



*Making Social Care
Better for People*

inspection report

Local Authority Adoption Services

**Buckinghamshire County Council
Adoption Service**

5th Floor, County Hall

Walton Street

Aylesbury

Buckinghamshire

HP20 1YU

8th February 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

Buckinghamshire County Council Adoption Service

Headquarters Address

County Hall, Walton Street, Aylesbury, Buckinghamshire,
HP20 1YU

Adoption Service Manager

Jonathan Fisher

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01296 387634

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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		8th February 2005	ID Code
Time of Inspection Visit		10:00 am	
Name of Inspector	1	Rosie Dancer	125017
Name of Inspector	2	Sean White	127556
Name of Inspector	3		
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		Mr Jonathan Fisher/Ms Carol Hughes	

CONTENTS

Introduction to Report and Inspection
Inspection visits
Description of the Adoption Service

Part A:

Inspector's Summary and Evaluation
Reports and Notifications to the Local Authority and Secretary of State
Implementation of Statutory Requirements from last Inspection
Statutory Requirements from this Inspection
Good Practice Recommendations from this Inspection

Part B:

Inspection Methods & Findings
National Minimum Standards For Local Authority Adoption Services

Statement of purpose

Securing and promoting children's welfare

Prospective and approved adopters

Birth parents and Birth families

Adoption panels and Agency decisions

Fitness to provide or manage an adoption agency

Provision and management of the adoption agency

Employment and management of staff

Records

Fitness of premises

Part C: Lay Assessor's Summary (where applicable)

Part D: Provider's Response
D.1. Provider's comments
D.2. Action Plan
D.3. Provider's agreement

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 Buckinghamshire 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.

The Adoption and Permanency Team of Buckinghamshire County Council is part of the provision of services of the council's Social Services Department. The service operates the services and functions as required by current legislation.

The team do not undertake the preparation and assessment of inter-country adopters; all enquirers are referred to Parents and Children Together, an approved specialist service in adoption.

The service operates from 3 premises and is organised as follows:

Aylesbury

Care and protection team (CAP) (children's social workers)

Adoption support team (Post adoption support)

Amersham

Adoption and permanence team (all aspects of adoption for e.g. recruitment preparation, assessment and supervision/support of prospective adopters and long-term foster carers.

Family finding for children and friends and Family assessments)

High Wycombe

Care and protection team (CAP) (Children's social workers)

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.)

This inspection was the first of Buckingham Council's Adoption Service undertaken in relation to The Care Standards Act 2000 Part 111 and the National Minimum Standards introduced on 1st April 2003. The developments in adoption legislation and practice have initiated significant changes for those delivering an adoption service.

The fostering inspection was taking place at the same time as the adoption inspection and the fostering and adoption inspectors carried out some joint interviews of staff.

The service had been subject to some recent reorganisation and further developments were planned.

The service had been without a permanent adoption advisor from the spring of 2004 until the beginning of September 2004 and as such the post holder was very new in post. There were significant difficulties in staffing levels, particularly in the children's teams and the inspectors were concerned about the impact this was having on the adoption work.

Senior management were not complacent about the staff shortages but the basic issues raised by the workers, which are detailed in this report, need to be acted upon.

The inspectors would like to thank the managers, staff and the adopters who took part in the inspection process for the hospitality shown to them during the time of the fieldwork

Statement of Purpose (Standard 1) **This standard had minor shortfalls**

There was a statement of purpose which had been presented to the Corporate Parenting Panel on 11/01/05; the statement requires some minor amendments.

The service had introduced the BAAF children's guide. The children's guide needs to include service specific information and this had not yet been done. Inspectors were informed that the service had commissioned an organisation to develop two versions of a guide for children designed to be user friendly depending of the age and level of understanding of the child. The draft copies viewed by the inspector required some minor amendments.

Policies and procedures had been reviewed in December 2004 and the inspectors were informed that these were being checked to ensure they met new developments such as the changes in the use of the adoption register for England and Wales.

Securing and Promoting Welfare (Standard 2)

This standard had minor shortfalls

The adoption service does not have a written plan in respect of the recruitment of adopters and a plan needs to be developed.

The service has family finding and matching process procedures. The inspectors noted that there were no timescales included and have recommended that these are included in the procedure.

The inspectors noted a good example of practice in respect of where a match had not been possible appropriate support had been provided. Another adopter stated on her questionnaire that she felt that her child and family had been well matched.

The inspectors noted in another two cases for approval of adopters presented to panel issues of ethnicity had not been fully explored with the prospective adopters during the assessment process.

The Children and families team procedures in respect of responses to child protection concerns require the addition of specific actions as detailed in the main body of the report.

Prospective and approved adopters Standards 3-6)

2 of the 4 standards were fully met, 1 standard had minor shortfalls, 1 standard had major shortfalls

The service provides adequate initial information to enquirers and the service holds bi monthly information sessions for interested people. Following the sessions people who wish to continue with the adoption process are visited by two social workers who carry out an initial assessment visit. Following this visit a decision is made by the service about whether to proceed with a formal assessment.

Buckinghamshire do not carry out assessments of people wishing to adopt from another country, these adopters are referred on to Parents and Children Together a voluntary organisation which specialises in adoptions.

There was an established preparation programme which it is planned to run on three occasions over the year. There had been difficulties last year in staffing levels and as a result only one programme had been run. The inspectors have recommended that there should be more focussed evaluation of the preparation sessions with management oversight.

Files read indicated that the service carries out statutory checks and references for adopters, however there was variable practice in respect of recording details of CRB checks and the inspectors have made a recommendation in respect of this. The inspectors also noted that the practice in respect of carrying out checks on other significant people was not consistent and have recommended that clear guidance is provided to staff.

The Inspectors noted a variable quality of assessment work. A number of shortfalls were identified in some cases including a lack of analysis. The inspectors have strongly recommended that the manager ensure that the assessments of adopters are subject to a more vigorous process of quality assurance prior to the Form F reports being presented to the adoption panel.

Adopters generally reported positively about their experience of assessment.

The service had begun to implement a process of post approval training and written information for adopters post approval.

The inspectors noted an example of good practice in one case where a match could not be achieved appropriate training and support in the specific areas had been provided to the adopter.

The arrangements for post placement support appeared well thought out and there was an established post adoption support team which was developing adoption support services in line with regulation.

There were frustrations expressed by some adopters and workers about the staffing situation within the children's teams and the impact this was having on the adoption work. Frequent changes of social workers in some cases meant that for some children little meaningful work could be carried out.

Birth Parents and birth families (Standards 7–9)

1 standard was met, 2 standards had minor shortfalls

The service has a strategy for working with birth parents. The point at which birth parents are referred to the post adoption team would benefit from review.

The inspectors met with the birth parents of a child who had been placed for adoption. The birth parents spoke very highly of the arrangements made for them to contribute to their child's life story work. One of the parents had also met with the adopters and found this to have been well managed.

In terms of planning for contact the couple were not so positive. They felt that time had not been taken to explain the contact plan proposed, they described a lack of communication with them and at times a failure to respond to their communications with the service. They felt degraded and marginalised and felt that little sensitively had been shown to them by the childcare and post adoption teams around the issue of contact.

The inspectors are of the view that the expectation that childcare workers will offer birth parents advice and support up until the recommendation of panel is not adequate. There is clearly a conflict of interests between the child's and the parents' needs.

In complex cases life appreciation days are held.

The post adoption team manages the post contact arrangements.

The service is planning to introduce support groups for birth mothers post adoption; the inspectors view this as a good initiative.

The service provides details to birth families about national support groups for people affected by adoption.

Adoption panels and agency decisions (Standards 10-13)

3 standards were met, 1 standard had minor shortfalls

There are clear written policies and procedures in place in respect of the adoption panel and Prospective adopters are routinely invited to attend the panel. The panel was properly constituted and quoracy was maintained.

Induction and appraisal processes were being developed; regular training is provided for panel members which is both in house and external.

Dates for adoption panels are set twelve months in advance and are held on a three weekly basis.

Panel papers are provided to members one week in advance of the panel date.

The inspector noted from the panel observed that the task for panel was over and above what should be required. This was due to the poor quality of cases being presented. There has been a requirement and a recommendation made in respect of the issues detailed in the main body of the report.

Full minutes of panel meetings are made within three days of the panel and the decision making processes were effective.

Fitness to provide or manage an adoption agency (Standards 14,15)

1 standard had minor shortfalls, 1 had major shortfalls

The inspectors formed the view that the manager exercises effective strategic leadership over the adoption service and is actively involved in the monitoring systems of the service at a strategic level. However the inspectors were of the view that in terms of the day-to-day work there seemed to be a lack of oversight of practice as evidenced in the main body of this report.

The local authority had not been carrying out updated CRB checks on members of staff who had moved from another employment. The inspectors advise CRB checks are not portable across local authorities or other employment within children's services.

Provision and management of the adoption agency (Standards 16-18)

1 standard was met, 1 standard had minor shortfalls, 1 standard had major shortfalls

The inspectors' findings showed that the senior management team were planning developments in the service at a strategic level which were aimed at developing the adoption service. The inspectors formed the view that the management of practice issues is lacking in terms of oversight of the work being carried out.

As detailed in standard 2 and standard 8 the inspectors noted that in some cases there had been a lack of understanding or consideration around issues of diversity.

There are written procedures in place in respect of monitoring and controlling the service. The approach taken to the above systems was not all as vigorous in every case as the inspectors would have expected.

There is an annual adoption report produced which is presented to the Director of Social Services, the Policy Advisory Group and the Corporate parenting panel. These reports should be produced on a 6 monthly basis and the inspectors have made a recommendation in respect of this.

The adoption service has access to a legal adviser, medical adviser, and an educational

psychologist who are all members of the adoption panel.

Employment and management of staff (Standards 19-23)

2 standards were met, 1 standard had minor shortfalls, 2 standards had major shortfalls

There are staff recruitment procedures in place. There is a PQ programme in place and at the time of the inspection 12.5% of staff had obtained PQ1.

The inspectors were informed that staff who undertake section 51 counselling are suitably trained and experienced in this work.

Social workers with whom the inspectors met raised some issues as follows:

- The quality of supervision was variable across the teams
- They felt distant from the senior managers
- Felt there was a lack of consultation with them about developments
- They were not clear about what happens to any concerns they raise
- There was no formal workload management system in place
- The content of induction process is not particularly helpful to their role in adoption work
- The appraisal system is not particularly helpful to their role in adoption work
- Significant staff shortages in the childcare teams impacted on adoption work
- The arrangements for new staff starting employment were not being well planned

The inspectors were impressed with the social workers in that despite the difficulties present they were still able to show an enthusiasm to the work they were undertaking and a commitment to develop services further in line with regulation and standards. Staff told the inspectors that overall they felt that Buckinghamshire was a fair employer in areas such as them being paid on time and training offered.

The inspectors heard from social workers that the arrangements for training were satisfactory and that external training relevant to their role can be accessed. However one worker told the inspectors that there had been difficulties in payments for a training event she had attended, this needs to be urgently addressed.

Buckinghamshire is a member of BAAF.

Records (Standards 25-28)

1 standard was met, 2 standards had minor shortfalls 1 standard had major shortfalls.

The adopters and the children's files were noted as being variable in quality. On a number of files the inspectors noted errors, some of which had been noted by panel and had not been amended.

The systems in place in respect of information sharing seemed effective and issues of confidentiality and data protection were observed.

Files are stored in locked cabinets and there is a clear desk policy, which means all confidential information is locked away when not being worked on.

The inspectors viewed a random sample of staff files and found shortfalls on some files.

Fitness of Premises (Standard 29)
This standard had major shortfalls

There are identifiable premises for all teams who work on adoption issues and the inspectors heard from a large group of workers about their satisfaction with the accommodation provided. Issues of health and safety were cited in some cases and issues around the lack of storage space, the lack of equipment particularly for new starters.

The geography of the county does little to promote working relationships between the teams and workers reported some friction between teams and a limited understanding about each others roles.

Social workers did appear to have a firm sense of identity within their own team and peer support appeared to be one of the positive aspects for some workers.

Paper records are stored securely but not all cabinets were fire and water-resistant.

The inspectors were informed that work is needed on progressing the IT systems, this needs to occur as soon as is possible.

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	LAAS Regs 2003 Regulation 2. (1)	LA1	The manager must ensure that the statement of purpose is updated and amended as necessary.	By 29/04/05
2	LAAS Regs 2003 Regulation 3. (1)	LA1	The manager must ensure that the children's guides contain all matters listed in Schedule 2 of the 2003 regulations.	By 29/04/05
3	LAAS 2003 Regulation 9	LA2	The manager must ensure that the child protection procedures include details of; actions to be taken in the event of a child protection concern arising in a family where a child is placed for adoption and details of how to contact the CSCI. The manager should also ensure that that the list of schedule one offences contained within the procedures is updated in light of recent changes to the law.	By 29/04/05
4	AAR 1983 Regulation 8A 2	LA4	The manager must ensure that the offence committed by an adopter recommended for approval at panel was not a specified offence. The manager must notify the inspectors of the outcome.	By 15/04/05

5	LAAS 2003 Regulation 6(2)© and 11(3)(d)	LA15	The manager must ensure that all staff working for the purposes of the adoption service are subject to a CRB check carried out by Buckinghamshire.	Immediate applications to be made
6	LAAS 2003 Regulation 12 2 (a)	LA16	The manager must ensure that there are systems in place to ensure that staff carrying out assessments fully understand and take into account issues of race, religion, culture, language, sexuality, gender and disability.	By 29/04/05
7	LAAS 2003 Regulation 12 (2)	LA20	The manager must carry out an audit of supervision across the teams and address areas of shortfall identified.	By 29/04/05
8	LAAS 2003 Regulation 10	LA21	The manager must ensure that urgent action is taken in respect to staffing issues as identified in the main body of this report. The manager must develop an action plan of work in this area and provide a copy to CSCI.	By 29/04/05
9	AAR 1983 as amended Regulation 7(1) and 8(1)	LA25	The manager must ensure that all cases files and children's adoption files are subject to a vigorous process of scrutiny on an ongoing basis and ensure that all inaccuracies noted by the inspectors are corrected.	By 29/04/05
10	LAAS 2003 Regulation 6(2)(c) and 11(3)(d) and 15(1)	LA28	The manager must ensure that all required information and documentation in respect of staff is obtained as detailed in schedules 3 and 4.	By 29/04/05
11	AAR 1983 as amended 2003 Regulation 14 (4)	LA29	The manager must carry out a full and sufficient risk assessment in respect of the storage of working and archived files especially in the area of risk of damage from fire or water. Should the assessment carried out identify that the risk is unacceptable action must be taken.	By 29/04/05

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	LA2	The manager should develop written plans for the recruitment of adopters able to meet the range of needs of local children waiting for a placement.
2	LA2	The manager should ensure that timescales are included in the matching process procedure.
3	LA4	The manager should ensure that the effectiveness of the preparation programmes is subject to annual review and that management has oversight of the findings.
4	LA4	The inspectors strongly recommend that the assessments of adopters and the From F reports produced for panel are subject to a more vigorous process of quality assurance to ensure a higher quality of work is achieved on a consistent basis.
5	LA4	The manager should consider if second opinion visits would be better carried out by management.
6	LA4	The manager should consider retaining CRB disclosures until CSCI have had the opportunity to inspect new checks or as a minimum the applicants basic details and the date, level of check, number of disclosure and result of check should be retained on file.
7	LA4	The manager should ensure that there is clarity for social workers about who is classed as significant in adopters' lives and therefore needing to undergo a CRB check.
8	LA5	The manager should ensure that the written information for approved adopters is developed and details the matching, introduction, placement and support services and that it includes the role of the adoption register for England and Wales.
9	LA5	The manager should ensure that the situation in respect of statutory medicals for children is subject to close monitoring.
10	LA5	The manager should arrange for a clear system to be established in respect to recording if adopters are prepared to inform the service if an adoptive child dies in childhood or soon after.

11	LA7	The manager should arrange for the training provided by the post adoption workers to the childcare teams in respect of adoption issues to be delivered on a frequent basis for as long as there are retention issues in the children's teams.
12	LA7	The manager should ensure that every child's Form E has been read and signed by birth parents or that the reasons why a signature has not been obtained are recorded.
13	LA7	The manager should revise the stage at which birth parents are provided with a support worker independent from the child's social worker.
14	LA8	The manager should ensure that clarity about adoption and contact issues is provided for the couple with whom the inspectors met with.
15	LA10	The panel policy and procedures should be updated to include reference to the Independent Review Mechanism.
16	LA11	The induction and appraisal processes for panel members should be introduced as soon as is possible.
17	LA12	The inspectors recommend that consideration be given to clearly stating in the panel minutes the capacity in which each person is attending panel.
18	LA12	The inspectors strongly recommend that a firm line is taken in respect of panel being presented with incomplete or inadequate assessments.
19	LA14	The manager should urgently look into the difficulties experienced in respect to payments to professionals and other and ensure that these are addressed.
20	LA17	The annual adoption report should be produced a minimum of two times a year.
21	LA18	The inspectors recommend that there are written protocols developed in respect of specialist advisors where job descriptions do not cover such issues.
22	LA20	The inspectors strongly recommend that the management team consider how to improve relationship between fieldwork staff and senior management and suggest that fieldwork staff are consulted about where they feel the shortfalls are.
23	LA20	The inspectors strongly recommend that the planned caseload management system be introduced as a matter of urgency.
24	LA20	The manager should ensure that the induction process includes an introduction to Buckinghamshire adoption policies and procedures.
25	LA20	The manager should arrange for new starters to be adequately catered for in terms of equipment.

26	LA23	The manager should review the appraisal system and ensure that if necessary adaptations are made to include specific issues for social workers.
27	LA23	The manager should arrange for a monitoring system to be put into place in respect of attendance at training.
28	LA25	The manager should ensure that decisions made during staff supervision sessions are files on the respective case files.
29	LA25	The manager should ensure that notes made by social workers during assessment visits are filed on their respective files.
30	LA25	The inspectors strongly recommend that in respect of children's adoption files an audit of the content and quality of information takes place prior to files being archived.
31	LA27	The manager should ensure that a record of complaints and allegations about the adoption service for monitoring purposes.
32	LA28	The manager should ensure that a system is in place to ensure that CRB checks are carried out on a 3 yearly basis.
33	LA29	The manager should ensure that a disaster recovery plan specific to the adoption service is developed and documented.
34	LA29	The manager should ensure that work in progress in respect to the IT and management information systems are speedily completed.

- 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	NO
• Interview with adopters and prospective adopters	YES
• Interview with birth parents	YES
• 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	8/02/05
Time of Inspection	9.00
Duration Of Inspection (hrs)	76
Number of Inspector days	10
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)	12.5

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?	2
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There was a clear Statement of Purpose, which identifies the aims and objectives of the Adoption Service. The statement requires some minor updates and amendments.

Staff were aware of the Statement of Purpose.

The Statement of Purpose was presented to the corporate parenting panel on 11.01.05.

The manager informed the inspectors that at the time of the inspection children are provided with a booklet produced by the BAAF.

The manager informed the inspectors that further children's guides were being developed to provide information to children based on their age and level of understanding the inspector was provided with an example of the draft guides and noted that these require some minor amendments in order to meet regulation.

The inspectors were also informed that information could be provided in a range of languages and formats.

The policies and procedures viewed by the inspectors had been reviewed in December 2004 and were subject to further review to ensure compliance with new developments such as the arrangements for the use of the adoption register for England and Wales.

Has the Statement of Purpose been reviewed annually? (Record N/A if the information is not available)	NA
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?	NO

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?

2

The adoption service does not have a written plan in respect of the recruitment of adopters and while there seemed to be a steady flow of enquiries a more formal and proactive approach to recruitment would be likely to attract a more diverse group of adopters.

The service has family finding and matching process procedures. Social workers are required to consider families approved by Buckinghamshire first then to look within the consortium if there are no suitable matches. In the event of there having been no suitable families for the child in these forums then subject to agreement to funding an out of county placement social workers can look for families across the country. The inspectors noted that there were no timescales included and have recommended that these are included in the procedure.

Inspectors saw evidence of a commitment to place siblings together where possible with one example where a child was placed with half siblings who had been adopted.

The inspectors also noted a commitment to place children in families which reflected ethnic origins. For one case where this had not occurred the inspectors noted that this issue had been fully explored and the adopter confirmed that there had been excellent training and support provided by the service in this area.

However the inspectors noted some shortfalls in this area for some cases. For example in two cases presented to panel issues of ethnicity had not been fully explored with the prospective adopters during the assessment process. A requirement has been made in respect to this under standard 16.

Children's views are sought through a variety of means such as their statutory reviews, subject to their age and level of understanding.

The Children and families team child protection procedures require the addition of actions required where a child is placed for adoption and allegations or concerns are raised. The procedures also require the contact details for the CSCI. The inspectors also noted that the list of schedule one offences contained within the procedures requires updating in line with recent changes in the law.

In the last 12 months:

How many children were identified as needing adoptive families?

16

How many children were matched with adopters?

15

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

9

How many children were placed with other services' adopters?

6

How many children were referred to the Adoption Register?

7

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

14

What percentage of children matched with the adoption service's adopters does this represent?

93%

%

How many sibling groups were matched in the last 12 months?

4

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?

8

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 service had developed a clear eligibility criteria and this is contained within the information provided to initial enquirers. The booklet sent contains details of the assessment and preparation processes.

One set of adopters reported to the inspectors that they had not received the initial pack or a response to their initial enquiry and after a period of three months chased their enquiry up. While this was frustrating for this couple it did seem to be an isolated case as the other six adopters whose views were sought had received a prompt response.

The service holds bi monthly information sessions for interested people and at this session the adoption process is explained to prospective adopters. Following the session two social workers carry out an initial assessment visit to interested parties; it is at this stage it is decided if the applicants may be able to meet the needs of children needing an adoptive placement. The social workers will discuss the assessment with the team manager and a decision will be made about whether to progress the assessment.

The agency does not undertake assessments of people wishing to adopt children from another country but provides them with an information pack about Parents and Children Together (PACT). This is a voluntary adoption agency which specialises in inter-country adoptions and undertakes assessments for Buckinghamshire families wishing to adopt from another country.

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?**

1

Following the information session and initial assessment visit statutory checks are taken up and adopters are then expected to attend a 4 day preparation group. The service aims to run three training groups per year although the inspectors noted that there had been significant difficulties over the past year in arranging sessions and only one group had been run. This situation was due to a high level of staff shortages, the inspectors were informed by the adoption advisor that this situation had now improved and that three preparation sessions had been planned for this year.

In the preparation group programme provided to the inspectors there was no specific reference to safe care practice, and whilst this may have been dealt with in individual assessment sessions, a response from a placing social worker highlighted that in her/his view the care children being placed for adoption require should be better reflected in preparation discussions. A prospective adopter visited was of the view that insufficient emphasis was placed on the demands and needs of children placed for adoption.

While the adoption workers running the preparation groups confirmed that they had used adopters' feedback to make changes to the content of the programme there had been no formal evaluation of the effectiveness of the preparation sessions. The inspectors recommend that a more strategic and focused review of preparation should be made, taking into account the comments in the paragraph above. The inspectors also recommend that the sessions should be reviewed on an annual basis.

The inspectors noted that the sessions are run during office hours, this was not an issue for the adopters the inspectors had contact with but the manager said that she intends to canvas adopters views in respect of the timing of the course through their feedback forms; this could form part of the review recommended above.

In respect of reports produced by the social workers at the end of the preparation group the inspectors were of the view that these were generally of little use in terms of identifying strengths and areas for development. The inspectors recommend that the manager consider how practice in this area can be further developed to ensure that in depth analysis is made.

The quality of assessments and Form F reports was variable. The inspectors noted some good examples of well-written Forms F which showed that careful analysis of the information gathered had been carried out. However, some significant shortfalls were noted in a number of cases. In the inspectors view this highlighted that for some workers there were areas of expertise and practice which required development. For example:

- There was inconsistent practice about contacting previous partners. The self-assessment indicated that previous partners would be interviewed; this was not evidenced in all cases examined. Workers' discussions with managers and decisions made about this in particular cases were not recorded.
- Issues raised through the assessment process were not always followed up with the level of scrutiny which the inspectors would have expected. For example, in one case there was an issue noted by the inspectors and the panel which showed that while there had been contact with a previous partner and children

from this relationship, there had been a lack of analysis of the information gathered.

- There was one example noted whereby there was an issue about one of the adopters smoking; this had not been addressed during the assessment period, but had not been noted as a significant issue in the Form F. The inspectors were surprised to note this as issues around smoking are clearly detailed in the eligibility criteria. The issue was raised by the panel members who felt unable to make a recommendation for approval. The panel deferred the recommendation for approval to provide the adopter with the opportunity to give up smoking.
- There was one example where a prospective adopter had an offence for violence, this had not been fully explored during the assessment and resulted in some hurried discussions during the panel session. The inspector remains concerned that due to a lack of detailed information about this offence the subsequent recommendation made by the panel that the couple be approved was made without details of the age of the victim being known. If the victim was a minor this could mean that the offence was a specified offence and as such be a bar to the couple adopting. The inspectors have required that the manager ensure that urgent follow up is taken in respect to this issue and that he inform the inspectors of the outcome.
- As detailed in standard 2 in three other cases it was clear that issues around ethnicity had not been explored during the assessment, a requirement has been made in respect to this under standard 16.

The assessments and Form F reports of adopters urgently need to be subject to a more vigorous process of quality assurance.

Second opinion visits were made which the inspectors regarded as good practice but these visits were being carried out by social workers' colleagues and the inspectors have recommended that it would be better practice if a more senior person undertook these visits to provide a management overview of assessments carried out.

Foster carers who apply to adopt the child they were caring for are invited to the preparation training.

The assessment process is based on the BAAF form F format and references and statutory checks are carried out. In respect to evidence of CRB disclosures, the information on files that were viewed varied. The inspectors have recommended, in line with recent guidance from the CRB, that disclosures are kept on adopters' files until CSCI have had the opportunity to inspect new checks or as a minimum the applicants basic details and the date, level of check, number of disclosure and result of check should be retained maintained on file.

In respect of carrying out CRB checks on other significant people it seemed that staff would benefit from some departmental guidance in respect of whom a significant person might be. This issue arose in two cases where wider family members were regular visitors to the home and checks had not been carried out. In one case this had been raised at panel and the discussion showed that social workers had not been provided with clarity around this issue.

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?	2
<p>The pre-inspection questionnaire states that this area is one under development. The inspectors noted that there had been some progress since the questionnaire had been completed in that a post approval session had been set up for approved adopters. The service is to develop a post approval leaflet for approved adopters in line with standard 5.1. Prospective adopters considering a match are provided with the child's Form E and there is an opportunity for prospective adopters to meet with relevant professionals, for example in respect of a health issue the medical advisor will arrange to meet with the adopters.</p> <p>The inspectors noted from the panel papers viewed that towards the end of 2004 there seemed to be issues around children not having had up to date statutory medicals. One case had been deferred in order that an up to date medical be carried out. The inspectors were informed that this issue had been addressed and guidance had been issued to social workers as to the frequency of medicals for children. The inspectors strongly recommend that this situation is subject to close monitoring by the manager.</p> <p>The arrangements in place at the time of the inspection for establishing if adoptive parents are prepared to notify the adoption service in the event of a child dying were not adequate. There should be agreement or otherwise in respect of this issue and there should be a written record made of the adopters' decision.</p> <p>The inspectors were informed that adopters prepare family books which are shared with children prior to placement. On this occasion the inspectors did not have the opportunity to view an example of a family book.</p> <p>The inspectors noted that in a number of complex cases life appreciation days had been held. These sessions aim to help the adopters gain a greater understanding of the child's history and background. Attendees include professionals who have worked with the child and birth family in the planning processes, professionals such as playgroup leaders and where appropriate birth family members who are supportive of the plan. These sessions provide adopters with the opportunity to gain good quality first hand information and enable them to develop a clear understanding of the child's history and background.</p>		
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?**

3

The adoption and permanence procedures state that in the early weeks of a placement the visiting frequency for the social workers should be:

- In the first month up until the review weekly alternating between the adoption and child's social worker
- Following the first review the pattern of visiting will be a subject for discussion and the weekly pattern can continue if it is felt necessary. In any case the visiting frequency will continue to be shared between the workers and the workers are expected to liaise closely with each other during this critical stage.
- Once the placement has become settled the child's social worker will visit 4-6 weekly with the adoption worker visiting monthly
- The procedures are clear that children must be seen on their own by their worker for part of each visit
- Adopters should feel able to contact their worker between visits and they should be made aware of the emergency duty team and out of hours number.

From the cases sampled the inspectors noted that the above strategy had been followed. Adopters reported that they had felt well supported during the initial stages of the placement by adoption workers. However in some cases adopters reported frequent changes in children's social workers had impacted on the adoption support work, this is further discussed in standard 21 and a requirement has been made.

Post adoption support consists of up to three visits during the first year by the family placement social worker at the request of the family and a visit at the end of the first year with the option of annual visits. Should a more intensive support package be required this is considered on a case-by-case basis. In addition when an adoption order has been granted adopters names are added to the adoption support teams mailing list and receive the post adoption newsletter. This provides information about events such as the summer picnic, group meetings, 6 monthly parenting courses, an annual seminar and access to the post-adoption centre.

One year after an adoption order is made the post adoption support team is responsible for work with families and this can involve advice or referral to another agency such as education or health and individual work with children. The post adoption team is also responsible for the operation of the letterbox contact service and direct contact arrangements.

The service also provides useful leaflets for other professionals, for example teachers, about adoption and how the curriculum can affect adopted children and suggests practical ways in which teachers can help them.

The service has clear procedures in the event of a disruption. There had been no disruptions in the 12 months preceding the inspection so on this occasion the inspectors did not track a case which had disrupted.

Number of adopter applications started in the last 12 months	23	
Number of adopters approved in the last 12 months	18	
Number of children matched with the local authority's adopters in the last 12 months	9	
Number of adopters approved but not matched	10	
Number of adopters referred to the Adoption Register	11	
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?	2
<p>The lifelong implications of adoption are reflected in the policies and procedures. The inspectors were informed that the adoption support team had carried out some training for the children’s teams in respect of the impact of adoption on families. The inspectors recommend, in light of the retention difficulties within the children’s teams, that this training is carried out on a frequent basis.</p> <p>There are clear arrangements for referral to the post adoption team. A post adoption worker is allocated to birth parents to offer counselling and advice about the process of adoption, and issues about contact at the point of panel having made a recommendation that adoption is in the child’s best interest.</p> <p>The inspectors are of the view that the expectation that childrens social workers will offer birth parents advice and support up until the recommendation of panel is not adequate. This standard clearly states that birth parents should have access to a support worker independent from the child’s social worker from the time that adoption is identified as the plan for the child. There is clearly a conflict of interests between the needs of the child and his or her parents. In addition, due to the staffing situation in the fieldwork teams, this work is unlikely to be carried out on a consistent basis. The inspectors heard from social workers in both the adoption and fieldwork teams that pressures of other work such as child protection took precedence over adoption work and that due to staff retention difficulties some children and families have a regular change of social worker.</p> <p>There has been further discussion in respect of staffing issues under standard 21 and a statutory requirement has been made.</p> <p>The inspectors noted that the procedures clearly state that the child’s Form E should be read and signed by birth parents. In the event of a refusal to read or to sign the procedures clearly state that the reasons why a signature has not be obtained should be recorded. The inspectors found that practice in this area was not consistent. Panel are vigilant in following this issue up but this should be picked up prior to papers being submitted to panel.</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?**

2

There is a strategy in place for working with birth parents. However, this is an area which would benefit from review due to the difficulties noted in standard 7 and later in this standard.

Birth parents with whom the inspectors met spoke highly of the life story workbook which they were fully involved in preparing, they felt that while this was upsetting work for them to do, the worker had been particularly skilled in working sensitively with them.

One of the parents had also met with the adopters and found this to have been well managed.

These parents however had felt marginalised in the planning for arrangements for contact and felt that there had been a lack of communication from the fieldwork teams and latterly the adoption teams. They also felt that there had been a lack of sensitivity shown to them. They reported to the inspectors that they had not received a response to a letter they had written to the post adoption service in November 2004 about contact issues despite having made phone calls to the service following this letter up. The couple and the inspectors are disappointed that what had seemed a good initial response in respect of the adoption support team had not been sustained. The couple informed the inspectors that they are aware that the post adoption support service is available to them for as long as is needed.

Once letterbox and direct contact arrangements are set up the adoption support team take over responsibility for supporting all parties in the arrangements.

Life appreciation days are another forum which birth parents can provide information about their family and the child's background and history.

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 adoption service is planning to hold a series of support groups for birth mothers, the inspectors welcome this initiative.

Buckinghamshire County Council is a member of NORCAP, and the National Parent Network, and has a service level agreement with the Post Adoption Centre. The inspectors were informed that these organisations' leaflets are provided to birth relatives. There is also a leaflet devised by Buckinghamshire which outlines the post adoption support service available through the adoption support team.

See also see standard 8.

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?	3
<p>There are clear written policies and procedures in place in respect of the adoption panel. The inspectors recommend that these are updated to include reference to the Independent Review Mechanism.</p> <p>Prospective adopters are routinely invited to attend the panel and feedback from adopters showed that most had found attendance at panel a worthwhile experience.</p> <p>One of the inspectors observed the adoption panel which was held on the 25th February 2005. The inspector noted that adopters attended the panel and were well received by the panel chair and members. Each case was discussed between panel members prior the social workers and adopters coming into the room and questions to be put to the social workers and the adopters were agreed.</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

The panel was properly constituted and quoracy was maintained.

A panel member's file was sampled by the inspectors and found to contain the required documentation.

Induction and appraisal processes were being developed and these need introducing as soon as is possible. As a minimum for induction purposes panel members observe a panel and where possible attend an annual training day provided by the consortium.

Regular training is provided for panel members which is both in house and external. There is an annual seminar held on a specific adoption issue to which social workers, adopters and panel members are invited.

Panel members are kept up to date on developments in adoption issues through the panel advisor and through literature being made available through Buckinghamshire's membership of BAAF and the Post Adoption Centre.

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?

2

Dates for adoption panels are set twelve months in advance and are held on a three weekly basis. The inspectors were informed that in the event of there being more cases than usual the panel will extend its sitting. In the event of a case being unusually urgent it will be considered if an additional panel is required.

Panel papers are provided to members one week in advance of the panel date.

The inspector noted from the panel observed that the task for panel was over and above what should be required. This was due to the poor quality of cases being presented. (Some of the issues noted during this panel are noted in standard 4) The panel overran in excess of 2 hours as for each case the panel discussion included significant shortfalls in the assessments of adopters being presented. The inspector discussed these issues with the adoption advisor and the panel chair who shared the inspectors' concerns. The inspectors have made a requirement under standard 4 in respect of one assessment and subsequent panel recommendation. The inspector has made a recommendation under this standard that a firm line is taken in respect of panel being presented with incomplete or inadequate assessments. It is unacceptable to have adopters waiting in the building to attend panel where information presented to the panel is not adequate. The inspectors are of the view that panel members are put into an extremely pressured situation on a regular basis which could effect the recommendations being made.

Full minutes of panel meetings are made within three days of the panel. The inspectors are of the view that the minutes viewed by them were well written and provided a detailed record of the panel member discussion, the recommendations reached and the reasons for them. The inspectors would however recommend that consideration is given to recording next to the attendees name the capacity in which they are there, for example Mrs S. social worker for the child.

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

The decision making process was effective and prompt. The inspectors noted that the decision maker has all relevant information made available to her prior to the panel and is provided with the minutes promptly, this allows her to make her decision based on the full information.

In every case the inspectors viewed the decision had been made within seven days of the panel and letters had been sent out to all relevant people informing them of her decision. For the child the inspectors were informed that the decision is conveyed verbally.

The decision maker attends a panel meeting periodically as an observer and there is room made in the agenda for panel members and the decision maker to discuss relevant issues. While it is not generally seen as good practice for decision makers to sit on the panel on a regular basis the situation here is clearly aimed at promoting working relationships and is generally only on an annual basis. In this case, and for the stated reasons, the inspectors consider that this is unlikely to impact on the panel processes and provides a good opportunity for panel members and the decision maker to enhance working relationships.

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?	2
<p>The appointed manager responsible for the adoption service is the group manager for Looked After Children. He has countywide responsibility for adoption and fostering, leaving care services and the children’s residential services.</p> <p>He has extensive experience in children’s services. He has appropriate social work and management qualifications.</p> <p>The other managers involved in the work of the adoption service have appropriate qualifications and experience in adoption issues.</p> <p>There are clear lines of responsibility and the adoption advisor has general oversight of the adoption activity carried out.</p> <p>The inspectors were informed that there has been a review in respect to the long term fostering service being a part of the adoption service and a decision has been made that the fostering work will be removed from the adoption team to allow the workers to focus solely on adoption work. The inspectors welcome this change.</p> <p>The inspectors formed the view that the manager exercises effective strategic leadership over the adoption service and is actively involved in the monitoring systems of the service at a strategic level. However, in terms of the day-to-day work there seemed to be a lack of oversight of practice as evidenced in this report.</p> <p>The manager had direct responsibility for the supervision of the service manager for placements who in turn supervises the manager with day to day responsibility for adoption work.</p> <p>There is a clear job description in place in respect of all the managers employed within adoption work.</p> <p>The financial arrangements are reported to be subject to tight budgetary control. The inspectors were informed by social workers that the financial system recently introduced was not working in an effective way. The inspectors heard examples where an entertainer who performed at the Christmas party had not received payment and more worryingly a GP had refused to carry out a statutory medical due to previous non-payment. It was not clear to the</p>		

inspectors if the difficulties experienced were due to teething problems with the system or a fundamental flaw. The inspectors strongly recommend that the manager address this issue as a matter of urgency.

Does the manager have Management NVQ4 or equivalent?

YES

Does the manager have at least 2 years experience of working in a childcare setting in last 5 years?

YES

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?

1

The manager has a CRB check dated October 2002 prior to his commencement with Buckinghamshire. There urgently needs to be a check carried out by Buckinghamshire. The adoption advisor was not subject to a CRB check by Buckinghamshire before commencing her post as she had an 'in date' check carried out for other employment. The adoption advisor subsequently informed the inspectors that a check had been carried out and had returned clear.

The inspectors advise that CRB checks are not portable across children's services from employer to employer. However, where an individual has been checked through the CRB by Buckinghamshire and undertakes another equivalent role within the agency children's services such as panel member, it is sufficient for a copy of the original check to be made and placed on file.

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?

1

The inspectors were of the view that in terms of the senior management team the developments being planned on a strategic level were aimed at delivering a good service to children and prospective adopters.

As stated elsewhere in this report the management of practice issues is lacking in terms of oversight of the work being carried out. The inspectors have recommended that an urgent review of quality control issues at this level is required as shown in the requirements and recommendations sections of this report.

There are clear arrangements in place in terms of those in charge when the manager is not present. On a team by team basis there appeared to be established lines of communication and accountability. However, as stated in standard 20, some staff reported they felt a distance between senior managers and themselves. They also stated that they had a lack of understanding about what other teams do. There is further discussion in respect of this in standard 29.

As detailed in standard 2 and standard 8, the inspectors noted that in some cases there had been a lack of understanding or consideration around issues of diversity; a requirement has been made in respect to these issues under this standard.

The procedures for the use of the adoption register need to be updated, a recommendation has been made in respect of this under standard 5.

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

3

Number of the above complaints which were substantiated

1

1 complaint ongoing

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

There are written procedures in place in respect of monitoring and controlling the service. The arrangements for monitoring and controlling the activities of the service include:

- The adoption and permanency panel monitor the quality effectiveness of assessments and is provided with an overall view of cases heard through the 6 monthly reports prepared by the panel advisor. The panel provides feedback to managers. There are two elected members appointed to the adoption panel who are from the executive or overview and scrutiny committee and there is an experienced independent panel chair and an adoption advisor who is line managed by the standards and audit division.

The internal systems for quality assurance in respect of practice issues include:

- Scrutiny of assessment reports prior to presentation at panel by line managers
- The monitoring of individual staff through the supervision and appraisal processes
- Bi- annual meetings between the group and service managers are chaired by the adoption advisor. The adoption panel chair and other panel members attend these meetings.
- LAC and adoption reviews monitor the timescales
- The service produces an annual business plan

The approach taken to the above systems was not as vigorous in every case as the inspectors would have expected. These issues have been commented on elsewhere in this report and various requirements and recommendations have been made.

There is an annual adoption report produced which is presented to the Director of Social Services, the Policy Advisory Group and the Corporate Parenting Panel. These reports should be produced on a 6 monthly basis and the inspectors have made a recommendation in respect of this.

It was reported to the inspector by a member of the cabinet that the adoption service had provided training and presentations around cooperate parenting issues and the work of the adoption service. The member reported that she receives six weekly briefings from the group manager and has regular conversations with him.

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

The adoption service has access to a legal adviser, medical adviser, and an educational psychologist.

The service also has access to a designated nurse for looked after children, educational advisors, the adoption advisor, a specialist team that works with the travelling community and specialist workers employed by Buckinghamshire who are available to give advice about issues of race and ethnicity.

The inspectors were informed that all advisors are suitably qualified and experienced.

There is a service level agreement with The Post Adoption Centre and social workers can use this service for specialist advice.

There is a contract with Parents and Children Together which undertakes all inter-country adoption work on behalf of Buckinghamshire.

The inspectors recommend that there are written protocols developed in respect of specialist advisors where job descriptions do not cover such issues.

The inspectors heard from various staff members and noted from panel minutes that access to the CAHMS service in Buckinghamshire can be difficult.

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?

3

The arrangements for the recruitment of staff include the completion of an application form, a formal interview process and 2 references being taken up. All social workers undertaking assessment work were suitably qualified.

As stated in this report the inspectors noted some issues with some assessments including practice issues; requirements and recommendations have been made under the appropriate standards. The inspectors did note examples of good practice being undertaken by individual social workers and likewise these have been cited in this report under the relevant standards.

The inspectors were informed that staff who undertake section 51 counselling are suitably trained and experienced in this work.

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?

50

%

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?

1

The inspectors were informed that all managers and senior practitioners who supervise staff are provided with training in supervision skills. However, social workers across the teams reported that, while the frequency of supervision was acceptable, the quality was variable. The inspectors require that the manager carry out an audit of supervision across the teams and address any areas of shortfall identified.

Some social workers reported that while there is a clear scheme of delegation in place they felt distant from the senior managers and felt there was a lack of consultation with them about developments. For example, staff did not feel fully consulted about the recent merger of the children in need teams and the looked after children's teams. They also reported that when they have issues or concerns to raise they report to their immediate line managers and are not clear about what happens to their concerns, as they do not receive feedback.

There is not a formal workload management system in place. The inspectors are aware that an external organisation is in the process of developing such a system; the inspectors are concerned that this be introduced as a matter of urgency.

The inspectors noted that the timescales for some assessments had been exceeded, for example in one case it had taken 18 months for the case to reach panel. The inspectors were informed that a number of cases being heard at panel had been subject to delay due to staffing levels on the team in 2004 and that now the adoption team had managed to recruit social workers the timescales were improving. Panel had recently begun to receive information in respect of timescales and therefore there is a newly introduced monitoring system in place. The inspectors noted an example whereby there had been delay in an assessment for no apparent reason and the decision maker was following this up with the manager concerned.

The agency has a planned induction process. However, social workers reported that the content of the induction process is not particularly helpful to their role in adoption work; the inspectors have therefore recommended that the induction programme is further developed to include a focus on the adoption role.

Standard 21 (21.1 – 21.4)

There are 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?**

1

The inspectors were informed that Buckinghamshire was carrying out an assessment of the workforce to establish if there are sufficient numbers of suitably skilled staff.

The inspectors found that the staff employed within the adoption and permanence team and the adoption support team were appropriately qualified and experienced in adoption work. There was a high level of commitment and enthusiasm shown by workers in carrying out their role and the inspectors support the plans to move the long term fostering work and family and friends assessments from the adoption and permanence team.

The inspectors met with a small group of childcare workers who also were suitably qualified, experienced and committed. However significant staff shortages in the childcare teams meant that these staff continually had to prioritise work and in the event of a child protection concern this took precedence over adoption work. The high vacancy rate in the children's teams also meant that agency workers were used and the turnover of these workers was also high.

The inspectors heard from social workers that, in their view, some of the significant factors in the turn over of staff, especially in the childcare teams, were:

- The numbers of cases allocated to people in the early weeks of their employment, in one case it was alleged that a worker of three weeks standing had 20 allocated cases.
- The lack of induction that focused on practice issues
- In some cases, on appointment, a number of weeks passed before there was a desk, phone and e-mail access available.

These issues all need urgently addressing.

Buckinghamshire has recently introduced some additional recruitment and retention strategies which included re-grading of some salaries, the introduction of senior practitioner posts, a trainee scheme and recruitment from other countries. The inspectors acknowledge that, over time these strategies may help to improve the staffing issues noted at the time of the inspection. However, the inspectors are of the view that the issues identified by staff such as induction, case allocations and readiness of the service to welcome new starters are likely to impact on the level to which the introduced strategies are effective.

The inspectors have made a requirement in respect to the staffing issues.

Total number of social work staff of the adoption service excluding managers	12.5	Number of staff who have left the adoption service in the past 12 months	3
Number of social work posts vacant In the adoption service.	2		

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?	2
<p>Some work is required as identified in standards 20 and 21 in terms of consultation with and support to staff. Four recommendations and two requirements have been made under these standards. While no requirements or recommendations have been made under this standard the shortfalls identified directly relate to support to staff and therefore this standard cannot be scored as met.</p> <p>Social workers identified that Buckinghamshire was a fair employer in areas such as the pay role system and training offered.</p> <p>There is a written whistle blowing policy which is available to staff on the council intranet.</p>		

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>Staff in the adoption teams confirmed that encouragement was given by their line managers to participate in appropriate training. External training can be accessed but one staff member said that due to the financial arrangements not working smoothly a demand had been made for monies unpaid in respect of a training session she had attended. A recommendation has been made in respect of the financial arrangements under standard 14.</p> <p>There is an appraisal system in place but social workers reported to the inspectors that the format is a corporate one and that the process would be of more use if it were adapted to meet their specific needs.</p> <p>Buckinghamshire is a member of BAAF.</p> <p>The adoption advisor and the adoption team social workers run a series of adoption workshops and an annual seminar. Social workers, adopters and panel members are invited to attend these sessions.</p> <p>The inspectors were informed that the legal department also runs courses on the legal aspects of adoption.</p> <p>There are monthly practice forums held for childcare social workers.</p> <p>The manager informed the inspectors that there is a formal system of evaluation and feedback is given to providers of training.</p> <p>The inspectors are of the view that the training opportunities provided are good. However, the inspectors are also of the view that there needs to be careful monitoring of which staff attend the various training, workshops and other sessions to ensure that workers with the most need, such as new employees, are attending the various training opportunities that are on offer.</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?	2
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A sample of case files, which had been selected by the inspectors at the initial planning stage of the inspection, were examined.

The inspectors noted that, while there was a file audit system in place none of the files viewed had actually been subject to a file audit. The inspectors also noted that decisions made on cases during supervision sessions were not being placed on file. Recommendations have been made in respect of both of these issues.

The files, while generally well structured and easy to access information, the following issues were noted:

Adopters files

- Incorrect date of birth on one file
- Corrections and amendments noted by panel on a Form F as requiring attention not carried out.
- Little evidence of contemporaneous notes being kept on file in respect of home assessments.
- Supervisors' decisions were not on any of the files viewed

Children's adoption files

- Incorrect date of birth on one file
- Adopters named on a form E, the inspectors were informed that in this case parents had not read the form E.

The inspectors have required that the files sampled are amended and that cases files and children's adoption files are subject to a vigorous process of scrutiny on an ongoing basis and that all inaccuracies noted by the inspectors are corrected.

In respect of children's adoption files the inspectors were concerned to hear that there is no system of audit prior to the files being archived; the inspectors strongly recommend that an audit of the content and quality of information on children's files is carried out prior to the files being archived.

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

The systems in place in respect of information sharing seemed effective.

There are arrangements in place to ensure that leave of the Court is sought to disclose Court documents to relevant people.

There are clear procedures in respect of accessing archived files and the systems of authorisation and the return of files is well established.

All staff and panel members are required to sign a confidentiality agreement.

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?**

2

There are clear procedures in place in respect of case recording for children's case and adoption files and the inspectors were informed that in respect of adopters' files guidance is to be developed. The inspectors did, however, note that adopters' files were well structured. (See standard 25 in respect of content of files.)

Files are stored in locked cabinets and all confidential information is locked away when not being worked on.

A central record is kept of all complaints and allegations, there needs to be a separate record held by the by the manager in order that she is able to monitor their progress.

The self-assessment form states that case files are regularly audited. None of the files viewed by the inspectors had evidence to show that a file audit had been carried out and the inspectors strongly recommend, in light of the inaccuracies found, that the manager ensures that files are subject to a vigorous and regular process of scrutiny and a record kept.

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

Staff personnel files are maintained within the HR department.

The fostering inspector viewed a sample of staff files in respect of fostering and adoption workers. He found that:

- There was no system in place to evidence that references were verified by a telephone follow up call
- Not all files contained photo ID
- One file contained only one reference
- Not all files contained copies of the job description
- There was inconsistent practice in respect of verifying staff qualifications
- Administrative staff were not being expected to undertake a CRB check

The inspectors have made a requirement in respect of these issues.

The inspector was also informed that there was not a system in place to ensure that CRB checks were carried out on a 3 yearly basis. The inspectors have made a recommendation in respect of this issue.

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?	1
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There are identifiable office premises for all teams which undertake adoption work and these are open during normal office hours.

These are:

Aylesbury

Care and protection team (CAP) (children's social workers)

Adoption support team (Post adoption support)

Amersham

Adoption and permanence team (all aspects of adoption for e.g. recruitment preparation, assessment and supervision/support of prospective adopters and long-term foster carers. Family finding for children and friends and Family assessments)

High Wycombe

Care and protection team (CAP) (Children's social workers)

The inspectors viewed the premises in Amersham which seemed adequate for use, however issues raised by some workers and others were:

- The "hot desking" arrangement in a large room occupied by a number of other teams did not allow for team development.
- The external communication systems were not always effective in that messages were either not picked up or not passed on to social workers.

The inspectors viewed the room in Aylesbury the adoption support team were working from. The inspectors were informed that the adoption support team were moving to another room in the same building. Some of the team members felt that while there had been some consultation with them about this, they felt that it would mean a further period of adjustment to the relatively newly formed team

The inspectors did not view the room used by the two CAP teams. These social workers were most dissatisfied with their environment citing health and safety issues in terms of:

- The cleanliness of the 'tower block'
- The arrangements for use of and the décor of the interview rooms,
- A lack of storage space

A number of social workers also informed the inspectors that Buckinghamshire do not issue mobile phones for social workers to use, social workers told the inspectors that they are expected to use their personal phones, if they have one, when out of the office and that no remuneration is available for this. The inspectors are of the view that due to the type of work carried out and the size of the county there are health and safety issues for workers which

need to be assessed by managers.

The demography of the county seemed to present a challenge to workers in terms of developing knowledge and working relationships with each other. Comments from social workers included that there was 'friction between some teams and a lack of understanding about what each other do', and 'there is no joined up knowledge about other teams'.

The inspectors have made a recommendation under standard 20 that the management team make arrangements to consult with staff about the areas of concern they have raised and the inspectors suggest that the issues in respect of premises, equipment, admin support and health and safety should form part of that consultation.

Social workers did appear to have a firm sense of identity within their own team and peer support appeared to be one of the positive aspects for some workers.

Paper records are stored securely but not all cabinets were fire and water-resistant. The inspectors have required that a risk assessment is carried out in respect of the storage of files and that, where the risk is deemed unacceptable, arrangements are made for suitable storage to be purchased.

The inspectors were informed by the manager that the IT systems in place do not have the capacity to keep adoption information confidential, as a result the system is little used for storing and producing data. This impacts on the management information systems and the data required for this inspection had to be collated manually. It was not clear to the inspectors if the difficulties in this respect were due to a deficit in the system or a lack of knowledge about how to operate the it. The inspectors have recommended that the manager ensures that work in progress in respect of these issues is speedily completed.

There needs to be a disaster recovery plan drawn up which is specific to the arrangements to carry on the work of the adoption service in the event of a disaster.

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 8th February 2005 and any factual inaccuracies:

Please limit your comments to one side of A4 if possible

Empty response box for provider's comments.

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

Amendments to the report were necessary

YES

Comments were received from the provider

YES

Provider comments/factual amendments were incorporated into the final inspection report

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

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 29th April 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

YES

Action plan was received at the point of publication

YES

Action plan covers all the statutory requirements in a timely fashion

YES

Action plan did not cover all the statutory requirements and required further discussion

Provider has declined to provide an action plan

Other: <enter details here>

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 _____ of Buckinghamshire County Council 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 _____

Signature _____

Designation _____

Date _____

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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S0000055713.V207714.R01

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