



*Making Social Care  
Better for People*

# inspection report

## ADOPTION SERVICE

**City of Stoke on Trent**

**Heron Cross House, Grove Road  
Fenton  
Stoke on Trent  
ST4 2AY**

*Lead Inspector*  
Vivien  
Slyfield

*Announced*  
3<sup>rd</sup> May 2005

The Commission for Social Care Inspection aims to:

- Put the people who use social care first
- Improve services and stamp out bad practice
- Be an expert voice on social care
- Practise what we preach in our own organisation

<b>Reader Information</b>	
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This is a report of an inspection to assess whether services are meeting the needs of people who use them. The legal basis for conducting inspections is the Care Standards Act 2000 and the relevant National Minimum Standards for this establishment are those for *Adoption*. They can be found at [www.dh.gov.uk](http://www.dh.gov.uk) or obtained from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering: [www.tso.co.uk/bookshop](http://www.tso.co.uk/bookshop)

*Every Child Matters*, outlined the government's vision for children's services and formed the basis of the Children Act 2004. It provides a framework for inspection so that children's services should be judged on their contribution to the outcomes considered essential to wellbeing in childhood and later life. Those outcomes are:

- Being healthy
- Staying safe
- Enjoying and achieving
- Making a contribution; and
- Achieving economic wellbeing.

In response, the Commission for Social Care Inspection has re-ordered the national minimum standards for children's services under the five outcomes, for reporting purposes. A further section has been created under 'Management' to cover those issues that will potentially impact on all the outcomes above.

Copies of *Every Child Matters* and *The Children Act 2004* are available from The Stationery Office as above.

This report is a public document. Extracts may not be used or reproduced without the prior permission of the Commission for Social Care Inspection.

# SERVICE INFORMATION

<b>Name of service</b>	City of Stoke on Trent Adoption Service
<b>Address</b>	Heron Cross House, Grove Road, Fenton, Stoke on Trent, ST4 3AY
<b>Telephone number</b>	01782 234555
<b>Fax number</b>	
<b>Email address</b>	
<b>Name of registered provider(s)/company (if applicable)</b>	Stoke on Trent City Council
<b>Name of registered manager (if applicable)</b>	Not yet available
<b>Type of registration</b>	Local Authority Adoption Service
<b>No. of places registered (if applicable)</b>	
<b>Category(ies) of registration, with number of places</b>	

# SERVICE INFORMATION

## Conditions of registration:

NA

**Date of last inspection** NA

## **Brief Description of the Service:**

The Stoke on Trent Adoption Service is part of the Social Services Department and part of the West Midlands Consortium and Family Placement Consortium. The Adoption Team was established in the autumn of 2004 from staff who had previously worked in the Family Placement Team covering both fostering and adoption work. The current Adoption Team consists of a Team Manager, 5 Senior Practitioners and 3 social workers. At the time of the inspection there were two agency workers covering vacancies and one of the senior practitioners was on long-term sick leave.

The Adoption Service provides for both domestic and inter-country adoptions. The service recruits, prepares, assesses, trains and supports adoptive parents in meeting the needs of babies, children and young people needing adoption. The training for inter-country adoption is provided by the Doncaster Adoption and Family Welfare Society. Section 51 Counselling is provided and recently the Adoption Team has taken on responsibility for step parent adoption, counselling mothers wishing to relinquish their babies and Permanency Planning Meetings.

The Team Manager had been in post for three months at the time of the inspection and was the most senior permanent member of staff in the Adoption Service at the time. There were temporary managers in the posts of Head of Service, Assistant Director and Director.

# SUMMARY

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

This was the first inspection of Stoke City Council's adoption service. Two inspectors undertook the inspection over four days, including the observation of the panel. Detailed Self Assessment and Pre-Inspection documents were received from the Adoption Team Manager and this as well as supporting documentation has been considered. During the inspection the inspectors met with 4 adopters, a group of prospective adopters attending preparation training, 1 birth family member, staff of the adoption service, including the administrative staff, a group of child care social workers, the managers of the service and consultants involved with the adoption service. Files were read and panel minutes were seen. Questionnaires were received from 13 adopters, 3 birth family members, 2 placing social workers and 2 advisers. The organisation of the inspection worked well and it was clear that the newly appointed manager had seen the inspection as an opportunity to undertake her own audit of the service.

This inspection came at a time when there had been no permanent managers in post for almost a year and the Adoption Team had only been formed seven months previously. It is in this context that many aspects of the service are seen as in need of improvement.

## **What the service does well:**

Positive comments were received about the preparation group for prospective adopters. Adopters felt they were well organised and provided useful and appropriate information for domestic adopters. The adoption social workers providing the training felt that these groups work well and that they allowed prospective adopters to explore issues and gain crucial information.

The introduction of an Adopters Support Group was viewed positively by staff and adopters. The response from adopters, with a high level of attendance was an indication that the group had been well received and will hopefully progress well.

Although the Permanency Planning Meetings were newly re-established they were a constructive approach to improving the service to children. Those involved in these meetings had a clear focus on the needs of each individual child. They have begun to address issues of quality in the information provided about children and their backgrounds.

## **What has improved since the last inspection?**

This was the first inspection of Stoke on Trent's Adoption Service.

## **What they could do better:**

Lack of clear leadership and staff resistance has meant that Stoke adoption service has not developed to meet the needs of children. Managers and staff need to be able to make a fresh start focusing on the future needs of the service and the children it should provide for.

The service needs to have systems that provided clear, accurate information about the needs of children in the City. There also needs to be clear, accurate information about individual children recorded in their plans and adoption assessments. Adoption files must be created. The information on adopters needs to be consistently comprehensive and include an analysis of the information received.

Action is needed to address the delays within the whole system from the planning for children through to the time taken for notification of the decision maker's action.

The adoption panel plays a crucial role in keeping children safe. It must be clear about how it operates and records its business. It must only meet as an adoption panel when it is quorate.

The level of support for both adopters and birth families needs to be addressed. While there were examples of individuals appreciating the level of support they received there ought to be a strategic plan to address the support needs of the service.

There needs to be clearer and more robust monitoring systems in place across the service. It is recognised that the panel now receive an update on children waiting and this can be strengthened to address issues of quality and improve practice. The council members need to be informed on at least a six monthly basis of the adoption service and members need to be involved and aware of the issues the service faces.

The systems for recording need to be reviewed and monitored. There is a need for greater clarity about what is recorded and why it is needed in all aspects of the service.

There is a challenging agenda for all adoption services. A momentum for change needs to develop in Stoke, which will lead into the changes required in the new legislation.

Please contact the provider for advice of actions taken in response to this inspection.

The report of this inspection is available from [enquiries@csci.gsi.gov.uk](mailto:enquiries@csci.gsi.gov.uk) or by contacting your local CSCI office.

# **DETAILS OF INSPECTOR FINDINGS**

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Management

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Statutory Requirements identified during the inspection

# Staying Safe

## The intended outcomes for these standards are:

- The agency matches children with adopters (NMS 2)
- The agency assesses and prepares adopters (NMS 4)
- Adoptors are given information about matching (NMS 5)
- The functions of the adoption panel are as specified (NMS 10)
- The constitution and membership of adoption panels are as specified (NMS 11)
- Adoption panels are timely (NMS 12)
- Adoption agency decision is made without delay and appropriately (NMS 13)
- The manager is suitable to carry on or manage an adoption agency (NMS 15)
- Staff are suitable to work with children (NMS 19)
- The agency has a robust complaints procedure (NMS 24 Voluntary Adoption Agency only)

## **JUDGEMENT – we looked at outcomes for standard(s) 2,4,5,10,11,12,13,15 and 19**

The service currently does not effectively assess or match carers to children, which has led to a high number of placement breakdowns. The lack of a comprehensive, robust recruitment system for staff and the standard of some work leaves children insufficiently safeguarded.

### **EVIDENCE:**

There was no clear recruitment strategy for adopters at the time of the inspection. The need for this was recognised by the Adoption Team Manager and its development will support the progress of the service.

There was mixed evidence about the quality of information held on children. The Forms E seen on files were not good. Most of the information was limited and of poor quality. Training is planned and work will be undertaken to address this concern, which was shared by managers. However, questionnaires from all the responding adopters with placements reflected that they felt they had adequate information about children placed. This was also supported by comments received by the inspectors indicating that the Adoption Team worked hard (including an example of weekend visiting) to ensure adopters had the information they needed.

There was evidence from files and interviews that children were not consistently informed of the plans for their adoption. Files seen indicated that there were significant delays at all stages in the planning and placement for children. Delays were also referred to in the questionnaires received.

The standard of adopter assessments was variable. The social workers did not explore significant issues, such as medical problems and the views of children from previous relationships, fully in the body of the reports. The Health and Safety Check List and appropriate risk assessments of pets were not in place on all the files seen. The CRB (Criminal Records Bureau) checks had no reference numbers or indication of level of check. While it was positive to see prospective adopters contributing directly to their assessments in writing, there was a need for greater analysis and evaluation of the information by the social worker. Staff commented that staff outside the Adoption Team had undertaken some assessments without direct supervision from a manager experienced in adoption work. This practice needs to be addressed urgently by managers.

The matching process had been changed recently to include a Placement Planning Meeting, chaired by the Adoption Team Manager between the first and second Looked After Children (LAC) reviews. While this was seen positively the evidence at the time of the inspection was that there were difficulties with the matching process, which may be reflected in the high disruption rate (7 disruptions in 3 years). The Team Manager and Psychologist were working on information drawn from these situations in order for lessons to be learned from them.

All the adopters included in the inspection commented on the preparation groups positively. The inspectors also met with a group that was undergoing preparation at the time of the inspection and they had similarly positive views. This group and some previous groups had been postponed which was reported to have caused difficulties for some prospective adopters. However, the content of the preparation was seen as helpful and informative.

Observation of the adoption panel raised a number of concerns. The panel meeting in April was not quorate as the chair was neither the adoption panel chair, the vice-chair, nor a member of the panel. Action must be taken to consider the items dealt-with at this panel and any other panel that was not quorate. The clarity of focus was lacking for some items, i.e. approval of a long-term fostering situation, rather than revocation of the "Best Interest Decision". There was a lack of clarity about handling the process when a panel member has to "stand down" to present an item. Delays were noted in the Decision Maker's approval. The decision maker did not read all the appropriate documentation relating to each case prior to making a decision, but was mainly dependant on the panel minutes. As the

minutes did not fully reflect the issues discussed and the reasons for the recommendation the appropriateness of the decision was not guaranteed.

The letters sent to prospective adopters by the panel chair state "the adoption panel on...approved your application". The panel can only make recommendations and these letters therefore need amending as a matter of urgency.

There was limited administrative support for the panel. The current level of administrative support is under review. This will assist with the circulation of information to panel members to allow for sufficient time for appropriate consideration prior to the panel meeting. Training is arranged with BAAF for those involved in the administrative support of the panel, which needs to include minute taking. Some training had already taken place with the Adoption Team and panel members and a further day is planned for June 2005.

The Team Manager was acting as the panel adviser, which created situations of conflict of interest with her role as supervisor and manager of the team.

The personnel files seen showed that the manager and staff had appropriate qualifications and that the majority of Schedule 3 requirements were in place. There was reported to be a system in place for the renewal of CRB checks but the files did not show the result of the check, including the reference number and status. Not all files had telephone calls to verify references, although it was the policy of the council to undertake such verification, nor was a photograph available on the files. It was not possible for the inspectors to view two of the senior managers files. Staff in personnel stated that they did not hold the files for agency staff. There needs to be a robust system in place to ensure that the Adoption Service is employing agency staff who are suitable to work with children.

The new manager has started personnel files for all panel members and had ensured that all have current CRB checks in place. The timing of this means that the panel had been functioning with members who did not have CRB clearance.

# Enjoying and Achieving

## The intended outcomes for these standards are:

- The adoption agency provides support for adoptive parents (NMS 6)
- The agency has access to specialist advisers as appropriate (NMS 18)

## JUDGEMENT – we looked at outcomes for standard(s) 6,18

Support to adopters needs to be improved to ensure children placed are able to fulfil their potential within their adoptive placements.

### EVIDENCE:

Adoption was viewed with appropriate significance by social workers working with children and those working with adopters. Adopters were encouraged to prepare "Family Books" which gave children information about them before placement.

It was positive to note that the Adoption Team had started an Adoption Support Group, which although it has only met twice was reported to have been attended by forty-five adopters. The manager acknowledged that there was a need for development of adoption support for adopters. This needs to be developed into a strategic plan for the service to offer support. Consideration was being given to the purchase of support packages from After Adoption. There was evidence on files of limited support being offered and of support ceasing at the point the adoption order was made. Only one of the four cases considered during the inspection had adoption support in place. The response from adopters' questionnaires, however, was more positive with all but one being satisfied with the support received.

There was no information about support to inter-country adopters with placements as none were in this situation, but the manager had joined the Overseas Adoption Helpline to address this need.

Information from adopters indicated they valued and respected information from birth families. All those responding to the questionnaire indicated they were involved in post-adoption Post-Box contact. Currently this is organised by one member of the Adoption Team with no consistent administrative support.

Adopters were encouraged to use memory boxes to keep safe information from their child's past. There were reported difficulties with life story work and life storybooks. While children's social workers recognised the importance of this work the majority felt unable to undertake it due to the pressure of work. Adopters commented that life storybooks were either late or not available.

The service has had access to some useful specialist advisers. The use made of the consultant for the service has been limited until recently due to the Adoption Team's workload and the department's focus on fostering. The Team Manager is making progress in an effective use of this consultant's time. The Adoption Service has worked with colleagues in Area Health in the appointment of a Clinical Psychologist who works four days per week as a member of the Adoption Team. She has so far been involved in training social workers and panel members, consultations for children's and adopter's social workers, some direct work with children and adopters and in the Permanency Planning Meetings. She has also contributed to an overview of the development of the Adoption Service with Stoke on Trent. The involvement of this post has strong possibilities for progress within the Adoption Service. A dedicated and knowledgeable medical adviser supports the service. There are negotiations underway which it was hoped would allow her to extend her present time limits. Her direct consultation with social workers and adopters was valued. Two legal advisers alternate their responsibility for adoption panel and are available for consultation. This was reported to work effectively.

The Team Manager is undertaking the development of a written protocol governing the use of specialist advisers, as there is not one currently in place.

## **Making a Positive Contribution**

### **The intended outcomes for these standards are:**

- Birth parents and birth families are involved in adoption plans (NMS 7)
- Birth parents and birth families are involved in maintaining the child's heritage (NMS 8)
- The Adoption agency supports birth parents and families (NMS 9)

### **JUDGEMENT – we looked at outcomes for standard(s) 7,8,9,**

The service to birth families is not sufficiently developed which effects the quality of information available to children as they grow up.

### **EVIDENCE:**

The need for further work in involvement with birth families and the information birth families have was recognised by the service. The information from the three returned questionnaires reflected this, although some comments from birth parents were positive and appreciative of the service they had received.

There was no independent support for birth families and the need to address this was recognised. Some birth families felt supported by their social workers, more felt they had been treated unfairly and not listened to. Their views on adoption were not clearly recorded and reports to adoption panel on BAAF Forms E were not signed. Of the 17 Forms E seen 1 had been signed and the others gave no explanation of the parent's refusal to sign. It follows that there was little confidence that parents had seen the information written about them. The Adoption Team Manager was confident that parental involvement and awareness of its importance would be addressed through the Permanency Planning Meetings. The development of an After Adoption Order form was seen as a good step towards clear recording of expectations placed on adopters and the service.

The Adoption Service has recently identified two social work assistants to undertake life story. It was reported that these workers are clear about the need to work with birth families in gaining information about a child's heritage. It is therefore hoped that there will be an improvement in the quality of work of this nature. Examples were seen during the inspection of delays in life story work, which had a direct impact on the ability of the child to adjust to their

adoptive placement. There was a general concern from a range of staff about preparation work with children

The positive moves in identifying staff to undertake life story work needs to be strengthened by a clear strategic plan developed by the City council for working with birth families before and after adoption. At present this is not in place. A comment written by a birth family member gives a straightforward message for the Service to consider;

“ I think the whole system needs a complete overhaul. May be staff should re-train with particular emphasis on working with families of the child. I was even lied to on one occasion! Social workers in Stoke on Trent should be made aware of new legislation and stop the practice of working in the sixties!!”  
Family Member.

# Management

## The intended outcomes for these standards are:

- There is a clear written statement of the aims and objectives of the adoption agency and the adoption agency ensures that it meets those aims and objectives (NMS 1)
- The agency provides clear written information for prospective adopters (NMS 3)
- The manager has skills to carry on or manage the adoption agency (NMS 14)
- The adoption agency is managed effectively and efficiently (NMS 16)
- The agency is monitored and controlled as specified (NMS 17)
- The staff are organised and managed effectively (NMS 20)
- The agency has sufficient staff with the right skills / experience (NMS 21)
- The agency is a fair and competent employer (NMS 22)
- The agency provides training for staff (NMS 23)
- Case records for children and prospective / approved adopters are comprehensive and accurate (NMS 25)
- The agency provides access to records as appropriate (NMS 26)
- The agency's administrative records processes are appropriate (NMS 27)
- The agency maintains personnel files for members of staff and members of adoption panels (NMS 28)
- The premises used by the adoption agency are suitable for purpose (NMS 29)
- The adoption agency is financially viable (NMS 30, Voluntary Adoption Agency only)
- The adoption agency has robust financial processes (NMS 31)

## **JUDGEMENT – we looked at outcomes for standard(s)**

**1,3,14,16,17,20,21,22,23,25,26,27,28,29,**

The lack of prioritising within the council and lack of any permanent senior managers has led to the adoption service being poorly managed. This has meant that children's needs have not been met.

## **EVIDENCE:**

The Statement of Purpose has recently been compiled by the new manager and was currently in draft format. While it is a positive start some aspects are

not a true reflection of the current service offered e.g. support to birth families. The full details on staff could be reviewed, as could the inclusion of Schedule 4. When the draft is finalised it needs to be ratified by the Council. The Children's Guide needs to be specific to Stoke on Trent and include a summary of the statement of purpose. In redrafting the Guide must be made accessible to a range of children with differing abilities.

There was a lack of clear, accurate statistical information to inform managers about the needs of children with an adoption plan and a lack of a coherent strategy to recruit appropriate adopters to address those needs. The lack of clear, consistent strategic information was reported to make prioritising difficult, although the manager undertakes allocation on the basis of the needs of children known to be waiting. While adopters are made aware of the processes involved in prospective adopters assessments, clear and accurate information about the needs of local children was not consistently available.

The Team Manager of the adoption team was skilled, experienced and knowledgeable. She has applied to undertake an NVQ in management training, which will start in September this year. She was the most senior permanent member of the management staff. The nominated manager for the service at the time of the inspection was an agency manager and this is not appropriate for this position. The temporary nature of the senior management post was commented upon by staff in all teams as creating a culture of uncertainty and lack of confidence. At the time of the inspection there was uncertainty about the final management structure for the service. The service must be able to move forward and focus on what needs to be achieved for children needing adoptive placements. Evidence suggests that adoption has not been a priority for the council and that it has not been integrated into the overall strategic plan for children's services. Its profile needs to be raised across the council. The elected members did not receive regular reports on developments within the Adoption Service and of how it meets the needs of children in the City.

At the time of the inspection all the policies and procedures of the adoption service were in the process of review. It was recognised by the service that this was needed to bring guidance in line with current regulations and standards as well as considering the changes required by the Adoption and Children Act 2002. There was a specific need to incorporate reference to children placed for adoption in the local authority's child protection procedures.

The manager is confident that the team will run effectively and efficiently, it had not reached this point at the time of the inspection. The manager was in the process of developing systems and structures to support the service, including a "workload management scheme", but they were not yet in place. There was some evidence of monitoring through supervision and this needs to be developed into robust and consistent practice.

Supervision was valued by staff and viewed as effective and useful. The same needs to be in place for managers of the service.

The role of administrative staff was under review and the service was supported in part by temporary staff to fulfil its functions. The independent adviser to the service had identified the inadequacy of the level of administrative support in a report to senior managers. Use should be made of reports on the service to review the staffing level on the basis of an audit of the needs of the City in its provision of an adoption service.

It was reported that Stoke-on-Trent is working on retention of staff in the development of packages relating to terms and conditions of service and salaries. The level of staffing throughout the council indicates the need to address this issue seriously.

The Training and Development Policy for the City's Social Services Department was under review. Work was also underway in relation to the training needs of the Adoption Team. Staff commented that there was "in-house" training available but it was not always relevant to adoption. Applications were considered for external courses which were appropriate, but the internal process for approval was lengthy and there were examples of staff gaining approval after the date of the course. The training available to staff in the Adoption Team had not consistently kept them abreast of the significant changes in standards and regulation. This is now being addressed and training was received in the autumn of 2004 on the National Minimum Standards. Staff expressed concern about the delay in this training and about their ability to attend training due to the pressure of work. There was a staff review system in place for the authority that included appraisal and training development. The social workers in the adoption team stated that most of them had experience of family placement work but only two were experienced specifically in adoption. There were regular Team Meetings. These were seen to have become more useful in recent months.

The standard of records was poor in all the files seen. Adoption files were not created for children with adoption as their plan in compliance with the Regulations. This needs to be addressed as a matter of urgency. LAC documentation was used but not completed consistently. Panel minutes on the files did not indicate who was on the panel for the discussion of children's plans, adopter's assessments or matches.

The order of material on adopter's files was inconsistent. Some adopter's files had a full record of contacts with the prospective adopters/adopters, dated with the author's signature. Others had no record of the assessments visits used to compile the assessment report; entries that were not dated or signed and some repeated the entry for the same date but with a widely different account.

There was a records and storage policy in place. There is a need for training to be provided on the purposes of recording and its use as a tool within social work practice. There was recognition of the shortfall of recording from managers of the service.

Separate records were in place on staff, complaints and allegations. The record of complaints needs to comply with Regulation 17 to ensure the details of the investigation; outcome and any action taken are recorded.

Personnel files were maintained. They need to have clear evidence of personal identity and of the status and response to requests for CRB checks. Work was underway with the creation of adoption panel members files; at the time of the inspection they only contained signed confidentiality agreements.

The premises at Heron Cross House are suitable for the purpose of the Adoption Service. Archived records are stored within the main council archive facility. Consideration needs to be given to the poor standard of decoration of the room used for panel meetings.

# SCORING OF OUTCOMES

This page summarises the assessment of the extent to which the National Minimum Standards for Adoption have been met and uses the following scale.

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

"X" in the standard met box denotes standard not assessed on this occasion  
 "N/A" in the standard met box denotes standard not applicable

<b>BEING HEALTHY</b>	
<i>Standard No</i>	<i>Score</i>
No NMS are mapped to this outcome	

<b>MAKING A POSITIVE CONTRIBUTION</b>	
<i>Standard No</i>	<i>Score</i>
<b>7</b>	1
<b>8</b>	2
<b>9</b>	1

<b>STAYING SAFE</b>	
<i>Standard No</i>	<i>Score</i>
<b>2</b>	2
<b>4</b>	2
<b>5</b>	2
<b>10</b>	2
<b>11</b>	1
<b>12</b>	2
<b>13</b>	1
<b>15</b>	2
<b>19</b>	1
<b>24</b>	x

<b>ACHIEVING ECONOMIC WELLBEING</b>	
<i>Standard No</i>	<i>Score</i>
No NMS are mapped to this outcome	

<b>ENJOYING AND ACHIEVING</b>	
<i>Standard No</i>	<i>Score</i>
<b>6</b>	2
<b>18</b>	2

<b>MANAGEMENT</b>	
<i>Standard No</i>	<i>Score</i>
<b>1</b>	2
<b>3</b>	1
<b>14</b>	2
<b>16</b>	2
<b>17</b>	1
<b>20</b>	2
<b>21</b>	2
<b>22</b>	2
<b>23</b>	2
<b>25</b>	2
<b>26</b>	2
<b>27</b>	2
<b>28</b>	1
<b>29</b>	2
<b>30</b>	x
<b>31</b>	x

N/A

Are there any outstanding requirements from the last inspection?

### STATUTORY REQUIREMENTS

This section sets out the actions which must be taken so that the registered person/s meets the Care Standards Act 2000, Voluntary Adoption and the Adoption Agencies Regulations 2003 or Local Authority Adoption Service Regulations 2003 and the National Minimum Standards. The Registered Provider(s) must comply with the given timescales.

No.	Standard	Regulation	Requirement	Timescale for action
1.	LAA 5	Adoption Agency Regs 1983 7(1)(a)	The Adoption Service must ensure that children of appropriate age and understanding are aware and counselled about their adoption plans.	Immediate
2.	LAA 5	Adoption Agency Regs 1983 7(2) Part I	The Social Services Department must ensure that full and accurate information is recorded in relation to children for whom adoption is the plan.	Immediate
3.	LAA 10	Adoption Agencies and Children Regs 1997 5	The Adoption Service must ensure that all the adoption panel meetings are quorate. Action must be taken to reconsider all the matters previously dealt with by an inquorate panel.	Immediate
4.	LAA 13	Adoption Agency Regs 1983 11(2)	The Adoption Service must ensure that the Decision Maker's decision is made without delay and with appropriate notifications to those concerned	Immediate
5.	LAA 15	LA Regs 2003 11(1)	The Adoption Service must ensure that all staff are suitable to work for the purposes of the Service, including agency staff.	Immediate
6.	LAA 19	LA Regs 2003	The Adoption Service must ensure that all staff have the	30.9.05

		12(2)	appropriate training and skills for their work.	
7.	LAA 6	Adoption Agency Regs 1983 7 (1)(a)	The Adoption Service must ensure that appropriate time is allowed for Life Story Work to be completed with children for whom adoption is the plan.	Immediate
8.	LAA 1	LA Regs 2003 2(1) Schedule 1	The statement of purpose provided by the Adoption Service must comply with Schedule 1.	29.8.05
9.	LAA 1	LA Regs 2003 3(1) Schedule 2	The children's guide provided by the Adoption Service must comply with Schedule 2	29.8.05
10.	LAA 14	LA Regs 2003 5 (1)	The local authority must appoint one of its officers to manage the Adoption Service and notify the Commission in compliance with Regulation 5.	Immediate
11.	LAA 16	LA Regs 2003 7 (1)(b)	The local authority must establish systems which address children's need for permanency and gives appropriate priority to adoption.	29.8.05
12.	LAA 16	LA Regs 2003, 9 (1)	The local authority must establish a written policy for dealing allegations of abuse of children placed for adoption.	29.7.05
13.	LAA 20,21,22	LA Regs 2003, 10	Stoke City Council must ensure that it has sufficient, suitably qualified staff to run an effective and efficient Adoption Service.	29.8.05
14.	LAA 23	LA Regs 2003, 10	The Adoption Service must ensure that all staff receive appropriate supervision.	29.8.05
15.	LAA 25	Adoption Agency Regs 1983 7 (2)(a)	Stoke City Council must ensure that an adoption file is created for each child for whom adoption is the plan.	Immediate
16.	LAA 25	LA Regs 2003, 17 (a)	The Adoption Service must ensure that the record kept of complaints complies with Reg 17.	Immediate
17.	LAA 28	LA Regs 2003, 15(1) Schedule	The Adoption Service must maintain files in compliance with Schedule 4 for all those working for the service.	29.8.05

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18.	LAA 13	Adoption Agency Regs 1983 9 (3) (a)	The Adoption Service must ensure that the decision maker takes into account all the information and reports in reaching a decision, which should be made within the appropriate timescales.	Immediate
19.	LAA 4	Adoption Agency Regs 1983 As amended in 1997 Reg 8 Schedule VI	The Adoption Service must ensure that assessments of prospective adopters include analysis of the information and full exploration of relevant issues.	Immediate

## RECOMMENDATIONS

These recommendations relate to National Minimum Standards and are seen as good practice for the Registered Provider/s to consider carrying out.

No.	Refer to Standard	Good Practice Recommendations
1.	LAA 2	The Adoption Service should undertake a clear audit of the need for adoptive placements for children in the City.
2.	LAA 10,26	The Adoption Service should complete its review of the adoption panel's policies and procedures.
3.	LAA 11	The Adoption Service should maintain a clear system to ensure that all panel members are appropriately checked prior to starting work on the panel.
4.	LAA 12	The Adoption Service should review the resources provided to support the panel, including consideration of the appropriateness of the Team Manager as panel advisor.
5.	LAA 6	The Adoption Service should have a strategic plan for the development of adoption support.
6.	LAA 18	The Adoption Service should develop a written protocol governing the role of specialist advisers.
7.	LAA 7	The Adoption Service should ensure that the views of birth parents about the adoption of their child are sought and clearly recorded.
8.	LAA 8	The Adoption Service should develop systems that ensure that information about a child's birth family is clearly and consistently recorded.

9.	LAA 9	Stoke City Council should have a clear strategy for working with birth families which is part of Council's plan for Children's Services.
10.	LAA 3	Stoke City Council should have systems in place to collate clear and accurate information about the needs of local children needing adoption which should be used to plan and prioritise within the Adoption Service.
11.	LAA 14	Stoke City Council should provide a stable senior management structure for the Adoption Service.
12.	LAA 17	The executive side of the council should receive a written report on the management and outcomes of the Adoption Service at least every six months.
13.	LAA 25	Stoke City Council should provide training for staff on recording.
14.	LAA 29	The Adoption Service should consider the impression made on prospective adopters of the decoration of the room used by the adoption panel.

## **Commission for Social Care Inspection**

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