



Making Social Care
Better for People

inspection report

Local Authority Adoption Services

Norfolk County Council Adoption Service

County Hall, Children & Families

Martineau Lane

Norwich

NR1 2SQ

24th-27th January 2005

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

Norfolk County Council Adoption Service

Headquarters Address

County Hall, Children & Families, Martineau Lane,
Norwich, NR1 2SQ

Adoption Service Manager

Peter Ward

Tel No:

01603 223830

Address

County Hall, Children & Families, Martineau Lane,
Norwich, NR1 2SQ

Fax No:

01603 224211

Email Address

Certificate number of this adoption service

Date of last inspection

NA

Date, if any, of last SSI themed inspection of adoption service

NA

Date of Inspection Visit		24th January 2005	ID Code
Time of Inspection Visit		09:00 am	
Name of Inspector	1	Rosemary Chapman	075198
Name of Inspector	2	Lynn Smith	094143
Name of Inspector	3	Delia Amos	128500
Name of Inspector	4		
Name of Lay Assessor (if applicable) Lay assessors are members of the public independent of the CSCI. They accompany inspectors on some inspections and bring a different perspective to the inspection process.			
Name of Specialist (e.g. Interpreter/Signer) (if applicable)			
Name of Establishment Representative at the time of inspection		Peter Ward	

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INTRODUCTION TO REPORT AND INSPECTION

Local authority adoption services are subject to inspection by CSCI, 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 CSCI in respect of Norfolk County 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 CSCI 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.

Norfolk is a large, rural county in the east of England, which has significant pockets of deprivation and poverty. The County Council's adoption service is based at the Adoption and Family Finding Unit (AFFU), on Unthank Road, situated close to the City Centre.

The adoption service is well established and has operated as a separate service for some years, although the County Manager also has responsibility for the Council's fostering service.

The adoption unit has recently reorganised into 3 teams, which are managed by 2 team managers and an assistant team manager. These teams are functional, although there is some overlap, and because the reorganisation was fairly recent (July 2004), there is still some carry over of work held by some of the social workers. There is an assessment team, whose remit is to recruit, assess and support through to an adoption order, a family finding team, whose remit is to find families for harder to place children and a support team, who undertake support to adoptive families, adopted adults and birth families.

The services provided by AFFU include:

1. The recruitment, preparation, assessment and approval of prospective adopters for domestic adoptions.
2. Home studies in relation to prospective inter-country adopters
3. The preparation and placement of children for adoption
4. Counselling for birth families, both in relation to relinquished babies and children taken into local authority care
5. Non-agency adoptions
6. Counselling for adopted adults, including section 51 birth records
7. Adoption support services, including a letterbox system for contact
8. Advice to other social work teams on adoption issues.

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.)

The inspection fieldwork took place over 4 days in January 2005 and in addition, a number of questionnaires were received from specialist advisers, approved adopters, birth families, placing social workers and placing authorities. A large number of documents were submitted in advance and read as part of the inspection. The self assessment document which the County Manager prepared with the other managers was extremely thorough, evidentially based and helpful, the time table of visits planned was well organised and the inspectors were made to feel welcome and given suitable accommodation in the office, at some considerable inconvenience to the staff. It should also be noted that the inspection took place with shorter notice than usual.

One questionnaire was received from a birth family member. This was extremely positive and made reference to sympathetic and understanding staff, good communication and a first class practitioner.

One questionnaire was received from a placing council and 11 from placing social workers. These were generally positive and comments were made about knowledgeable and supportive staff, working in partnership, detailed forms F, good preparation of adopters, good understanding of the needs of children, good information sharing and close working relationships. The only negative comments made on one form related to poor liaison with the birth family and social worker and the slow process.

The questionnaires from the specialist advisers commented on the thorough, professional and committed workers, good communication, detailed assessments and well thought out matches. Resource issues were raised as a concern.

Eighteen questionnaires were received from adopters. The main concern raised throughout these questionnaires was the length of time the whole process had taken, with long waits between each stage of the process. Comments about the preparation were positive, as was the standard of service received in most cases, such as "our social worker was excellent". Some adopters also commented about lack of communication and information whilst others were satisfied with this. The adopters felt there were resource issues which had exacerbated their difficulties.

In general, the inspectors were impressed with a very thorough, child-focussed and professional service. The structure of the service is sound and the agency has embraced the challenges of the new legislation in a very positive and pro-active manner. There were many examples of very good practice seen, both in terms of documentation and social work tasks, and some of these will be shared with other agencies. The agency is also involved in non agency adoption work and this is carried out by specific staff with an interest and expertise in this area.

The reorganisation of the team is still in its early stages but staff are positive about it and the managers have indicated that this is having a positive impact on the delay which has occurred in the past.

The main issue of concern raised during this inspection was the long delay experienced by prospective adopters from their first enquiry to being approved.

Statement of Purpose (Standard 1)

The 1 standard assessed was exceeded.

The statement of purpose was developed initially in 2003 and has since been reviewed, updated and approved by the executive side of the Council. This meets the requirements and is comprehensive and well written. The Children's Guide, which has recently been developed, is an excellent example of good practice. It was written in consultation with foster carers, adopters and other staff, is very child friendly and interactive and provides a very meaningful booklet. It is clearly stated on all documents that they are available in other formats and languages, translators and interpreters are available through the Council's In-Tran service and all policies and procedures are reflective of the statement of purpose.

Securing and promoting children's welfare (Standard 2)

The 1 standard assessed was met.

Norfolk does not have any problems recruiting adopters for younger children but has developed a more strategic approach in relation to older children, sibling groups and children with disabilities. These are detailed in the teams' business plans. It is clear from the data supplied and other information inspected that sibling groups are placed together and children are matched as closely as possible with families who meet their needs. There was evidence of the panel not recommending a match when it was felt that the adopters were not able to meet the child's needs as fully as possible. There is good use of the consortium if the agency cannot provide a suitable family within its own resources. Good work is undertaken to ascertain a child's wishes and feelings in relation to their adoption. Two members of staff in the AFFU undertake direct work with children in conjunction with social workers and foster carers.

Prospective and approved adopters (Standards 3-6)

2 of the 4 standards assessed were met and 2 were exceeded.

There is clear written information which sends an inclusive message to prospective adopters that they will not be discriminated against on the grounds of age, disability, smoking, sexual orientation and so forth. Information is also provided about the types of children needing families, both locally and nationally, and the application process is clearly described. The assessment of prospective adopters who can care for children with disabilities or sibling groups can be prioritised.

Prospective adopters are invited to an open evening, then have an initial visit before undertaking a preparation group and the home study. Preparation groups were said to be very good by the adopters interviewed. The home study is thorough, safe caring is addressed and appropriate checks, including comprehensive health and safety assessments, are undertaken. Forms F are generally analytical and full. Those adopters wishing to adopt from overseas undertake the same process and are supplied with relevant information.

The matching and support systems are commendable and examples of very good practice were seen. There is a good matching report format in place and those inspected were completed fully and were of a high standard. These cover all areas of a child's needs, how these will be met and what support is needed.

There is a team which deals with support for anyone involved in the adoption process.

Although they want to develop their services further, they already have good systems in place which include regular newsletters, workshops on issues such as “telling” and contact, social events. There is also a service level agreement with a voluntary organisation. LINK, and other services have been commissioned on an individual basis, such as Family Futures. There was evidence of the AFFU funding quite significant pieces of work to support families in crisis. This is in addition to on-going social work support, time-limited pieces of work and direct work with children. The support team have also devised leaflets to assist other professionals, such as teaching staff, in raising their awareness of the needs of an adopted child.

Birth parents and birth families (Standards 7-9)

3 of the 3 standards assessed were met.

The agency clearly recognises the importance of birth families in the adoption process and has a life long commitment to all parties. The agency has a service level agreement with LINK, a voluntary agency which provide independent counselling and other forms of support, such as groups for birth mothers, as part of its agreement. Agency staff also assist with contact arrangements and letter writing. Positive comments were received from one birth parent about the service received. Forms E were not signed by birth parents however, and it is recommended that this be done or an explanation offered of why this was not possible. The agency has a large letterbox scheme and this should be re-evaluated, as contacts are concentrated around particular times, making it unwieldy to manage. Adopters are aware of the importance of the birth family, are involved in contact arrangements with birth parents and wider birth family members and use life story books appropriately. Two members of staff from AFFU are involved in assisting foster carers and social workers undertake life story work and the preparation of children for adoption.

Adoption panels and agency decisions (Standards 10-13)

3 of the 4 standards assessed were met.

The agency has 2 panels, which sit on alternate weeks. The agency employ the same independent panel chair for both panels to ensure consistency however, and the panel chair they employ is very respected, experienced and renowned in the field of adoption. The panel has some policies and procedures and all members have a copy of the BAAF publication “Effective Panels” for guidance. However, they need to develop their own policies and procedures to cover all the areas outlined in 10.2. The attendance of adopters at panel is a well-established practice and observation of the panel and minutes inspected had evidence that birth children of prospective adopters also attend panel, as do older children for whom a match is being considered, if they wish to. Adopters also attend panel for matching, which is good practice. Adopters said they felt they were made welcome at panel and were asked appropriate questions. The panel advisors are involved in direct work in the agency, being a team manager and a senior practitioner. They are aware of the potential conflict of interest and try to manage this appropriately, but it is recommended that a panel advisor independent of the day to day work of the agency is appointed so that independence is seen to be maintained at all times and the potential for undue influence avoided. The panel is properly constituted and members have a wide range of personal and professional experience of adoption. Panel members have an induction which includes the observation of a panel and a discussion with the panel chair, and although this is adequate, it is recommended that this be extended to cover wider aspects of the adoption service. Panel members have business and training meetings twice a year and training on inter-country adoption is planned for March 2005. Agency staff also attend these training events. Panels are well organised and planned a year in advance. Full sets of papers are sent out with a

week's notice to enable proper consideration. The minutes are good and clearly record the decision and reasons for any recommendations. Panel members ensure their accuracy by going through them thoroughly at the start of each meeting. The agency decision maker reads the panel papers and minutes before making his decision and if necessary will talk to the panel chair if he needs further information or clarification. The decision is usually made in a timely manner within 7 days, although there was evidence of delay in one file inspected, and adopters and birth parents are notified in writing of the decision. These notifications were seen on the files inspected.

Fitness to provide or manage an adoption agency (Standards 14-15)
2 of the 2 standards assessed were met.

The County Manager has a social work and a management qualification and his work experience includes childcare and family placement. Other managers are also suitably qualified and experienced. References and checks, including an up to date enhanced Criminal Records Bureau check were in evidence.

Provision and management of the adoption agency (Standards 16-18)
2 of the 3 standards assessed were met.

The agency is well managed, good structures are in place and although new, these seem to be working well. Numbers of children identified for adoption and placed with adoptive families have significantly increased over the last year. There are good lines of communication both within the agency and with the childcare teams and clearly defined systems of delegation and accountability are in place. Staff interviewed demonstrated a good awareness of the needs of all those involved with the adoption process and skills to meet those needs. Monitoring takes place through regular meetings with the assistant director, the provision of statistical information and assessment of performance indicators. The council receives an annual report, which should be increased to every 6 months, although there are other structures in place to keep them informed; for example, the 2 councillors who sit on the panel and monthly reports on child care performance indicators. The agency has access to appropriate legal, medical and psychiatric advice and these systems are well developed and useful. These include meetings with the adoption team and monthly surgeries for advice. There is also a multi disciplinary team who offer support to looked after children and the adoption agency can access this team for advice and support also.

Employment and management of staff (Standards 19-23)
3 of the 5 standards assessed were met.

Staff are employed following a specified recruitment and selection procedure, which includes a competitive interview. However, the written recruitment and selection procedures need updating to include the need for telephone references, which the manager reports are being carried out on new staff, although the evidence of this was not in the files inspected. Administrative staff do not have Criminal Records Bureau checks and these must be obtained on all staff in the agency to comply with the regulations. Administrative staff have child protection awareness training, which is good practice. The social work staff employed by AFFU are qualified, undertake regular training, are supervised on a regular, formal basis and supported. Other staff are appropriately supervised and supported and have other professional qualifications. The agency is well managed and although administrative staff are said to be excellent, there is an insufficient number of them and inadequate office space and IT equipment.

There has been delay reported in terms of the assessment process for prospective adopters. Although this may suggest there is inadequate staff, the recent restructuring may have been successful in militating against this for future assessments. The work of the agency is expanding and more staff may be needed but at this point in the inspection process, it is difficult to assess whether more staff are needed so it is recommended that the manager keep this under close scrutiny.

Norfolk County Council is seen by staff as a fair and competent employer and has a number of policies and procedures which include flexible working and study leave to encourage staff retention.

Staff receive a good induction and there is an appraisal system in place which identifies training needs. There is a good level of training including external courses as well as an internal programme and staff are kept up to date about changes in practice and legislation.

Records (Standards 25-28)

3 of the 4 standards assessed were met.

The standard of record keeping was generally high. There were good case files on adopters and adoption files on children and these had evidence of supervision discussions signed by team managers. The records were generally typed and legible although a small number were not. There are good procedures in place for access to records and confidentiality and social workers sign confidentiality agreements, which were stored in the files inspected, before they can see a form F or form E. This is good practice. There are clear policies and procedures regarding disclosure of information, which take into account the Data Protection Act and the Human Rights Act.

The one deficit was the recording of information in personnel files and panel members' files. These must comply with the requirements of Schedule 3 and 4. Some files lacked information such as proof of qualifications, proof of identity, photographs and the recording of Criminal Records Bureau checks was inadequate.

Fitness of premises (Standard 29).

The 1 standard assessed was not met.

The adoption agency is located in identifiable premises which have ramped access. Although the premises are well known, they are becoming cramped, with limited space for meetings, interviews and staff. This has been highlighted and alternative premises are being sought. Records are stored in lockable rooms but some deficits have been identified by the risk assessment and these should be addressed. There is a disaster recovery plan and insurance cover in place.

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:

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

Requirements from last Inspection visit fully actioned?

NA

If No please list below

STATUTORY REQUIREMENTS				
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 Commission for Social Care Inspection 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 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	LA 2003 11	LA19	The agency must undertake Criminal Records Bureau checks on all staff, including administrative staff.	30.6.05
2	LA 2003 10	LA20	The agency must employ more administrative staff.	30.6.05
3	LA 2003 11	LA28	The agency must ensure that records on all staff and panel members contain the information required in Schedule 3 and 4.	30.6.05

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	LA7	The agency should obtain the signatures of birth parents on forms E or write an explanation of why this was not possible.
2	LA8	The agency should review the operation of the letterbox scheme to make it less unwieldy to manage.
3	LA10	The agency should develop policies and procedures for the panel which cover the issues in standard 10.2.
4	LA10	The agency should consider the appointment of a panel advisor who is not involved in the day to day running of the agency.
5	LA11	The induction for panel members should be extended to include wider aspects of the adoption service.
6	LA12	The panel administrator should undertake a panel minute taker's course.
7	LA17	The executive side of the Council should receive 6 monthly written reports on the management and outcomes of the work of the adoption agency.
8	LA19	The recruitment and selection procedures should be updated to include telephone references on all staff.
9	LA20	The agency should improve its IT systems to include an automatic backup.
10	LA21	The agency should keep staffing levels under close scrutiny to ensure the needs of the expanding service can be met by the existing numbers of staff.
11	LA29	The deficits highlighted in the risk assessment of the premises and records should be addressed.

- 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	YES
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	YES
• 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	24/01/05
Time of Inspection	09.00
Duration Of Inspection (hrs)	116
Number of Inspector days	12
Additional Inspection Questions:	
Certificate of Registration was displayed at time of inspection	NA
The certificate of registration accurately reflected the situation in the service at the time of inspection	NA
Total Number of staff employed (excluding managers)	25

The following pages summarise the key findings and evidence from this inspection, together with the CSCI 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?

4

The agency has a comprehensive and readable statement of purpose, which meets the requirements of this standard and the associated regulation. It is noteworthy that this statement was originally developed in 2003, shortly after it became a requirement for all agencies to have such a document. It has since been reviewed and updated to reflect the new structure of the service and was approved by the Cabinet in January 2005.

The agency has an excellent Children's Guide. This covers all the information which it is required to give. More importantly, however, it has been developed in a very child friendly manner and is an interactive document. The inspector has sought permission of the agency to use this as an example of good practice for other agencies as it is so impressive. This was developed by a member of staff in the agency and she consulted with other staff, social workers, adopters and foster carers before it was finalised.

All the documents seen make it clear that they can be translated into other languages or are available in other formats such as Braille. The Council has an In-Tran service which can provide translations and also interpreters in a readily accessible manner. Staff will also assist in service users' understanding of the processes.

All the policies and procedures inspected are congruent with the statement of purpose, staff have copies of it and it is available to other service users on request or through the web site. The agency plans to supply copies to the library service also.

**Has the Statement of Purpose been reviewed annually?
(Record N/A if the information is not available)**

YES

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?

YES

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 agency does not struggle to recruit adopters who would be suitable for younger children. However, it has recognised the need to develop the service for the older, more difficult to place children and sibling groups and has developed a strategic but child centred approach to this. This was one of the reasons behind the reorganisation in July 2004. One of the Adopters' team's remits is to increase the in-house provision of adopters and the remit of the Children's team is to family find in the consortium or further afield. The agency also plans to recruit adopters for children with disabilities. These plans are detailed in the respective teams' business plans, the statement of purpose and the Departmental Improvement Plan. It is clear from the information supplied that a high priority is placed on appropriate matching and stringent efforts are made to place siblings together, Examples of this were seen at the panel observed and minutes inspected. A recent panel recommendation was to turn down a proposed match as it was thought that the adopters were not able to meet the child's assessed needs as thoroughly as possible. However, it is clear that children are not kept waiting indefinitely.

There are examples of very good life story work being undertaken by staff in the agency, in conjunction with foster carers, and this is used to explore a child's wishes and feelings and offer an explanation of why a decision was taken.

In the last 12 months:

How many children were identified as needing adoptive families?

72

How many children were matched with adopters?

61

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

42

How many children were placed with other services' adopters?

26

How many children were referred to the Adoption Register?

26

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

58

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?

14

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?

45

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.

Key Findings and Evidence

Standard met?

3

The agency has developed very clear and informative fact sheets about the adoption process which are sent to applicants at various stages. These include fact sheets about the adopters needed, the children who need placements, the application process and the support available after placement. The adoption procedures and guidance notes which have been developed are very clear about when the information should be sent.

It was clear from looking at records and talking to staff that the agency does not discriminate against any group of people. An adopter with a disability was case tracked, adopters who were older were also seen and there was evidence that applications from single sex couples and single people are also welcomed.

Publicity at special events, such as the Royal Norfolk Show and National Adoption Week give an open message and target any particular needs – for example, adopters for children with disabilities or more complex health needs. The council also has a web site which gives information and this is supplemented at the open information meetings which are held as the first stage of the process.

There are also guidance notes and fact sheets for those wishing to adopt from overseas and they are invited for an initial counselling session. Information is given about the DfES web site and the Overseas Adoption Helpline and the home study is carried out by experienced sessional staff.

The reorganisation of the team structure has enabled better prioritisation to take place and adopters who wish to adopt harder to place children or sibling groups are prioritised.

Adopters spoken with confirmed they had the opportunity to talk with approved adopters at various times in the process, both as part of the preparation group or as a separate individual visit. They confirmed this was helpful.

There is also clear information about the types of children needing placements. The adoption agency has profiles of children needing placements both in Norfolk and throughout the consortium and copies of Be My Parent are also available. This topic is addressed at the open information evening and throughout the preparation groups, in terms of the issues which may arise and their implications. One of the fact sheets also addressed the children who need families.

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?****3**

The adopters' files inspected contained very good evidence of a thorough, comprehensive assessment, preparation and approval process. Prospective adopters are invited to an open evening, where they are given full information about adoption. If they wish to proceed after this, then a very thorough initial visit takes place. The team will discuss these visits and decide if an application should proceed. Applicants are then invited to a preparation group. Adopters commented that the preparation groups were very good. The venue is central, with disabled access and car parking and is held over 3 days and an evening. Attendees complete evaluation forms, which were seen, and these contribute towards the monitoring and review of the course. This has been reviewed and redesigned recently.

Home studies are very thorough and there was evidence of health and safety checks, dog and gun questionnaires, interviewing of ex partners and children of former relationships and the taking up of 6 referees, including schools and employers where relevant. Good chronologies were documented.

Those adopters wishing to adopt from overseas attend the Overseas Adoption Helpline preparation group, which is available at a discounted fee, as Norfolk is a subscribing member.

Foster carers who adopt are also invited to attend the preparation groups. Those interviewed had not had that opportunity but one of the team managers explained this was due to a member of staff leaving at the time but this has now been reintroduced.

Prospective adopters who have little experience with children are encouraged to obtain some experience of being with children, perhaps by doing voluntary work. Adopters interviewed commented that this advice had been invaluable to them and both had undertaken voluntary work with children in a group setting.

Adopters interviewed spoke highly of the home study process and did not find it overly intrusive. The forms F which were inspected were generally analytical and of a high standard, and although there were some variations in this, it was clear that the culture of the agency is to provide a professional and high quality service. This is confirmed by the questionnaires received from placing social workers.

Adopters spoken with and the questionnaires received indicated that the contacts with the service were professional – the only issue of concern raised was that of extreme delay. The agency is fully aware of this, have struggled to deal with the number of applicants and have tried to keep prospective adopters informed of the delay. The size of the County can make it difficult to undertake assessments quickly as there may be a 3-hour round trip drive involved for a home study visit. The manager has tried to address this through the reorganisation, so one of the teams prioritises adoption applications. It may be that more staff are needed to address the shortfalls if the situation does not improve satisfactorily.

Standard 5 (5.1 – 5.4)

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.

Key Findings and Evidence**Standard met?**

4

There is clear written information about the matching, introduction and placement process which is given to adopters. There are also clear written procedures about the adoption register and the consortium.

Adopters spoken with felt they had received sufficient information about a prospective placement of a child. This included opportunities to see photos, videos, read the form E, talk to foster carers and the child's social worker, access to medical advice and other professionals as appropriate.

The agency has a matching report format which is excellent. This covers all the areas of need and specifically addresses how particular adopters will meet those needs. The matching reports inspected were completed to a high standard and were very full and detailed. The low disruption rate which Norfolk has may be indicative of the good matching process which takes place, in addition to the support provided, which is detailed in the following standard.

Adopters are asked to sign a contact agreement form, which includes notifying the agency if their adopted child dies or has a life threatening illness. Adopters are made aware of the importance of this information during the planning of the placement. The contact agreement is maintained on the file.

Some very good examples of books about adopters and their homes were seen. These were age appropriate and individually made for each child, if part of a sibling group. The social worker will provide advice about this if necessary and adopters spoken with said their social worker had offered suggestions to make it more suitable. Some may provide videos or computer-based materials.

Does the local authority have written procedures for the use of the Adoption Register?

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

The agency has developed very good support for adopters and many examples of good practice were seen. The agency has a team of social workers who are specifically addressing these issues, and although they wish to develop this further, what they already provide is very good.

The support needs are identified at an early stage and detailed on the matching and support plan mentioned above, which is presented to the panel when a match is being considered. This details all the potential needs of a child, how these will be met and by whom and also considers the financial support which is needed. During the panel observed, financial assistance on an ongoing basis was being provided to a couple who were being matched for a sibling group, and another included a settling in allowance.

Once adopters are approved, they receive details of the post approval and post adoption services which are on offer, which include regular newsletters, social events, training and workshops on various issues such as telling. They will also receive regular social work visits. Adopters interviewed had life storybooks and other memorabilia in relation to the child, which had been provided by the birth family. They were all aware of the importance of this and were actively using it as appropriate.

Evidence was seen of the agency being willing to pay a substantial amount of money for specific therapeutic work to prevent the placement of an already adopted child from breaking down. Other evidence was seen of large amounts of social work time being used to support placements and undertake specific pieces of work to keep placements going once adoption orders were made. The low rate of disruptions which Norfolk has pays testament to this hard work. It is also noteworthy that the agency monitor and count as disruptions, children who are already adopted and have been for many years, not just placements which disrupt prior to an adoption order being made. As there had been no disruptions, evidence of disruption meetings were not seen but the manager informed the inspectors that these are held and all parties given a lot of support.

The agency has also developed letters which are given to teaching staff to help them understand the needs of adopted children and enable them to support them in school. This is pro-active and commendable practice. There is clear evidence of the agency developing partnerships and commissioning services for the benefit of the adopted child and parents.

Number of adopter applications started in the last 12 months

39

Number of adopters approved in the last 12 months

40

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

42

Number of adopters approved but not matched

21

Number of adopters referred to the Adoption Register

4

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.

Key Findings and Evidence	Standard met?	3
<p>There is clear evidence that the agency recognises the life long implications of adoption for all parties. The agency has commissioned the services of LINK, which is part of a voluntary adoption agency, and this service is available for independent counselling for birth families. Social workers spoken with were aware of this service and confirmed they referred birth parents to it, although they were not aware of the extent of the uptake. One questionnaire received from a birth family member was very positive about the support and service received from the adoption agency.</p> <p>Although LINK will provide support for birth families, there is also a social worker in post who will assist families with maintaining contact arrangements, help in letter writing and so forth. Social workers interviewed said they tried to engage birth parents at all stages in the process, but at times this is understandably difficult. The forms E inspected did not have any evidence of birth parents signatures nor a written explanation of why this had not been obtained. It is recommended that this be done, as an explanation to the child in the future, when they may choose to read their form E.</p>		

Standard 8 (8.1 – 8.2)

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

Key Findings and Evidence	Standard met?	3
<p>The adopters spoken with had life storybooks and other memorabilia from the birth families and there was also an awareness of the later life letter and the importance of this. A member of staff from the unit can be used to assist with the preparation of life storybooks, along with foster carers.</p> <p>There is a large letter box scheme in operation but this may need review as it is large and a lot of contacts are at the Christmas period, making it difficult to manage. A reminder letter system is in operation and this is good practice.</p>		

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?**

3

The agency has a clear strategy in place. This includes access to information and leaflets as well as a number of services such as Norcap and LINK, who can provide counselling and group work for birth parents. There is a member of staff in the agency who will help with letter writing and facilitate direct contact, financial assistance can be provided to birth families to assist with travel arrangements, birth parents are encouraged to meet adopters prior to placement, which was confirmed by adopters interviewed, and there are clear contact arrangements made and contracts signed. Contracts inspected included one with grandparents, parents and a sibling.

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.

Key Findings and Evidence	Standard met?	2
<p>The panel has some policies and procedures but those provided for the inspection did not cover the issues in standard 10.2. Although each panel member has a copy of "Effective Panels" which contains some guidance relating to these issues, written policies and procedures which are specific to Norfolk County Council's adoption agency should be developed. It was clear from speaking with the chair of the panel that there are procedures, albeit informal and unwritten, by which the panel operates.</p> <p>Prospective adopters have been invited to attend panel for some years and this is now a well-established practice. Adopters are also invited to attend when a match is being considered. This is good practice. At the adoption panel observed, a whole family of prospective adopters attended, which included 3 birth children in addition to the prospective adoptive parents. Suitable questions were prepared for the children and they were all made very welcome. Papers inspected contained evidence of an older child for whom adoption was a plan attending the panel. Again this is commendable, open practice.</p> <p>Currently the panel advisor post is held by a team manager for one panel and a senior practitioner for another. The inspectors are aware that conflicts of interest have occurred and in the panel observed, 2 of the cases were from the team of the team manager. Although the team manager and senior practitioner are aware of the potential conflict and work is sent to the other panel where this is likely to occur, clearly this has not happened in every case. It is therefore recommended that the panel advisor be independent of the day to day running of the agency so that independence is seen to be maintained and the potential for undue influence on the panel avoided.</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.

Key Findings and Evidence

Standard met?

3

Norfolk has 2 panels, both chaired by the same independent chair, to ensure consistency. The independent chair is well renowned and very experienced in the field of adoption and it is commendable that the agency employs her as their chair. Both panels are properly constituted and their members have suitable experience. The panel observed had a number of people with personal experience of adoption and the other panel also has a birth parent as one of its members. The agency members are also experienced in childcare and include not only managers but also social workers. The panel deals with inter-country adoption and a training day has been planned for March to cover these issues. Other inter-country issues have been dealt with on an individual basis. Panel members are also kept up to date through their business and training meetings which are held twice a year.

New panel members observe at least one panel prior to taking up their position. They all have up to date Criminal Records Bureau checks and their files inspected had evidence of this and signed confidentiality agreements.

Panel members have an induction, which includes speaking to the panel advisor, reading materials, a briefing by the chairperson and observation of the panel. Although adequate, it is recommended that the induction be broadened to perhaps include wider childcare issues and meetings with other staff in other parts of the service.

There is at least one joint training day a year and other training as necessary. This has included attachment and parenting, freeing orders and placement orders, the new adoption act and research presentations.

Is the panel a joint panel with other local authorities?

NO

Does the adoption panel membership meet all of the statutory requirements?

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.		
Key Findings and Evidence	Standard met?	3
<p>There is a panel each week to ensure the business is dealt with without delay. There is a panel administrator who organises the agenda, sends reminders to social workers, ensures that paperwork is received on time and is sent to panel members a week in advance. The paperwork is full and includes health documentation on children, a matching and support plan, previous minutes where appropriate and comprehensive forms E and F. One questionnaire received commented that a panel had been cancelled at short notice and they had to wait a while for another slot. However, this may have been some time ago and would appear to be an isolated occurrence.</p> <p>The panel minutes inspected were full and gave a good account of the discussion and the reasons for the recommendations. The panel administrator has not attended a minute taking course and it is recommended that this be done, as it is useful for panel administrators to meet other panel minute takers. The minute taking is of a good standard and it is not recommended because of any shortfall in that area.</p>		

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?	3
<p>The agency decision maker is the Acting Assistant Director for Children and Families and thus already has a heavy workload. As the panel meets weekly, he has decisions to consider every week. He impressed as very committed to the role and reads the minutes and the papers before making his decision. He tries to make the decision within 7 days but one file inspected indicated that delay had occurred in the decision making in that case. This may be an isolated occurrence. The Deputy Assistant Director will deputise for the decision maker in his absence to prevent delay.</p> <p>Evidence of letters to birth parents and adopters were seen in relation to the decisions made.</p>		

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
<p>The County Manager is the responsible person for the agency. He is appropriately qualified and experienced for this role. His qualifications include a social work qualification and a distinction in the certificate in management. His work experience includes childcare and family placement and he has managed the agency for the last 8 years. The three team managers are all appropriately qualified and experienced.</p> <p>He has a clear job description and areas of delegation and accountability are specified in various documents, which were submitted as part of the inspection.</p> <p>The agency is well managed and there is evidence of good supervision, support, communication, staff retention and recruitment. The recent reorganisation has been one method of improving outcomes, identifying specialist teams to undertake certain tasks, increasing staffing levels and career opportunities.</p>		
<p>Does the manager have Management NVQ4 or equivalent?</p>	<p>YES</p>	
<p>Does the manager have at least 2 years experience of working in a childcare setting in last 5 years?</p>	<p>YES</p>	

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?

3

The management team are suitable people to manage the agency and evidence of references and Criminal Records Bureau checks were seen. Minor shortfalls in the recoding of this have been addressed under standard 28.

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?

3

The evidence gathered during this inspection confirmed that the structures in place ensure that the adoption agency is managed effectively and efficiently. Although the structure is relatively new, it seems to be working well and staff report good links between the child care side of the service and the adoption agency. The annual report shows that the numbers of children placed for adoption has increased significantly, as have the numbers of children for whom “adoption is in their best interests” decisions have been identified.

The targets in the business plan and departmental improvement plan accord with the statement of purpose.

There are clearly defined arrangements for delegation in the absence of the manager, which include the other County Manager and Service Manager for looked after children. All roles have job descriptions which were provided for inspection. Communication, support and accountability are clear.

There is a written conflicts of interest policy, which was supplied for the inspection and is available for staff on the intranet.

Staff are appropriately trained and qualified for the roles they undertake and are aware of the equal opportunities and anti-discriminatory practice policies of the County Council. Staff who work with children and birth parents showed compassion, understanding and sensitivity when interviewed about the needs of children and birth families. The adoption social workers showed a good understanding of the issues in relation to adoption.

The agency has developed clear written procedures in relation to the use of the Adoption register and there was evidence of the completion of the appropriate forms in the files inspected.

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

6

Number of the above complaints which were substantiated

3

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?

2

The agency is monitored both by senior managers and the Council. The assistant director receives monthly reports on the progress of the Departmental Improvement Plan which are assessed and monitored.

The members of the Council who were interviewed demonstrated a commitment to children's services and their role as corporate parent, but there was an acknowledgment that because the adoption agency has been performing well, it has not had as much scrutiny as other parts of the service. There is a County Councillor on each of the 2 adoption panels and in addition to attending the panel, there are also 6 monthly business meetings to update themselves on outcomes, disruptions and reviews of children waiting for adoption. The cabinet member and social services review panel receive monthly reports on the performance indicators and the council receives an annual report on the work of the agency. This therefore needs to be increased to every 6 months to comply with this standard. This may also serve to raise the profile of the agency amongst the executive.

There is clear written information about any charges which the agency imposes and these are in line with the BAAF standard fees. Adopters receive written information about any financial allowance they receive and how this is calculated.

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

Monthly?	<input type="checkbox"/>
Quarterly?	<input type="checkbox"/>
Less than Quarterly?	<input checked="" type="checkbox"/> YES

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?	3
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<p>The agency has access to medical and legal advice and the services of a consultant child psychiatrist. The latter runs a monthly surgery for adoptive families and will provide advice on mental health issues to prospective adopters considering a match and to those families experiencing difficulties in placement. She will also advise staff. Although this is an informal arrangement, the manager says it has run well for many years.</p> <p>There is also a joint funded Lifescope team, which is a multi disciplinary team of staff from health, education and social services, who provide support for looked after children. They will also advise the adoption service on a consultancy basis.</p> <p>The medical advisors are Consultant Paediatricians who advise the adoption panel and also advise adopters on health issues. One advisor attends the adoption unit team meeting and leads a session on the preparation course.</p> <p>Legal advice is provided through the County Council and the legal advisor usually attends both panels.</p> <p>The agency purchases the services of the Overseas Adoption Helpline, NORCAP, Adoption UK, BAAF and LINK for any other specialist advice, which may be needed.</p> <p>The manager said there are service level agreements for the medical and legal advisor, although the latter was not seen. There is a protocol between CAMHS and Norfolk Social Services in relation to the child psychiatry.</p> <p>Staff felt that there was good access to advice although commented that there had been times when the legal advice had been contradictory. This was seen during the case tracking and was raised with the manager and panel chair.</p>		
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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

The social workers in the agency have appropriate qualifications and/or experience in working with children and are appointed following comprehensive recruitment and selection procedures, which includes a competitive interview process. Although the manager confirmed that telephone references are carried out on new employees, this was not indicated in the procedures and these therefore need updating to reflect the current and expected practice. Likewise, administrative staff do not have Criminal Records Bureau checks at present as it is not County Council policy. All staff working for the agency must have an up to date Criminal Records Bureau check. The procedures indicate that anyone involved in recruitment and selection of staff undergo relevant training prior to this. All staff, including administrative staff, have access to child protection awareness training, which is good practice.

The social workers in the agency have a social work qualification. There are support staff who are not social work trained, although have other professional qualifications such as the National Vocational Qualification level 3 and the NNEB. They are not involved in assessments.

The Council is supportive of the post-qualifying award and the agency has already exceeded the target of 20%. Staff interviewed demonstrated good understanding of adoption and childcare and have undertaken relevant training.

Birth records counselling is provided by staff who are experienced in this field. Training has been difficult to access but staff have had a sound preparation which has included the use of a mentor, access to a handbook and have shadowed other staff. It is recommended that specific training be accessed when possible.

The professional advisers have completed questionnaires and detailed their qualifications and experience. All are skilled and qualified with substantial experience of working with children and families.

Unqualified and support staff are supervised by qualified staff. Staff from the looked after children's team are also involved with birth parents and families, along with the adoption unit staff. Joint training and good liaison has increased knowledge, awareness and understanding of the adoption process.

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?

26

%

Standard 20 (20.1 – 20.12)

Staff are organised and managed in a way which delivers an efficient and effective service.

Key Findings and Evidence

Standard met?

2

The prime reason for the restructuring of the adoption service in July 2004 was to provide a more efficient and effective service. There had been evidence of delay in the process and it was felt that this reorganisation would lead to improved outputs and outcomes. Although early days still, it would seem that this is effective as more children have been placed for adoption, more home study assessments have been completed and there is better support for both adopted families and birth families.

All the managers have suitable skills, qualifications and experience, including managerial training and experience in other teams.

There are systems to prioritise work and this includes staff supervision, team meetings and formal workload management systems.

There are systems in place to manage the assessment and approval process, One manager has assumed responsibility for this task and allocates all initial visits and home studies. The team always discuss initial visits to decide whether or not they will proceed further. Although delay has been highlighted in previous sections, once the home study was allocated, the work progressed through to panel in a reasonable time scale.

Staff interviewed confirmed they had formal supervision on a monthly basis. One person who is engaged with some aspects of support commented that she would also like clinical supervision.

Staff interviewed commented that training was available for them and their training needs are identified in their appraisals. A list of training undertaken in the last year and training planned for 2005 was supplied as part of the inspection documents.

Administrative staff are said by all to be very good. However, there are insufficient staff to undertake the work now the team has expanded and their office space and IT equipment is limited. This has been recognised by the manager who has put in a bid for more staff and this is echoed by the inspectors.

As stated previously, there is a wide range of support and advice available to both adoption and childcare staff. This includes multidisciplinary advice from Life scope, CAMHS, medical advice including child psychiatry, legal advice and commissioned services such as Family Futures. Evidence was provided of the commissioning of the latter in supporting a family who had already adopted 2 children.

Staff have contracts, job descriptions and conditions of service. Sessional workers do not have contracts as they are paid through the local authority system and advisors are paid through service level agreements.

Staff interviewed confirmed they had applied to register with the General Social Care Council And have copies of or access to policies, procedures and the statement of purpose.

Standard 21 (21.1 – 21.4)

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.

Key Findings and Evidence**Standard met?**

3

The questionnaires received which highlighted large amounts of delay in processing adoption applications would suggest that there is insufficient staff to meet the needs of the agency. However, some of these applications were started up to 3 years ago and the agency has since restructured. The service still seems to be expanding however, with more children having best interests decisions (the numbers have doubled in the last year). Thus it may be that despite the restructuring, more staff are needed to ensure the needs of the children who require placements are met swiftly. It is acknowledged that Norfolk has put a lot of money into the adoption service in the last 2 years, but sessional staff are still used to meet shortfalls, which is not an ideal solution. Although the evidence demonstrates that the service is thorough and professional, more staff may be needed in the future to cover the expanding service. The agency should keep this under close scrutiny.

The agency does not have any problems in retaining staff and has some flexible working policies. The manager was allowed a 6-month sabbatical to undertake research in New Zealand at the start of 2004 and another staff member has also been allowed study leave. Staff can work flexibly and can have part time hours.

Staff spoken to within the looked after children's team indicated that there were vacancies in all the teams, with high levels in some areas, which led to poor morale and an inability to undertake all the tasks required. Some of these have been undertaken by adoption staff, which obviously impacts on the workload of those staff also.

Total number of social work staff of the adoption service	21	Number of staff who have left the adoption service in the past 12 months	2
Number of social work posts vacant In the adoption service.	0		

Standard 22 (22.1 and 22.3)

The adoption agency is a fair and competent employer, with sound employment practices and good support for its staff.

Key Findings and Evidence**Standard met?**

3

Staff interviewed felt that Norfolk County Council was a fair employer. There is a whistle blowing policy available to staff on the intranet and staff interviewed were aware of this. The Council also has other policies which encourage staff retention such as flexible working and study leave.

Standard 23 (23.1 – 23.6)		
There is a good quality training programme to enhance individual skills and to keep staff up-to-date with professional and legal developments.		
Key Findings and Evidence	Standard met?	3
<p>There is a good training programme which includes briefings on the new adoption legislation. External training can also be bought in for more specialist courses.</p> <p>Staff have a good induction and training programme which is backed up by supervision and appraisals.</p> <p>There are regular team meetings to keep staff up to date with changes to adoption law and practice and occasional development days to consider new developments and ways of working. Legal advisors to the panel also keep staff up to date with any changes to 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.

Standard 25 (25.1 – 25.5)		
The adoption agency ensures comprehensive and accurate case records are maintained for each child, prospective and approved adopter with whom the agency has worked.		
Key Findings and Evidence	Standard met?	3
<p>The agency holds comprehensive case files on prospective and approved adopters and the adoption files for children for whom the “adoption is in their best interests” decision has been made. These files were well organised and contained evidence of case discussions held in supervision, which were signed and dated by the supervisor. There was good evidence of Criminal Records Bureau checks, status checks, written references and so forth in the adopters’ files inspected.</p> <p>There are good policies and procedures on confidentiality and access to records and there was evidence of signed confidentiality statements in the files where social workers have seen the file and a form E or F. Panel members and staff have all signed confidentiality statements and there was evidence of this in the files inspected.</p> <p>The adoption registers are stored in a fire and water proof safe but there are issues in relation to the storage of the archives, which have been addressed under standard 29. Norfolk County Council uses the Looking after Children paperwork and is introducing a new IT system, which will comply with the integrated children’s system.</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.

Key Findings and Evidence	Standard met?	3
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The questionnaires received from placing social workers indicated that information was provided to them in a timely way. The Council has clear written procedures, which relate to access to information and these make reference to the Data Protection Act and the Human Rights Act. These include procedures in relation to access to adoption records and the disclosure of information. Clear confidentiality statements and agreements are expected in these circumstances.

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.

Key Findings and Evidence	Standard met?	3
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There is a clear policy on case recording, which was supplied to the inspectors. Separate records are maintained in respect of staff and sessional workers, complaints and allegations. There had been no allegations in respect of the adoption service in the last year. There is good monitoring of the complaints, even those which are informal and there was clear evidence that complainants had been dealt with sensitively. It is commendable that these are monitored by the County Manager. There is a file audit system in place and records are stored securely. Although the majority of case files inspected were of a high quality, signed and dated, a small number were hand written and were not easy to read. This was a small minority and not a cause for concern for the inspectors but should be addressed.

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?	1
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The personnel files for a sample of staff, including the manager, were inspected. These highlighted deficiencies which must be addressed to comply with regulatory requirements. For example the recording of the Criminal Records Bureau checks was not specific in terms of level or date, not all staff files had evidence of qualifications, identity, photographs or explanations of gaps in employment history. There was no evidence of telephone enquires to check on written references. Administrative staff have not been subject to Criminal Records Bureau checks. This must be done to comply with regulation 11 as highlighted in standard 19. Panel members' files contained signed confidentiality agreements and Criminal Records Bureau checks. These must also meet the requirements of Schedule 3 and 4.

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?

2

The agency has identifiable office premises close to the city centre which have ramped access. It has occupied these premises for some years and they are well known by any service users of the adoption service. The meeting room, which is well decorated and equipped with pictures of children, leaflets and posters about the adoption process, is used for preparation meetings. The building is alarmed and although equipped with a fire alarm system, this is not linked to the fire station.

Unfortunately, the office premises are very cramped and there is not enough space for the staff, including the administrative staff. This is being addressed but new, suitable premises are proving hard to find.

There are sound administrative procedures but there is no automatic back up of the IT system.

The archives are stored in cardboard boxes in locked rooms, which are at risk of subsidence. A risk assessment has been undertaken and deficits highlighted. Arrangements should be implemented to minimise the risks identified.

Current records are stored in filing cabinets in locked rooms.

The manager informed the inspectors that the County Council insurance covers the premises and contents of the adoption agency.

There is a disaster recovery plan, which relates directly to the adoption agency. As stated previously, this has highlighted deficits, which should be addressed.

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 24th-27th January 2005 and any factual inaccuracies:

Please limit your comments to one side of A4 if possible

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

Amendments to the report were necessary	<input type="checkbox"/> YES
Comments were received from the provider	<input type="checkbox"/> YES
Provider comments/factual amendments were incorporated into the final inspection report	<input type="checkbox"/> YES
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	<input type="checkbox"/>

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 10th March 2005, 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	<input type="checkbox"/> YES
Action plan was received at the point of publication	<input type="checkbox"/> YES
Action plan covers all the statutory requirements in a timely fashion	<input type="checkbox"/> YES
Action plan did not cover all the statutory requirements and required further discussion	<input type="checkbox"/> NO
Provider has declined to provide an action plan	<input type="checkbox"/> NO
Other: <enter details here>	<input type="checkbox"/>

Public reports

It should be noted that all CSCI 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 Peter Ward of Norfolk County Council 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 Peter Ward
Signature _____
Designation County Manager
Date 09.03.05

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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