

# Wakefield Metropolitan District Council Adoption Service

Inspection report for local authority adoption agency

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<b>Inspector</b>	Sue Winson / Julia Toller
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<b>Responsible individual</b>	Lynette Marjorie Burns
<b>Date of last inspection</b>	27/01/2009

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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

Wakefield Metropolitan District Council adoption service undertakes, or makes arrangements for, all statutory responsibilities in respect of the adoption of children. These duties include the recruitment, preparation, assessment and approval of people who adopt children from this country. The council commissions a service from a local voluntary adoption agency for those wishing to adopt from overseas. The agency provides, or makes arrangements for, the support of anyone affected by adoption, including birth families and adopted adults.

### Summary

The overall quality rating is satisfactory.

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

This announced full inspection assessed all key national minimum standards. This is a satisfactory service with some good features. Children benefit from an experienced and skilled adoption team which works with other teams in the authority and agencies in their best interests. Potential adopters are assessed in terms of their ability to care for children's global needs. The effective support provided to adoptive families is a strength of the service and contact is well promoted. Careful matching is enhanced by well planned moves for children. The information provided to adopters in the early stages of the process, and to children in later life is not always of a high quality or provided in a timely manner. Information for children in later life including Child Permanence Reports (CPR's) are not of a consistently high quality. Those affected by adoption receive services commissioned with local agencies and the quality of service provided is monitored by Wakefield adoption service. The management of the adoption service is progressing plans for the future based on knowledge of trends and children likely to be in need of adoptive placements. Planning for children continues to be subject to delays.

### Improvements since the last inspection

Two actions were made at the last inspection. Introductory meetings between children and adopters are now arranged after the agency decision has been made. The children's guide to adoption still does not meet regulations.

Twelve recommendations were made at the last inspection of which eight have been addressed. The adoption recruitment strategy has been revised; there is a process for agreeing matches proposed to panel: children for whom adoption may be the plan are identified; health and safety checklists ensure that children are safe; telephone verification of references for staff are obtained; the manager has an appropriate qualification; case management decisions are recorded on files; and the business continuity plan is appropriate. Repeated recommendations have been made

in respect of: life story work being available to adopters and children in a timely manner; a compliant children's guides; improved reports to council; and better monitoring and controlling of the service.

### **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 focussed on the welfare of children and ensures that they are safe and protected from significant harm. Social workers are clear about their supervisory role when visiting adoptive families; all those with contact with children have current checks and references. This service has fostered positive working relationships with other agencies and services which benefit children. Policies covering child protection and safeguarding do not provide staff with specific guidance on safeguarding regarding children in adoptive placements or who have been adopted. Since the last inspection there have been no allegations or suspicions of harm and no incidents requiring notification to the appropriate authorities.

Children's physical, emotional and psychological health is well promoted and the service ensures that they access services to meet their needs. Healthy living is covered in assessment of adopters and they have written information about children's health, delegation of responsibilities and understand where consent for medical treatment needs to be obtained. Not all children placed for adoption have had statutory reviews within four weeks of placement, to monitor their needs; however, there are now plans in place to address this.

Children benefit from stable placements and are matched and placed with prospective adopters who can meet most, if not all, of their assessed needs. The adoption service is robust in its family finding for children. In order to minimise delays, children are referred to outside agencies and the adoption register as soon as family finding begins. Care is taken to ensure that potential adopters have full information and are supported and assisted to make informed decisions. The quality of information they receive is enhanced by the routine use of life appreciation days which has the added advantage of introducing adopters to the child's foster carer at an early stage. Planning meetings formalise arrangements and placement and support plans are compiled. Children and adopters are well prepared for placement and introductions are well planned and monitored, with adopters receiving high levels of support to assist them in settling children and encouraging attachments. The adoption team social workers provide training and support to foster carers to ensure that children have as smooth a transition as possible and adopters were positive about how the moves were managed. Examples were given where adopters provided 'talking books' which foster carers used with children so that they

recognised their new parents on first meeting them. There have been few disruptions and the service has commissioned an independent social work report to maximise their learning. The adoption service is aware of the reasons for some children not being placed within 12 months of the decision that they be placed for adoption. Whilst some of these are outside of their control, they are working to reduce delays.

Effective arrangements are in place, via a service agreement with a local agency, and effective monitoring, to ensure that children are appropriately matched and placed in inter-country adoptions.

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

The provision is good.

Prospective adopters are prepared and supported to help children develop positive relationships and behaviour. Preparation training includes promoting attachments and behaviour management, and these areas are explored during assessments. A social worker in the team is trained in 'theraplay techniques' and provides prospective adopters with strategies and techniques to use with children to aid attachments early in placements. Children and their adoptive parents have access to an adoption toddler group where children can play and interact with others in a safe environment. In addition adopters have the opportunity to talk with others in similar situations and they said that they welcome the contact with those who "understood the complexity of emotions that come from adopting'. Adoption social workers also provide information about playgroups and centres close to adopters' homes, where children can socialise. Promotion of pre-school learning, education and achievement is evident and adopters can access the education support team, which is co-located with the adoption team. Children live with prospective adopters whose home provides adequate space to a suitable standard. Health and safety assessments ensure their environment is safe.

Adoption support to birth parents is provided through a local agency, with whom an outcome-based specification is in place, and the quality of service is monitored through regular meetings with the adoption team manager. Birth families are informed of the services available to them. Support to adults and children affected by adoption is provided by the adoption team and is of a high standard, responsive, individualised and wide ranging. Assessments are detailed; plans are carried out in conjunction with other teams and agencies, and are properly reviewed and evaluated. Families benefit from the availability of an intensive support worker, linked to statutory family services, who has carried out pieces of work to prevent family breakdown or children being taken into care. There is a focus on listening to service users' wishes and feelings and an evident consideration of their welfare and safety. Feedback is sought and informs future work and planning. One hundred percent of families who requested an adoption support assessment have received a service from the adoption team or the partner agency, and there are no waiting lists. Prospective adopters are informed of the support available to them, both before and after the adoption order, and said that they would have no hesitation in contacting the team should they need advice and assistance.

## Helping children make a positive contribution

The provision is satisfactory.

The extent to which children's views, wishes and feelings are taken into account is variable. The views of some children are fully ascertained and reflected in CPR's, or where children are pre-verbal, observations are included. However, some lack depth: An example was seen where work was done with an older child to explore her views and fears about moving on, allowed her to express her preference for a pink bedroom: a comment about another older child in a CPR stated that "she will not engage at present". The adoption team plan to do further work with social work teams on exploring children's views. Children's social workers and the adoption social workers visit children regularly during introductions and placements to assess their progress and seek their views. Examples were seen where the views of children were taken into account when planning for post-adoption support. The authority has a children in care council and a participation worker and provides written information for children on how to access an independent advocate.

Children are largely supported to have a positive self-view, emotional resilience and knowledge and understanding of their background. The assessment and preparation for adopters is effective in that they understand the benefits for the child in knowing about their birth families and adoption from an early age and they value the information, mementos and photographs provided by foster carers. Life story books are not consistently provided early enough to be used positively with the child early in placement. Later life letters are provided for children by social workers who know them. The quality of information in CPR's regarding to birth families and children's lives before adoption is not always good enough. The adoption manager and the panel have not always fulfilled their role in ensuring full and clear information is included in appropriate language. In some, difficult areas have been explained in a sensitive manner, whilst in others there is inappropriate information about third parties or inappropriate language used to describe parents' lifestyles.

The adoption service is committed to enabling contact where this is beneficial to the child. Adopters are well prepared and expressed commitment to promoting contact sensitively with birth parents. Arrangements are clearly outlined in placement and support plans, and assistance is provided where necessary. Examples were given where direct contact is taking place with siblings who cannot be placed together, for example large sibling groups, and of good letterbox contact. The adoption services provides support for adoptive and birth parents to comply with the agreed arrangements. A well-organised letterbox system includes monitoring arrangements and assistance will be given, if needed, with the writing of the letters. As far as possible the service is addressing the complexities of contact being made thorough on line social networks and are supporting all concerned when inappropriate contact is made. Staff have undertaken training about this and information has been given to adopters.

Birth parents and families are encouraged to take an active part in planning and

social workers attempt to gain their views on the plans and the content of CPR's with varying degrees of success. They are informed of independent services available to them. Prospective adopters receive written information, which is checked out at planning meetings, about the importance for the birth family to be told if their child dies.

Adopted adults and birth relatives are assisted to obtain information in relation to their adoption and to make contact where appropriate. The adoption service commissions these services through a local agency. The arrangements are underpinned by written agreements and services provided are monitored and reviewed, to ensure that people who use them are receiving a good quality services.

### **Achieving economic wellbeing**

The provision is not judged.

### **Organisation**

The organisation is satisfactory.

The promotion of equality and diversity is satisfactory. Equality impact assessments are carried out by the local authority and promoting equality and anti-discriminatory practice is largely evident. The adoption team is a diverse group and workers liaise with colleagues in the local adoption consortium to share experiences of adoption issues. An Asian preparation group is available to Wakefield adopters, should they wish to attend, through a local agency. The adoption of children with physical disabilities is supported through the provision of necessary aids and adaptations. Prospective adopters have not always had the eligibility criteria for this role made clear to them at an early stage. Occasionally, stigmatising or inappropriate language is used in records which may distress an adopted child should they see it in later life.

The adoption service approves prospective adopters who can meet most of the needs of children who are to be placed for adoption. Their recruitment strategy is based on knowledge of trends in children becoming looked after and activities are monitored and shortfalls are identified. A range of recruitment strategies are undertaken in conjunction with the fostering team, which is beneficial in increasing the resources of the small adoption team. Enquirers receive information packs in a timely manner and approved adopters said that the response from the service was useful and beneficial to them. A rolling programme of information days ensures that people do not have to wait, however the low number of applicants has meant delays in having enough people to hold viable preparation groups. The programme of preparation training is extensive and includes the opportunity for applicants to meet foster carers and experienced adopters, which they found helpful. Views of attendees are gained following the groups to inform future planning. Approved adopters were very positive about a worker being allocated to complete the assessment on the last day of the preparation group and expressed satisfaction with the timescale of the



assessment and the sensitivity of the social workers involved. Recently, the service has held a morning of training at weekends for extended family and friends of adopters which has had positive feedback. The timing of the groups allows for family who do not live locally to attend. Prospective adopters are thoroughly and sensitively assessed in terms of their ability to parent looked after children. Prospective Adopters Report's are comprehensive and are strong on the exploration of people's own experiences of being parented, motivation and capacity to parent. The adoption service commissions a local agency to provide prospective adopters who can meet the needs of children who live outside of the United Kingdom. Suitable systems for monitoring the quality of the service are in place.

Adoption panel recommendations and the Agency Decision Maker's (ADM's) decisions are made in a timely and well-considered manner with the overriding object to promote the welfare of children throughout their lives. Their quality assurance role is taken seriously and the chair, ADM and adoption team manager meet quarterly to discuss any issues. The panel meets twice each month and there is facility for extra panels to be convened if necessary. The chair is suitably experienced in adoption and the panel members have a range of relevant experiences and skills which they bring to robust discussions. Their reasons for recommendations are thoroughly discussed, issues are explored in detail and clear reasons are outlined in the minutes. Adoption panels do not always make recommendations on whether children should be placed for adoption within six weeks of the statutory review where adoption was identified as the plan. Similarly the ADM is robust in her decision making and records her reasoning. The administration of the panel is efficient, members receive papers well beforehand and minutes are clear and are signed off as accurate by the panel chair. Prospective adopters are given the opportunity to attend and said they were put at their ease as far as is possible, and that questions were appropriate. They were well prepared for attendance by their assessor.

The adoption service has a clear Statement of Purpose which outlines its objectives and how the service will meet outcomes for children. The children's guide to adoption is only in one format and does not include information about Ofsted's Children's Rights Director or how to contact his team, nor is there information for children and young people about adoption support.

The agency is managed by staff with appropriate experience, skills and qualifications. Responsibilities and duties, and lines of accountability are clear. Recruitment practices ensure that children are safe and checks and references are routinely obtained. Children and service users receive a service from staff, panel members and decision makers who have the competence to meet their needs. The staff team has considerable experience in adoption work and there are opportunities to increase knowledge and skills through training. There is a commitment to continuous professional development. The adoption team social workers are well supported and supervised and annual appraisals take place. They say that the manager is readily available and approachable for advice or consultation.

Procedures and practices for monitoring and controlling the activities of the adoption service are in the process of being strengthened. In some areas work has been done

to gather and analyse information but as yet this remains incomplete. The adoption managers are aware of barriers to improvement and are trying to address them. However, some aspects are not in their control, and these are being addressed in conjunction with children's services, for example: resources in Independent Reviewing Officer team, an increasingly younger population of looked after children and workloads of the looked after children's teams. In addition, the agency is addressing delays for children with the court users group. Reports to the executive side of the local authority are not completed at six monthly intervals.

There are suitable policies and procedures for recording information on files. However, a recent audit found that they are not being followed in practice, and the service is addressing this. The premises are fit for purpose and a business continuity plan is in place. Facilities for safe storage protect confidential information and the building is secure.

## **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):

- prepare and implement a written policy which sets out the procedures to be followed in the event of any allegation of abuse or neglect (breach of regulation 9(1)(b))
- ensure that a review of the child's case is carried out not more than four weeks after the date on which the child is placed for adoption (NMS 4)
- ensure that children are placed within 12 months of the decision of the agency decision maker that they be placed for adoption (NMS 13)
- ensure that life story books are provided in a timely manner (NMS 2)
- ensure that accurate, clear and appropriate information is obtained for the child to enable them to understand their background (NMS 2)
- ensure that adoption panels make a recommendation on whether the child should be placed for adoption within 6 weeks of the statutory review where adoption was identified as the plan, and record the reasons for the timescale not being met in the minutes (NMS 17).
- ensure that children are given a copy of the Children's Guide to Adoption and to adoption support which is appropriate to the child's age and understanding and contains information on their rights, how they can contact their Independent Reviewing Officer or the Children's Rights Director, Ofsted (NMS 18)
- ensure that there are clear and effective procedures for monitoring and controlling of the agency (NMS 25)
- ensure that the executive side of the local authority receive written reports on the management and outcomes of the agency every six months. (NMS 25)

