospective adopter's CRB led to an assessment being presented to the Adoption and Permanence Panel without a completed CRB. The panel made a recommendation subject to the CRB contrary to the Adoption Guidance 1.6 in relation to making 'in principle' recommendations. In this situation the agency decision was not made until the CRB was received.

The panels are well recorded. The minutes are well constructed and give clear information about the issues considered. The minutes are presented at the following panel for ratification. The minutes are passed to the decision maker, but are not currently used in the decision making process. The panel adviser meets with the decision maker who has previously read the papers, which were considered by the panel. The decision is taken seriously and responsibly, with additional information sought if necessary. The decision maker is knowledgeable and experienced in adoption work.

Matching children with adopters is viewed as crucial and sensitive work by the service. All the information from adopters indicated they had had sufficient information about their child/ren before placement. The early stages of matching are not undertaken in a consistent process across the county. There is no matching meeting or matrix that bring together the child's needs with the adopter's parenting capacity. One adopter commented that they 'felt the matching was arbitrary'. It is positive that two new posts, (social worker and administrative support) have been created relating to family finding and that this is now based in the central adoption team. There is evidence of this already having a positive impact. Social workers identified an improvement in the process and managers are confident that this role will impact on delays.

Neither the nominated manager and the responsible individual had current CRB checks in place at the start of the inspection. They received these at home during the inspection but the service had not received its copies. The system for renewal of CRB checks is not effective. Managers reported that the system has been changed to provide renewal checks before the expiry of the previous one. Social workers and family resource workers have suitable checks in place at appointment. The administrative staff have neither a standard nor enhanced CRB check.

A safeguarding procedure is in place for children placed for adoption. The focus of these procedures is currently the prospective adopters rather than the child and so all those who could potentially abuse her/him and therefore need amending.

## **Helping children achieve well and enjoy what they do**

The provision is good.

There is some effective work being undertaken by the adoption support workers in support of adopters and their children. The team hold four surgeries per month covering the wide geographical spread of the county. There is also flexibility, if time is available, to see people at other venues. Information is provided for adopters about support in a variety of ways. Members of the support team contribute information to the preparation groups, they provide a quarterly newsletter and leaflets about the post approval phase in the process. Support groups for adopted young people are established. Currently there are three groups run per year and workers assess when the groups should take place on the basis of feedback from adopters and children. Adoption support work is undertaken by most social workers in the team. The assessing social worker usually remains the support worker for the adopters with input from the adoption support workers following placement.

All the adopters seen were positive about the support received from the adoption team. There is evidence from documents and interviews of a sensitive and empathic approach to supporting adopters. One survey stated, 'we're lucky in Derbyshire to have such a fantastic adoption support team'. The new work undertaken by the team is based on an adoption support assessment. The workers are skilled, knowledgeable and experienced. They are aware of and responsive to safeguarding issues that arise in their work. The only negative about this aspect of the service is that some adopters reported having to wait a month to be seen, although there was telephone contact prior to this. Both adopters and staff reported attempts to make appointments as early as possible but there remains a concern about delay. The skills and experience of the adoption support team social workers are not fully utilised in the creation of the adoption support plan.

There is work undertaken by the Children and Mental Health Service (CAMHS) with adopted children and those placed for adoption. The service and access to it varies across the county, in part dependent on which of the two Primary Care Trusts (PCTs) holds responsibility for it. Some adopters found the CAMHS helpful and responsive. Others commented on delays in gaining a service at a time when they were struggling. The managers of the adoption service commented that the CAMHS service is going to be reviewed and the plan is to ensure the full inclusion of adopted children in accessing this specialist help.

Both legal and medical advisers are available to the adoption service. Staff have access to the advice they need and have an effective working relationship with advisers. The medical adviser meets with adopters in providing full information to them about children's medical needs.

## Helping children make a positive contribution

The provision is good.

The service demonstrates a strong commitment to working with birth families. Family Resource Workers (FRWs) are appointed as independent of the child's social worker to undertake this work. The workers showed a real commitment and empathy for birth families. Birth parents commented support from the FRWs was very helpful. They referred to support in putting their views on the Child's Permanence Report (CPR), in direct meetings with adopters, attending court, coping with receipt of letterbox exchanges and in writing the letters to send. One worker is described by the birth parent as 'brilliant' and another as being 'a real help'. The birth parent were also very clear about the role of the FRW and the fact that they will pass on relevant information to the child's social worker, including any concerns about children still living with the birth family.

Social workers and other professionals value the work undertaken by the FRWs. They identify the impact of their work in direct contact with birth families and in the reflection of birth parents' views about the adoption plan. The collation of these views is not consistently represented on CPRs. The process of referral to the FRWs means that they are often not able to have gained the parent's views before the child is presented to the adoption panel. Although their work and the parental views are clearly recorded they were not incorporated into the CPR, which would be good practice. There is also a lack of consistency across the child care teams about when a referral is made to the FRWs. There are explicit procedures that indicate when it should happen but some workers do not refer until the adoption order is made.

Life story work is undertaken usually by the child's social worker and there is an expectation that a life story book is completed with the child before the adoptive placement is made. This is not consistently adhered to and so is reducing children's preparation for adoption and their understanding of the life story.

A letter box system is in place for indirect contact between birth families and adopted children. It is well organised with reminders sent, support offered to those undertaking the exchange and copies kept of the exchanges. Birth parents commented positively about the support they received from all the staff involved with the letter box. However the number of exchanges has doubled in the last two years, whereas the staffing has remained the same. Staff talked of the need to restrict exchanges to two per child per year to cope with the number that take place. These decisions are not based on the assessment of the child's needs and could result in children's contact needs not being addressed.

Work with adopted adults is valued and intermediary work is undertaken with sensitivity. The Adoption Support Surgeries are offered to all adults touched by adoption. Staff are trained in undertaking this work and are well supported by administrative staff. The work with birth records counselling is now undertaken centrally, so providing greater consistency.



## Achieving economic wellbeing

The provision is not judged.

## Organisation

The organisation is satisfactory.

A statement of purpose is in place that has been approved by the executive, although it inaccurately states advisers are 'non-voting members' and that six panel members are needed for quoracy. It is supported by appropriate policies and procedures. Two children's guides have been developed, one for young children and another for young people. They do not both include information about each stage in the adoption process, contact information about the Children's Rights Director, an independent advocate or summary of the complaints process. The one for younger children is in very small print and neither are presented in a child friendly way.

The information provided for adopters is clear and effective. Adopters commented that they found the leaflets and information useful and that it provided what they needed at each stage of the adoption process. It gives a clear picture of the children in Derbyshire who are waiting for adoptive families.

The nominated manager and senior manager responsible for the adoption service are skilled, qualified and experienced in adoption work. There have been considerable challenges for staff and managers in the last 18 months. It is to the credit of all the staff that the service has been maintained. There are, however, staffing shortages which have resulted in unacceptable delays at various points in the adoption process and in the letter box exchange. While adopters commented positively about staff in their surveys, including one who stated they were 'excellent social workers – professional astute, approachable', there were repeated comments about staff shortages. One stated, '[we]feel they are short staffed and the few staff there are, are over-stretched and cannot deliver the ideal level of service.'

There are aspects of the adoption service that work very effectively. Staff receive regular supervision, which they value and find useful. The adoption team have a clear view of their individual roles as part of the whole service and very much see themselves as part of the complete adoption service. The staff are experienced, knowledgeable and skilled in adoption. Comments from the adopters' surveys said 'The staff listen, respect what you're saying', they 'care for all parties and put the child first'. The adoption team work well together and value the consultation and advice from team members. Two members of the team said, 'It's a really good team, the best I've ever worked in'. The same sense of inclusion extends to the administrative staff based at Standliffe House. They feel part of the team and are valued by the social workers who said they were 'brilliant' and that they responded to requests as if 'nothing was too much trouble'. The staff working for the service but

based at County Offices did not have the same sense of inclusion, which they regretted. The split sites for administrative staff, including their manager, is seen as causing some problems. All of them, however, felt well supported by their manager. The whole of the staff group, including social workers and administrative staff, are both committed and competent.

Staff report training is available to meet their needs and keep them up-to-date with development in the field of adoption. Most of their training is provided 'in house', including refresher courses in safeguarding, which all staff are booked to attend shortly. Gaining approval for external courses is more difficult due to the time it takes for approval to be given to attend. Joint training with the adoption panels is provided annually and valued by the staff who attend.

There were mixed views about Derbyshire as an employer. Some staff felt retention and valuing them was poor. There had been concerns about the way in which the team's move to new premises was handled. Others see Derbyshire as 'fair supportive and decent'. There is evidence of creative thinking by senior staff in the retention of valued staff.

The councillor with lead responsibility for the service is very well informed and the council is committed to the provision of a quality service. The formal monitoring of the service is undertaken by a full report to the executive which covered the last three years. The National Minimum Standards identify the need for such a report 'every six months'.

The system for the storage of case records for both adopters and children is now electronic. It was fairly new for the adoption service and staff said it was 'still bedding in'. Appropriate information is held on these files and the organisation of the information on the system is improving. None of the children's adoption files seen are compliant with the regulations. Managers are clear that the procedures provide the guidance for the child care manager to check all the required documentation is included on the child's adoption file. There is no further check before the file is archived. The system does not provide for the storage of sensitive documents that could be valued by the adopted child or adult in the future. For example, social workers said that if a birth parent completed their parts of the CPR it would be scanned in and then shredded. There is no evidence of file audits on the files seen.

Appropriate records are held of any allegation in relation to a child placed for adoption and any complaint made about the service.

The personnel files recorded that in the sample seen two did not have current CRB checks, although they had been requested. The most recent files were compliant with regulations, including telephone verification of references. The panel members files are not fully compliant with regulations. In the sample of nine files seen there were three panel members who did not have current CRB checks and the files lacked photographs, identification and a record of qualifications (where appropriate). The files do not have a clear statement about the tenure of the members to ensure none overrun their period of appointment.

The premises are fit for purpose with suitably secure storage of records within lockable rooms. The sound proofing of the wall between the adoption panel and the waiting room for panel is not fully effective but does maintain confidentiality. There is a disaster recovery plan in place but it does not specify the provision for the adoption files or include plans for Standcliffe House, where the adoption team is based.

## What must be done to secure future improvement?

### Statutory Requirements

This section sets out the actions, which must be taken so that the registered person/s meets the Care Standards Act 2000, the Adoption Agencies Regulations 2005 and the National Minimum Standards. The Registered Provider(s) must comply with the given timescales.

Std.	Action	Due date
28	ensure up-to-date, comprehensive personnel files are maintained for each member of staff and member of the adoption panel (LAA Regs 2003 Reg 15 Schedules 3 and 4)(National Minimum Standard 28)	31/07/2008
11	ensure that full and satisfactory information is available in relation to all those who work for the purposes of the adoption service in respect of each of the matters specified in Schedule 3 (LAA Regs 2003 Reg 11)(National Minimum Standard 19)	01/09/2008

### Recommendations

To improve the quality and standards of care further the registered person should take account of the following recommendation(s):

- develop a written plan for the implementation and evaluation of effective strategies to recruit sufficient adopters to meet the needs of the range of children waiting for adoption (National Minimum Standard 2)
- give prospective inter-county adopters the option of attending out of county training specifically for them (National Minimum Standard 4)
- ensure the role of the panel adviser is to give 'advice to the adoption panel as the panel may request' AA Regs 2005 (National Minimum Standard 11)
- ensure that the panel's recommendations are not conditional and that panel does not make any 'in principle' recommendations ((National Minimum Standard 10)
- ensure an effective matching process in which children are matched with adopters who best meet their assessed needs (National Minimum Standard 2)
- ensure that CRB checks are renewed every three years (National Minimum Standard 15)

- ensure amendments are made to the safeguarding procedure to safeguard from abuse or neglect children placed for adoption (National Minimum Standard 32)
- develop a children's guide to adoption that is suitable for all children (National Minimum Standard 1)
- ensure the staffing and management provision is adequate to meet the needs at all times of the adoption agency (National Minimum Standard 21)
- ensure that the executive side of the council receives a written report on the management and outcomes of the service every six months (National Minimum Standard 17)
- ensure appropriate systems are in place to maintain comprehensive and accurate case records for each child (National Minimum Standard 25)
- ensure there is a system to monitor the quality and adequacy of records and that remedial action is taken when necessary (National Minimum Standard 27)
- ensure that the adoption team's accommodation and the adoption files are included in the Disaster Recovery Plan (National Minimum Standard 29)
- ensure there is consistency in the implementation of the strategy for working with and supporting birth parents and birth families, in particular in relation to referral for the involvement of Family Resource Workers (National Minimum Standard 9)