

# Southampton City Council Adoption Service

Inspection report for local authority adoption agency

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<b>Unique reference number</b>	SC056862
<b>Inspection date</b>	17/08/2011
<b>Inspector</b>	Heather Chaplin / Paul Clark
<b>Type of inspection</b>	Social Care Inspection

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<b>Date of last inspection</b>	11/12/2008

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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 Southampton local authority adoption service is based in Southampton city centre and shares office accommodation with other children's social work teams. The adoption team is strategically managed within the authority's child safeguarding service.

The adoption team provides a comprehensive service in line with its statutory responsibilities. This includes matching and placing children with adoptive families; recruiting, preparing, assessing and approving adopters and providing assessments for post adoption support to adoptive families. The service also provides independent and in-house counselling to birth families.

Birth records counselling is provided for adopted adults, but the team does not currently provide intermediary services. The service is part of the South Coast Consortium of adoption services and participates in consortium events.

### Summary

The overall quality rating is good.

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

The service is good, with some stronger elements of practice within some outcome areas. The service's strengths and challenges are described below.

Considerable progress has been made in safeguarding children since the last inspection. Following a widely-publicised child fatality in a London borough and the resulting independent enquiry, Southampton's Director of Children's Services commissioned a detailed self-assessment to establish whether a similar incident could occur in their own area. A number of shortfalls were identified. Rigorous measures were put in place to drive forward improvement in children's safeguarding services. This included a significant strengthening of the adoption team management structure, with several key appointments made.

The present management team comprises four very skilled and experienced people who have already achieved very good results in Southampton. For example, there is now clear and inspirational leadership of the adoption service, improved caseload management and the introduction of a formal permanency planning process. Social workers are very pleased with these developments. The setting of clear targets for the team and the establishment of a dynamic and flexible marketing and recruitment strategy, has led to a steady reduction in the previous delays for children and prospective adopters.

Social workers have risen to the challenge and although the past two years have been difficult for them, they welcome and value the current clarity of purpose.

Despite recent political and financial issues which are beyond the adoption team's control, everyone works very hard to deliver high quality outcomes for children and young people.

Staff are well trained and very experienced in all aspects of the work. Many have specific skills in direct work with children. Training in the authority is generally good and newly qualified workers are very well supported.

The authority already had in place a contingency social worker system at the time of the last inspection. This has been retained because it has clear advantages. This beneficial system identifies a named social worker who picks up children's cases at the point where adoption first becomes the plan. This worker leads on gathering material for life story work, preparing the child permanency report (CPR), direct work with the child, supporting the birth family and family finding. The social worker then sees the child settled into their placement and conducts statutory monitoring visits to ensure that firm attachments are forming within the adoptive family. This in turn frees up the social worker from the assessment team to take on other work.

Another strength is the service's very good records management system for archived records. These are kept safely and securely, with an excellent contingency planning document to ensure that any damage to the records is responded to appropriately.

Post adoption support provision is good, but is less well developed than pre-adoption permanency planning and assessment work. The direct management of that part of the service is less well resourced, with a part-time senior practitioner responsible for the whole of adoption support service delivery.

Also under development is the quality and frequency of information for birth family members. The effective monitoring of the service to them is not yet fully in place.

Resource issues have limited the development of these areas of work. Despite the strengthening of some social work teams with new appointments, the adoption team reports working at or beyond capacity at times.

The team, along with their other childcare colleagues, has a significant challenge in terms of the premises in which they work. The building has some advantages but it is in poor repair and has no suitable interview space for members of the public. Four recommendations have been made to highlight these areas for further improvement.

### **Improvements since the last inspection**

One action and five recommendations were made at the last inspection. The action related to the need to ensure that adopters and birth family members receive appropriately worded written notification of the agency decision maker's decision. This has been fully addressed.

The agency has also addressed the recommendation to take applications from prospective adopters prior to the preparation training, rather than afterwards. They

have also ensured that all staff in the adoption service receive on-going training in safeguarding.

The third recommendation concerned the need to ensure that birth parents are offered a genuine choice in relation to support. This has been addressed and birth parents have access to an independent counsellor. The service was also asked to develop a range of children's guides which address varying needs. This has also been addressed and there are now two children's guides, one each for older and younger children. All the authority's documentation can be produced in alternative communication languages if required.

Two recommendations have been repeated. The service was asked to keep the staffing of the agency under review to ensure that developments to the service are properly resourced. Although there has been an increase in recruitment to the safeguarding division, of which the adoption team is a part, staff are still under a great deal of pressure and some areas of the service require further development.

The service was asked to reconsider the location of the adoption team, to ensure that the premises are suitable for their purpose. Due to financial constraints and the clear advantages of keeping all the children's teams in one building, this has not yet been addressed. There is a plan to review the accommodation for all the children's services over the next three years.

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

The provision is not judged.

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

The provision is good.

The agency ensures that children are protected from exploitation and abuse. The adoption team shares premises with child protection social work teams, so there is effective information sharing. Prospective adopters receive good quality advice on how to protect children in their care.

Adopters confirm that they understand how to keep children safe. All are aware of the need to educate children to use the internet and social networking sites safely.

Children receive the service's children's guides, which are age-appropriate and advise children on how to seek help if they need it. Social workers always see children and the room in which they are sleeping, during statutory visits. They report any concerns about attachments to the team manager, so that issues are identified and addressed at an early stage. The level of care taken during this process has helped to reduce the number of disruptions experienced by Southampton children to zero

during the period sampled.

Adopters confirm that they have received training on how to help their children lead healthy lifestyles. Their training covers the importance of a healthy diet and plenty of exercise. Adopters who smoke, or who have smoked within the previous 12 months, may not adopt children under the age of five years, or those with respiratory conditions. This helps to prevent serious medical conditions which are caused by passive smoking in childhood. The team manager is keeping this policy under review and may consider extending the smoking age restriction to older children.

The agency medical advisor is proactive in health promotion for individual children being placed for adoption. She collates and evaluates medical reports and ensures that any specialist medical care is arranged prior to placement. The medical advisor speaks with adopters to make them aware of the implications of any medical conditions, both their own and those affecting the child.

Children's healthcare and other matching needs are detailed in the CPR. This report is prepared by a member of the adoption team, working alongside the child's own social worker. This unusual arrangement is very effective and helps to ensure a consistent quality of reports. CPRs address the child's attachment needs, their wishes and feelings and their health in considerable detail. There is plenty of information to promote safe and effective family-finding.

This innovative working style is effective on several levels. It helps children to get to know the social worker who will continue to support them into their adoptive family and helps to ensure that reports are of consistently good quality. Social workers undertaking court work say that the practice also relieves pressure on them and frees up their time to pick up other urgent cases.

There are good relationships with the local child and adolescent mental health service (CAMHS) team. The CAMHS service includes a behaviour resource service, which assesses children's behavioural needs and formulates a treatment plan, to help reduce the risk of placement breakdown.

Reports seen contain a lot of information about children's health and development. Specialist medical and psychological reports are obtained on children and their birth family members prior to linking with prospective adopters, so that the fullest possible information is available to inform the matching process.

Children's wishes and feelings are sought throughout the adoption journey. The use of contingency workers helps to ensure that staff with the necessary skills in direct work with children, commence work as early as possible to identify children's wishes and feelings.

The agency works hard to ensure that children benefit from permanent, stable placements. The adoption team manager has brought about significant improvements in the matching process, through a shift in culture and practice. For example, she has been instrumental in implementing a formal permanency planning

process. Social workers confirm that this is a major improvement. Children are now generally placed for adoption within 12 months of the plan being made, reducing delays and the risk of children 'drifting' in care.

Children's attachment needs now inform all matching decisions and attachment assessments, which is very good practice. This has been instigated by the adoption team and will be rolled out across the whole of children's services. The manager explained that she has emphasised the need to place the child at the centre of the family-finding process.

The service uses a written guide to assist the matching of children with appropriate adopters. Birth parents are consulted about their view of proposed matches. The service will try to facilitate a meeting between birth parents and proposed adopters where this would not compromise the well-being of children; birth family members and adopters interviewed, welcomed this.

Disrupted placements were all made by other local authorities. The agency has responded to this by ensuring that matching is a more robust process. CPRs from other authorities must be accurate and the needs of the child are paramount, when placements are under consideration.

Adopters confirm that they are referred to the National Adoption Register after they have been waiting for a placement for three months. Recently, prospective adopters have not had to wait long for placements because demand has been very high.

Birth parents are advised verbally within 24 hours of the agency decision maker's decision that adoption is the best plan for their child. The agency decision maker follows this up in writing within five days.

Prospective adopters' reports (PARs) are well prepared and any minor deficiencies in detail are picked up by the second opinion social worker and the team manager. There is a mid-way review of progress in supervision, which ensures that any work not yet completed is discussed and timetabled in. The team manager signs off all the prospective adopters' reports to ensure consistently good quality. The adoption panel addresses any remaining unanswered questions and the agency decision maker has on occasion declined to make a decision until all avenues have been explored.

Adopters confirm that they receive full and appropriate information from the child's file to help them to decide whether they wish to offer a home to a child. Adopters have access to specialist reports, for example from expert witnesses who provided evidence during the court process. The agency medical advisor also provides very high quality information to help inform their decision.

The team manager says that she is working to ensure that introductions take place at an appropriate pace to meet the child's needs. A small number of adopters have found that, due to operational pressures within the adoption team, they did not always have sufficient access to individual support from their social worker during this crucial period in attachment. The team manager now insists that introductions



cannot begin if one or both of the social workers concerned are not fully available.

Prospective adopters are invited to the planning meeting to help prepare for introductions. They create a simple book about themselves, which is given to the child before they meet. This introduces the family to the child and prepares him or her for what they might find if they go on to visit the home. Adopters say that they placed a photo of the child on the child's bedroom door to help them to feel at home. Children, who are of sufficient age and understanding, are carefully prepared for positive contact with any siblings and other birth family members, if appropriate to their attachment needs.

The adoption team provides a good service for intercountry adopters, although numbers coming forward for approval are small. Prospective adopters are referred to a specialist intercountry adoption service for their preparation training. This agency has support groups for adopters seeking to adopt from specific countries. The adoption team assesses post-adoption support needs for intercountry adopters and also meets these needs.

The structure of the service, which places adoption within the safeguarding division, ensures that safeguarding is integral to the adoption team's work. Children's services are located in the same building, which makes it easy to maintain good links between teams and managers. Southampton has a robust child protection policy and practice guidance which encompasses how to respond to allegations of historical abuse. There are also strong links, through the chairperson, between the adoption panel and the local safeguarding children board, to ensure effective communication.

Prospective adopters and staff receive good quality training in child protection. The majority of staff received their latest refresher training in June of this year, to ensure that they are up to date with current practice. Adopters are provided with information about how any allegations against them will be managed.

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

The provision is good.

Children and adopters are well matched based on the attachment needs of the children. This helps to ensure that they develop positive relationships and that placements remain stable.

Adopters receive training on their preparation courses to help them to understand attachment issues and to manage challenging behaviour. Adopters confirm that they are aware of the service's post adoption support provision, so that they know how to seek help if they need it in the future. There are a range of resources available to help adoptive families under stress, including Theraplay and the local CAMHS service. Children and families may also be referred to the behaviour support service for additional specialist help with behavioural issues. This helps to reduce the risk of family breakdown. There are summer and winter activities available for adopted children and birth children of adoptive parents. This enables children to meet each

other socially and share experiences.

Adopters with children already placed are very skilled in finding interesting and educational activities. Children are encouraged to enjoy outdoor activities and take plenty of exercise, to help ensure a healthy lifestyle. Adopters support their children very well in school. Children all have personal education plans which identify their learning needs.

The head of service explained that she links with a senior management colleague in education, to advocate for adopted children. This ensures that schools manage any behavioural issues with sensitivity and understanding. Advice is available for head teachers to ensure that any attachment issues are fully appreciated and accommodated. The authority operates an alternative learning programme for children who struggle with mainstream education and has access to an educational psychology service to address individual children's learning needs.

Children enjoy high quality environments in their adoptive placements. All the homes visited were very different, but each provided a warm, secure and safe environment for young children. A health and safety risk assessment is in place for each home. Some minor amendments were made to this document during the inspection, to fully cover potential risks from any ornamental weapons. The team manager is intending to link with the local police to ensure that any guns kept in adopters' homes are managed safely.

The service provides a full assessment of adoption support needs to comply with regulations. All service users are welcomed without prejudice and are provided with transparent information about the scope and limitations of the service. Approved adopters are given one year's free membership of Adoption UK, which helps them to obtain information and advice from others in a similar situation. Adopters are invited to quarterly meetings where they may receive advice and information. The service produces a quarterly newsletter which also keeps adopters informed about adoption support. The adoption team would welcome additional staff and management resources to be available for post adoption support work. Staff absences and limited senior practitioner time has meant that it has not yet been possible to develop plans for this area of the service.

### **Helping children make a positive contribution**

The provision is good.

Social workers are skilled and experienced in direct work with children, which enables them to seek their views about important issues such as placement needs. Detailed assessments are always completed when there is a question of maintaining or separating siblings. Some social workers have received specialised training in this area of work, which the team manager is keen to develop further.

The service produces two children's guides, for younger and older children respectively. Children are signposted to other sources of help such as the office of

the Children's Rights Director or independent advocacy, although children who have already been adopted are not currently updated when the advocacy service changes. This was discussed with senior managers. Young people have access to the authority's clear and well managed complaints process. One complaint has been received from a young person, which has been fully addressed.

CPRs contain good quality information about the early life of the child. This helps the agency with the matching process and ultimately, helps children to understand their background and heritage. The panel chair said that the agency has started to use a different version of the report form so that the adoption panel can understand the wider family context which led to the removal of the child. The new report includes information about other children who may have been removed from the birth family home, which can be important in order to put the child's life into context.

Birth family members confirm that they are encouraged to update the agency on any changes in their lives that may affect their child. For example, any new children in the family or a diagnosed medical condition can be relevant information for the adopters and adopted child. Advice to this effect is not yet in leaflet form, but the manager explained that this is 'work in progress'.

Adopters are well prepared for helping children with their emotional development. They confirm that they have been advised about the importance of looking after clear and appropriate information about their children's lives. Foster carers also play an active and valued part in this process. Children have a memory box and adopters are encouraged to use this regularly as a valued resource to help children understand their identity.

Life story work is completed by members of the adoption team as part of their contingency duties. This helps to ensure that timescales are adhered to and that a consistently good standard is maintained. Examples seen are sensitively written and attractively presented.

Birth family members are consulted in general terms about proposed matches for their children. Many who remain in touch with the agency have had the opportunity to meet with the prospective adopters. Those interviewed thought that this had been very positive. The agency actively promotes good quality contact through the information exchange system.

Birth family members receive good quality in-house support from their child's contingency worker and independent counselling by a registered adoption support agency is offered to them. They appreciate the knowledge and experience of adoption team staff and the CPRs show that strenuous efforts are made to seek their views about adoption.

Birth relatives receive written information about the services available and also, about the Adoption Contact Register. However, in some cases they were unable to recall receiving this information. This is probably because it is currently sent out early in their journey towards adoption, when they may still be fighting for their children.

The information is not currently sent out again at a later stage, when birth families may be more receptive.

The team manager and staff recognise work with birth families requires further development. The staff said it would be good to provide an informal drop-in facility, for example at a family centre, for birth family members. There are currently no formal mechanisms in place for monitoring who takes up counselling services and for how long they engage with this process, so its effectiveness cannot be measured. There is at present no regular consultation with birth relatives to obtain their views. This is another objective for the future.

Adopted adults and birth family members are provided with information which explains the scope of the service. In the case of adopted adults, it is made clear from the outset that the adoption team is not sufficiently well resourced at present to provide an intermediary service. Service users who wish to contact or meet with birth relatives are signposted to other adoption support agencies. Birth records counselling is provided by qualified social workers, supported by an assistant who specialises in research. This member of staff prepares well-presented file summaries for adopted adults, which help them to understand information about their birth family.

The arrangements for contact with birth family members are carefully planned and adopters understand the importance for children of maintaining appropriate contact. The service operates an information exchange (letterbox) system to facilitate the exchange of letters and other suitable material between birth parents and adoptive families. This work is overseen by a member of staff who has received training for this role.

Generally, the system works well to promote positive contact for children. However, some birth relatives say that the information exchange rules can be a little rigid at times. For example, birthday cards and gift vouchers apparently had to be submitted several months prior to a particular child's birthday, to meet administrative needs. This was discussed with the service manager during the inspection.

## **Achieving economic wellbeing**

The provision is not judged.

## **Organisation**

The organisation is good.

The promotion of equality and diversity is good. Minority ethnic groups and men are under-represented in the adoption service, but they are well represented in Southampton's wider workforce, up to and including directorship level. The authority has an effective equal opportunities policy and ensures that staff recruitment is informed by these values.

The adoption service actively recruits single people and same sex couples, in line with its equalities policy. Representatives of both groups said that they had been fairly treated throughout the assessment and approval process. People with disabilities are assessed, as with all others, according to their capacity to meet children's needs.

The authority has a corporate communications team which specialises in marketing and media presentations. A member of the team works jointly with a senior practitioner from the adoption team to provide inspirational and effective marketing for the adoption service. They target advertising carefully to ensure best value for money and monitor the effectiveness of each form of communication. This area of work is exceptionally strong.

In 2010-11, there were 39 children subject to a decision made at panel that adoption would be in their best interests. The marketing team have risen to the challenge of a 100% increase in demand for prospective adopters. This has been achieved through new branding and excellent teamwork between two very different departments.

Harder-to-place children are identified at an early stage and recruitment is targeted specifically for them. There is a joined-up approach to marketing through links between the adoption service and the South Coast Consortium, as well as the authority's own protection and court teams, so that children who are likely to need placements can be identified at an early stage. A small number of children still awaiting placements despite these concerted efforts, are those with very complex health needs.

The adoption team operates a duty system to respond to enquiries. Information packs are sent out promptly to all enquirers, whether domestic or intercountry. Prospective adopters receive an initial visit. The service runs six information sessions per year, which are open to anyone who wishes to attend.

Those who go on to make an application are invited to the preparation training, which runs three times per year. Intercountry adopters have their own specialised preparation training. Adopters confirm that the training, which includes input from existing adopters and several of the adoption team staff, is very useful and informative.

Prospective adopters' reports are comprehensive and contain sufficient analysis to enable good matching decisions to be made. The process is very thorough but in some instances, it has taken longer than the recommended time frame between application and presentation to the adoption panel. Some, but not all the delays, have been due to issues beyond the agency's control. Since the current management team reviewed the service and refocused on prioritising children's needs, the period of time taken for applications to reach panel has reduced. This process needs more time to embed fully, not least because there have also been staff shortages and everyone in the adoption team is already working very hard. However, good progress has been made to date.

The authority has two adoption panels, which sit alternately once a fortnight. The panels are drawn from a central list, are appropriately recruited and well-supported by local elected members of the council. The adoption panels share the same chairperson. This person is an experienced and skilled chair. He also chairs two other adoption panels and the local safeguarding children board. Meetings are managed in a friendly but businesslike manner, with plenty of opportunity for panel members to express their views. Recommendations are written down before panel members state their views, to ensure that they all express their views independently.

Adopters confirm that they were able to attend panel and that the questions put to them were appropriate. They receive verbal feedback immediately after the meeting and written confirmation from the agency decision maker within seven working days. The panel advisor gives very sound advice before each case is discussed. She has ensured that there is a process in place to allow for minutes to be approved before they reach the agency decision maker, in line with the recent change in national minimum standards. The minutes themselves are very clear and detailed. The minute taker has very good systems in place to ensure that the panel runs smoothly on each occasion.

The service has a good Statement of Purpose which accurately describes all its functions. This is supported by additional written information for all groups of service users, although some leaflets are in the process of being redesigned. The two children's guides contain all the required information to advise young people about the service, about advocacy and making a complaint.

All adoption team social workers have a professional qualification and are registered with the General Social Care Council. Over 50% of the social work team hold post qualifying awards in child care. Several staff have trained in specialised therapeutic techniques and most undertake direct work with children. They also work with adopters to help improve their communication and play skills. All social workers and adopters have received training in attachment and loss theory and in birth trauma. The team manager has a strong interest in therapeutic re-parenting and is keen to develop these skills within the service.

The manager is extremely skilled and experienced, but has not so far attained a formal management qualification. This is largely due to lack of opportunity in the past. She holds a professional qualification in social work and is now registered on a level five management training course from September this year.

Social workers confirm that they receive one-to-one casework supervision on a monthly basis. They value the quality of supervision and also the accessibility of the senior managers, who are very approachable. There are monthly team meetings and all staff complete an annual personal development plan. This identifies their training and development needs. Staff all agreed that even though finances have to be tightly managed, they receive appropriate training when required.

Staff files are very well maintained and contain all the information required by

regulation. Criminal Records Bureau checks are renewed every three years, for staff and prospective adopters. They are also renewed for any staff changing roles. Written references and detailed identity information are on each file, together with evidence that applicants have the right to work in this country. Interview notes show that there is a robust recruitment process in place and any gaps in employment history are followed up and recorded.

There is a good learning and development programme for all staff, including a full and well supported induction programme. The adoption team does have some staff shortages, as does the administration team. This is due to staff sickness absence and maternity leave. Some temporary staff time has been brought into the team and it is good that appointment opportunities are given to newly qualified workers, who had final placements in the team as students. Both newly qualified staff thought that they had interesting and well balanced caseloads to help nurture their skills.

The inspection took place in the context of ongoing industrial action regarding an executive decision to offer all staff new contracts on reduced pay. This has been done to meet the required reduction in departmental budgets. Because of this, staff are experiencing considerable stress and disruption, but they remain very professional and positive about their roles. The service to children has continued as normally as possible; for example the adoption panel was postponed due to strike action and was rescheduled very quickly, within one week. This required an enormous effort on the part of everyone involved.

Staff clearly respect the effective and inspirational leadership provided by their immediate line managers and are well able to separate their feelings about their own management from the wider political and financial issues. They are committed to continuing improvement in the service.

The service is very well monitored in most respects. There is some work still to be done, as detailed above. The adoption team manager prepares reports twice a year for the lead member for Southampton Children's Services, detailing progress made and identifying any challenges. An elected member of the council and present portfolio holder for corporate parenting said that following a self assessment in December 2008, the service has very assertively sought to drive up standards for children and families. The council has made a commitment to support this work financially, which has included an increase in social work staff. However, staff say that their work loads are extremely high and despite determined caseload management and reduction strategies, they are feeling very stressed.

There is an effective corporate complaints procedure which is very well managed. There are leaflets for adults and children, although these need to be updated. There are various stages of complaint and provision for matters to be resolved at the lowest possible level. Complaints records show that they are responded to appropriately and well-recorded.

Staff have access to regularly updated computer systems, which are generally satisfactory. However, social workers say that the integrated children's system they

use is not time-effective because it requires every document to be opened in order to see what it is. The manager said that work is due to commence to improve the interface between the adoption records and the database. The adoption team is very well supported by experienced and hard working administrative staff, under a supervisor. This team is also under pressure, due to staff sickness.

Records in daily use are kept in securely locked cabinets. The building has good overall security with a staffed entrance and restricted card access to staff-only areas. Although the building confers some advantages in terms of access to staff from other children's teams, it does not provide suitable, welcoming and confidential facilities for visitors to the adoption service.

There are substantial water leaks through some windows, necessitating an internal drain-pipe and bucket system on some floors. Staff say that because there is insufficient space, they often cannot find a desk at which to work. There is nowhere to store their documents and they have to carry them significant distances, so there is little incentive to come into the office. This leads them to work at home more often than they would wish to and in times of pressure, this can contribute to poor morale. In discussion, the elected member interviewed said that there is a long-term plan to find better premises, but this is not imminent.

The adoption service archive is kept in a modern building some distance away from the team offices. This provides very good facilities for long term records storage.

Records are managed extremely well in this service. The disaster recovery plan seen is excellent; well designed, simple and clear. There is very good contingency planning, accompanied by detailed instructions for staff on what to do if records are damaged.

## **What must be done to secure future improvement?**

### **Recommendations**

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

- improve the quality and frequency of information provided for birth family members and develop a system for monitoring the uptake and effectiveness of counselling services (NMS 12.3)
- ensure that the adoption service manager continues with plans to obtain a recognised management qualification (NMS 19.2)
- keep the staffing of the agency under review to ensure that developments to the service are properly resourced (NMS 24.1)



- ensure that the premises are suitable to enable the agency to meet its Statement of Purpose, in particular provide welcoming and confidential surroundings for interviews and ensure that the building is in good repair. (NMS 28.1)