



*Making Social Care
Better for People*

inspection report

ADOPTION SERVICE

Sheffield City Council Adoption Service

**Family Placement Service
Floor 2, Castle Market Buildings
Exchange Street
Sheffield
S1 2AH**

Lead Inspector
Vivien Slyfield

Announced Inspection
3rd – 6th October 2005 09:30

The Commission for Social Care Inspection aims to:

- Put the people who use social care first
- Improve services and stamp out bad practice
- Be an expert voice on social care
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This is a report of an inspection to assess whether services are meeting the needs of people who use them. The legal basis for conducting inspections is the Care Standards Act 2000 and the relevant National Minimum Standards for this establishment are those for *Adoption*. They can be found at www.dh.gov.uk or obtained from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering: www.tso.co.uk/bookshop

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

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

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

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

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SERVICE INFORMATION

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Fax number	0114 273 4492
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Provider Web address	
Name of registered provider(s)/company (if applicable)	Sheffield City Council
Name of registered manager (if applicable)	Paul Massey
Type of registration	Local Auth Adoption Service
No. of places registered (if applicable)	0
Category(ies) of registration, with number of places	

SERVICE INFORMATION

Conditions of registration:

Date of last inspection This is the first inspection of the adoption service.

Brief Description of the Service:

Sheffield City Council's adoption service is part of the Family Placement Service and is based in the Castle Market Buildings in the centre of Sheffield. At the time of the inspection the council was in the process of restructuring the Family Placement Service. The restructuring had been under discussion for over a year and staff were due to be allocated to their new teams the week after the inspection. The adoption service provides for the recruitment, preparation, assessment and approval of adopters. Support for adopters and birth families is provided, as is counselling for adopted adults and step-parent adoptions. Adoptive families are sought for children with adoption as their plan, although the workers for this are placed within the Fostering Team. Those interested in overseas adoption are directed to Doncaster Adoption and Fostering Welfare Society (DAFWS) with whom Sheffield has a service level agreement. A similar agreement is in place with After Adoption Yorkshire (AAY) to provide support for birth family members of children placed for adoption.

SUMMARY

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

This was the first inspection by the CSCI of the adoption service provided by Sheffield City Council. The preparation by the agency for this inspection was of a good standard and enabled the process to be undertaken efficiently. All those involved in the inspection were well prepared and the organisation of the inspection ran smoothly. The inspection came at a time of restructuring and the service manager was open and direct about using the inspection constructively to develop the service and move it forward.

The inspection was carried out over four days by two inspectors, including the observation of one of the service's two adoption panels. Senior personnel were interviewed, as were front-line workers and administrative staff; the lead member for children and young people for the council was also interviewed. Two birth parents were interviewed. Four adoptive families were visited and their case files examined, children's adoption files were inspected. Policies, procedures, professional practices and the department's recruitment procedures were inspected.

Completed questionnaires informed the inspection. There were 10 from adopters and prospective adopters, 3 from professional advisers, 6 from birth family members and 9 from placing social workers.

What the service does well:

The nominated manager for the service was committed and enthusiastic in developing the service. This is a key role in the ability of the service to face the challenge of new regulation and move forward in the service provided for all those involved in adoption.

There was evidence of the work undertaken in addressing complaints that had been outstanding and of direct work with adopters and applicants in addressing their concerns about the service.

The quality of the health reports considered as part of the assessments presented to panel were seen to be of a good standard. Good and effective use was made of the medical advisers. The contact between adopters and the medical adviser in relation to matching was seen as both effective and beneficial.

The decision making process was very efficient. Panel papers were read in advance, by the agency decision makers and notes taken of the issues, which were checked out in the post-panel meeting. The process was firmly established that following panel meetings the decision maker met with the panel adviser and authorised the agency's decision within two or three days of the panel. The decision makers take their role seriously and have on occasions returned matters to panel or chosen not to follow the recommendation made by the panel.

Staff were positive about the training they received both in-house and external. There was a recognition of the specialist nature of adoption work and the need to facilitate specific training to address this. A high number of staff had completed the Post Qualifying Child Care Award, 40% had the award at the time of the inspection. One member of staff described the training provided as,

“bountiful by comparison with other local authorities.”

Managers were committed to supporting staff in their identified training needs.

Despite the difficulties experienced through the process of change in restructuring staff were still committed to working for Sheffield. There were areas that they felt could be improved but the commitment was evident in the duration of service for some staff.

What has improved since the last inspection?

This is the first inspection of Sheffield City Council’s adoption service.

What they could do better:

There is evidence throughout the adoption process of delays, this relates both to the assessment of prospective adopters and matching children with carers. The process of recruitment, preparation and assessment needs to be developed and seen as a whole rather than in its separate components. This needs to be developed into an overall strategy for adoption. Delays need to be minimised, with particular attention given to the ability to “fast track” applicants who appear to be offering a much needed resource.

There is a need for the service to work on its assessment of prospective adopters. The tools of references, competencies, interviews with previous partners and completed local authority checks must be seen as part of establishing a comprehensive assessment. All assessments need to demonstrate an understanding of this process to ensure adopters are competent and well equipped to undertake the safe parenting of children.

There needs to be a higher level of monitoring of the standard of reports presented to the panels and a firmer system to ensure that further work requested by panel is completed. The panel system needs to be strengthened to provide robust consideration of all the matters presented with a clear focus on the specific issues under discussion.

The Letter Box system for exchanging information between adoptive and birth families needs to be reviewed. There is a need to ensure that the system incorporates reminders when letters are not received, copies taken of information sent and checks that appropriate information is being passed on.

Further work is needed to include birth families in the plans for their children and in supporting them through the adoption process and after the adoption of their children. It is recognised that support is provided by After Adoption Yorkshire, but comments received from birth families indicated that they did not have sufficient information or direct support. The council are advised to review their commissioning arrangements and overall support service to birth families.

Systems for effective monitoring of the work of the service need to be improved. Records demonstrated areas in need of improvement, such as birth parents' signatures on Forms E and there was no evidence of action to address the shortfall. Monitoring must be an effective tool in the development of a sound and effective service to provide safe placements, which enable children to develop towards their full potential as adults.

The staffing levels within the service need to be consistent with the development of high quality adoption practice in moving the service forward. Decisions about staffing levels need to be informed by the experience of service users, research and information from other authorities and agencies. The need to address the staff levels is crucial to the development of the service and in progressing the areas identified within this report.

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

The report of this inspection is available from enquiries@csci.gsi.gov.uk or by contacting your local CSCI office.

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Statutory Requirements identified during the inspection

Staying Safe

The intended outcomes for these standards are:

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

JUDGEMENT – we looked at outcomes for the following standard(s):

2,4,5,10,11,12,13,15 and 19

The adoption service lacks sufficient quality and monitoring systems at key stages in the adoption process to ensure the safety of children in its care.

EVIDENCE:

Work has been undertaken on the analysis of the recruitment needs of the service for prospective adopters and a marketing plan developed. This is stated in the "Marketing Plan – Recruitment of new adopters and promotion of the adoption support service within the adoption team." This useful work needs to be taken forward in a clear, effective written strategy for the recruitment of adopters to meet the needs of the high number of children in the Looked After system waiting for placements. Staff did not feel the recruitment activity was supported by a clear strategy, as stated by one worker;

"It doesn't feel like anyone has a strategic overview."

There was recognition that this may be in place at service manager level but not for the team managers.

The preparation groups are due to run two consecutive Saturdays and one evening eight times each year. The Training and Recruitment Team reported

that they had changed one of these planned groups to a fostering group due to the low numbers of prospective adopters and that the next planned group currently looked as if the numbers were still low, despite absorbing applicants from the previous course.

The Training and Recruitment Team stated they wished to review the preparation training and that they were waiting for the restructuring to be completed before this was undertaken. The need for this review and consideration of the topics covered in the limited two and a half days is supported.

Following attendance at a preparation course prospective adopters are visited again by a worker from the Training and Recruitment Team. The work is then transferred to the Permanency Team, but in future will be to the Adoption Team. Both teams identified difficulties with this process, with examples of work that each felt the other should have completed. Delays were evident, including an example of a dual heritage couple waiting nine months for their assessment to start.

There were issues about the smooth running of the process of applying to adopt. Staff commented on the differing expectations between the teams and on the lack of a meeting which drew both teams together to look at the overall process.

The assessments undertaken were of varying quality. There are some experienced and skilled workers in the team however, they did not evidence the work undertaken in the home study within the assessment report. The number of visits made varied within the team and the total of some was low in order to explore the range of complex issues needed for a comprehensive assessment. There was a lack of consistency in the references taken, some workers did not include the employer unless the occupation related to child care, some did not interview previous partners unless there were children involved in the relationship and there was particular concern that assessments were presented to panel without police checks from other countries of residence and that CRB checks were sometimes reused from an applicant's employer. Assessment of applicants who had moved between counties did not consistently have evidence of local authority checks with all of them. Similarly not all adult children were subject to CRB checks as frequent visitors to the home and some were not interviewed as part of the assessment process.

There were different approaches to the use of competencies within the assessment and a lack of clarity about the function of this assessment tool. The assessments in general needed to be more analytical of the information received and to apply this to the role of prospective parents. This is indicative of poor practice and unsafe assessments, which will fail to safeguard children in placement.

The use of Health and Safety and Pet questionnaires was seen as positive practice and the report on the health of applicants was full and clearly seen as part of the assessment.

It was reported that the practice of a final "second opinion visit" undertaken by a colleague, had stopped. It would be worthwhile exploring the possibility of reinstating these visits for the team managers as part of the development of the service.

There is a service level agreement between Sheffield and the voluntary agency, DAFWS, to provide a service for inter-country adopters. All those enquiring about adoption of this nature are referred to DAFWS who provide preparation and undertake the assessment.

The matching was seen by adopters to work effectively. All but one adopter felt they were given adequate information about their child and were satisfied with the placement arrangements. Evidence from panel minutes showed that there were some situations where matching considerations had been limited by the placements available and in some situations the foster placement became the permanent placement due to the lack of alternative. This was especially evident in situations where there was not an appropriate cultural placement to meet the needs of the child and reflect their heritage. The ineffective recruitment strategy has reduced the level of placement choice available for children.

The practice of Life Appreciation Days has not been established. While adopters felt they had appropriate information, the level of disruptions (4 in the last year) would indicate the need to review the quality of assessments, matching and placement process. Minutes of the disruption meetings were seen and a report identifying themes and issues for consideration was considered by one panel during the inspection.

Adopters spoke positively about meeting with the medical adviser during the matching process and there was appreciation of the information and advice given.

There are currently two panels which meet monthly with two different chairs. The process of organisation and distribution of papers works effectively giving panel members time to consider and read the papers. There are appropriate policies and procedures in place, with the exception of the need for a more detailed procedure relating to arrangements for emergency panels.

There was evidence of delays in social workers being able to get a panel date. There are a number of examples of children's situations being presented to panel at a very early stage in court proceedings. This is having a twofold effect of taking panel time for an early discussion, on occasions without full information and then the need to bring the matter back to panel when following further assessment the social worker needs to apply for the "best interest" decision to be rescinded. The service is reported to be under pressure from the courts in bringing these matters to panel early as part of twin-tracking practice. The managers reported an intention to raise this within their liaison with the courts and in conjunction with other consortium members.

The service is in the process of establishing a third panel to deal with the increase in work and address the delays experienced by workers in being able to book panel dates.

The panels are properly constituted. However, the minutes of the 1.6.05. indicated that one of the members "declared an interest", which would have made the panel inquorate for that item.

Panel members' personnel files are incomplete and need to comply with Schedule 3 of the LAA Service Regulations 2003. There was recognition from the service of the difficulty in providing training for new panel members within the timescales. The need for joint training with social workers also needs to be addressed.

Prospective adopters have only been attending panel for a few months and this was reported and observed to have caused difficulties in the timetabling. With applicants attending there needs to be a longer time slot than is allowed. This has led to difficulties in keeping to the planned times on the agenda. It is recognised that the panel had received training on the inclusion of applicants, but assessing workers were not included in this and reported no preparation themselves for this development.

It was positive to note the effort taken in providing a suitable room for applicants to use while waiting to attend panel.

The minutes and observation indicated there is a need to focus more clearly on each individual child when sibling groups are being considered. This should then be reflected in the minutes with recording relating specifically to the particular child. There is a need for greater clarity about what panel is recommending. There was evidence of panel recommending approval of prospective adopters when references, including police or CRB checks were outstanding. This is unsafe practice and must cease immediately.

The minutes were a clear record of the proceedings. It would be helpful for the recording of members present to be separated from the record of others present who are not panel members. This would assist clarity in issues of quoracy.

Where panel made recommendations about issues relating to the quality of reports, the changes are confirmed by the professional adviser and not reported back to panel. There were a number of examples of failures in the quality assurance process, which necessitates the team manager ensuring the appropriate standard is reached. These examples range from serious evidential material in Forms E being inaccurate to inconsistencies in dates of birth. A paper addressing the "Quality Assurance Process" for both fostering and adoption panels has just been produced by one of the adoption panel chairs. The quality and accuracy of reports needs to be addressed as a matter of urgency.

There are two decision makers who relate to each of the panels. They receive and read the papers and note the issues they wish to address, in advance of panel. They meet with the professional adviser for the panel, usually the day after panel has met and make their decision based on this information and the

notes taken by the professional adviser. The service needs to consider the possible conflict of interest for the panel adviser as a manager within the adoption service and the need for the decision maker to have access to the draft minutes as part of this process. There were occasions noted where the decision maker has not agreed with the panel and returned the matter for further consideration. This is a positive reflection of the seriousness with which matters are considered. The timeliness of the decisions was noted and the fact that the decision maker signs the letters confirming the services decision.

The service has appointed a nominated manager and staff, who are suitable, qualified, experienced and trained in family placement work. The manager has a background in childcare and assessment work and is in the process of completing an NVQ level 4 from the Institute of Chartered Management. The nominated manager is committed and enthusiastic about developing the adoption service. Many of the social work staff had undertaken the Post Qualifying Award with 40% having received the award.

Enjoying and Achieving

The intended outcomes for these standards are:

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

JUDGEMENT – we looked at outcomes for the following standard(s):

6 and 18

The service provides some positive individual support to adopters. This needs to be developed into a cohesive plan that will provide adopters with confidence and enable them to maintain good placements which encourage children to fulfil their potential.

EVIDENCE:

All the adopters responding to the inspection questionnaires felt supported at the time a child was placed with them. One adopter commented that they had daily 'phone calls from their social worker during the placement period, even though she was on sick leave at the time. They also had the 'phone number of the placing social worker and were able to contact her. While there is evidence of support from individual workers and confidence from the adopters in their family placement worker, the strategic support from the service is not yet well established. Adopters were not confident in support from the service as a whole, even though they valued their individual worker.

There have been initial meetings of support groups, but they are at a very early stage of development. The first Support Group meeting for adopters dealing with attachment issues is arranged for later in October. However, staff were not confident about managers expectations of them, feeling they were given "mixed messages". There is a Newsletter circulated to adopters three times a year with information about developments in adoption.

A Mentoring Scheme is being developed where approved adopters are trained and available to provide support and advice to new adopters. Workers within the adoption team said this had started with four adopters but was currently reduced to one.

The adoption service has access to services for advice, including CAMHS and BAAF. They have access to psychologists who have regular meetings with workers in the Family Placement Service and time can be booked for discussion around a specific situation.

While there is the possibility of development of resources there is a lack of a coordinated strategic response to adoption support including the establishment of direct access to resources outside the adoption service.

The use of the specialist advisers to the service was effective and positive. The protocol for accessing specialist advisers needs to be clarified within the adoption service's procedures, but all those interviewed spoke well of the service they had received from the medical advisers. The standard of the medical report informing the agency of the prospective adopter's assessment is high and constructive use is made of the medical advisers' knowledge and expertise. The standard of the legal advice was observed to be of a similar high quality.

Making a Positive Contribution

The intended outcomes for these standards are:

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

JUDGEMENT – we looked at outcomes for the following standard(s):

7,8,and 9

Further commitment of time, resources, training and information is needed from the service to ensure that birth families are consistently enabled to make a positive contribution to their child's life.

EVIDENCE:

The service demonstrates a commitment to work with birth parents and birth families through a service level agreement with After Adoption Yorkshire (AAY), which offers independent counselling and support to them. However, none of the returned inspection questionnaires indicated birth families had received information about local or national support groups. Comments were received indicating the need for clearer information and more accessible support for birth families.

There was evidence from some birth family members that they had been included and involved in the adoption plans for their children. This was not consistent practice and was not reflected in the children's files seen. Only one Form E seen had a parent's signature and none indicated a parent's unwillingness to sign. The inspectors were not confident that parents had seen these reports prior to their presentation to panel.

The systems for ensuring and supporting birth families in appropriate on-going contributions to maintaining their child's heritage were not securely in place. A Letter Box system is established run mainly by administrative staff with commitment and dedication. Social work support and advice is available. There were no reminders sent if agreements are not maintained, photocopies are not taken of all the material received and some correspondence is forwarded unopened. There were examples of the system not working effectively, where letters and presents were not passed on as agreed. There is a need for dedicated social work time to manage the Letter Box system to ensure the maintenance of the child's birth heritage and appropriate exchange of information.

While there is an acknowledgement of the significance and importance of life story work placing social workers felt unable to undertake this work directly due to time-pressures. Some arranged for Support Workers to undertake the work on their behalf and reported some good work being achieved. Adopters commented on the difficulty in getting life story work material for their children. One described repeated attempts to get this material led to

“The social worker (saying) she doesn’t have time to do life story work.”

When some photos and the children’s birth certificates did arrive they came wrapped in the cardboard from a cereal packet sent by the child’s social worker.

There were some effective examples of Later in Life Letters on the files seen. However, adopters commented on disagreements between social workers about who should undertake this work. One worker when asked again for the letter replied,

“Why do you need them now, they can’t read.”

The practice of Life Appreciation Days had not been developed within the service and was a new concept to some workers. The development of this work would assist in establishing information for adopters and would provide structure for the workers who are attempting to establish sound communication of information.

The council are faced with some serious challenges in dealing with the lack of awareness, knowledge and sensitivity demonstrated by some child-care social workers. It raises serious concerns about their understanding of the life long implications of adoption.

Management

The intended outcomes for these standards are:

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

JUDGEMENT – we looked at outcomes for the following standard(s):

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

The management of the adoption service needs to be consistent at all levels to enable staff to provide a safe and effective service for children needing adoption. This is currently not in place throughout the service.

EVIDENCE:

At the time of the inspection the adoption service was nearing the conclusion of an eighteen-month process of restructuring. It has been a difficult time for staff who were still expressing uncertainty about the changes and their effect.

The Service Manager, who has been in post for eight months and his line manager are clear about the focus of the restructuring and of the need to review the service in six months, with particular emphasis on evaluation of the staffing needs based on the evidence of how the service has operated following the restructuring. There was a sense from staff and team managers that the service was in a state of flux until the move to new teams. The enthusiasm and commitment to the changes appeared to cease at the service manager level. One member of staff said;

“There was a real lack of planning, I felt they were just fumbling along.”

This lack of clarity is commented by adopters who identified problems with communication within the service and with them as well as confusion about differing social workers’ roles. Senior managers were clear that information had been provided for staff and were disappointed that the message was not being received clearly by staff and stated this exercise would be repeated.

The restructuring process has maintained a Recruitment and Training team with the addition of Marketing, which has been strengthened, with the appointment of a Marketing Manager for Family Placement Services. This team covers both fostering and adoption and there is a need to establish a clear focus on adoption. Staff reported previous practice has been to emphasise fostering work. This has had a direct impact on the ability of the service to recruit sufficient adopters to meet the needs of children awaiting adoption in Sheffield.

The allocated staff within the new structure should provide two additional staff. However, staff within the team felt the number of workers had been reduced and that this had a direct impact on the ability of the service to respond effectively to new enquiries and undertake initial visits, which were performed by this team. There was evidence of delay at this stage in the process with the initial enquiry being allocated between 2 – 3 weeks after the referral has been made and the initial visit taking place after a further 2 – 3 weeks. The establishment of the Marketing Manager will need to be supported by adequate staffing levels to respond to the increased interest in adoption created by the work of this post.

There was evidence from files, adopters and staff of delays at all stages of the adoption process. There were particular concerns expressed about the wait for preparation courses, reference was made to waiting six months and the further delay for social workers to be allocated for assessment. An adopter commented they were,

“Not allowed to put in an application until (the) course (was) complete. 6 more months wait for assessment to start”.

There was recognition from staff and managers of a “backlog” of assessments awaiting allocation. This is recognised in the additional staff allocated to assessment work on a short-term basis. There must be accurate and realistic assessment of the work that can be undertaken and adequate staffing to address this.

There are some positive elements of separating recruitment and assessment into different teams, but the process still needs to be seen as a whole. It was reported by staff that they did not meet with "the other team" and that there was no structured meeting to discuss issues that arose. There was evidence of medical issues, which led to applicants withdrawing, not being identified at the recruitment stage, causing distress to the applicants and using resources of the service unnecessarily.

Despite the difficulties identified staff saw Sheffield as a fair employer and the length of service of some staff was indicative of the satisfaction experienced by some. Staff were positive about training. They described appropriate access to in-house mandatory training, which includes on-going child protection training. They are able to attend specialist external courses and have bought in training for the team as a whole. While staff felt managers were responsive to their specialist needs some suggested that the organisation of who attends which course could be improved to create a fairer spread across the team.

All staff spoke positively of the administrative support they received, which was well organised and efficient. The main concern identified was the lack of administrative staff available to support the panels. The administrative manager was aware of this and was assessing where appropriate staff appointments should be made.

The service's statement of purpose reads well and was ratified by the Corporate Parenting Panel on 8.7.05. It needs some minor amendments; the reference to work with adopters with an overseas element needs to be clarified, the manager of the service is nominated rather than registered, it would be helpful to have the local CSCI address and to refer to the roles rather than the names of individuals in the service. The BAAF children's guide which is currently in use needs amendment to incorporate local Sheffield information.

The policies and procedures of the service were recognised to be in need of updating, drafts were available at the time of the inspection. Revision of these documents must ensure that they are consistent with other information supplied by the service, such as the statement of purpose.

Adopters received written information about adoption and the adoption process. The majority felt it was clear and useful. There is a need to ensure that this information includes details about financial issues, as some adopters had conflicting information about allowances and no information about court fees. There is also a need for information about the requirements of the service for local children. The eligibility criteria covers both fostering and adoption. This needs to be addressed with clear eligibility criteria for adopters, with specific information about adoption and the needs of local children for whom adoption is the plan.

While there are monitoring procedures in place the quality of work did not reflect issues being raised and dealt with effectively. There was evidence on all files of supervision notes signed by the manager, which is good practice but

needs to be reinforced by effective monitoring of both adopters and children's files. Not all reports presented to panel were signed by the manager, including very few of the Forms E, which is an opportunity for direct quality assurance checks.

The executive side of the council receives regular reports on the operation of the service. The Lead Member for Children and Young People's Services was knowledgeable and committed to the work of the service.

There are procedures in place for recording and the children's adoption files are in place and had the appropriate documentation present. The standard of the recording is not consistent. The quality of Forms E is poor in some cases. A clear focus on each individual child in a sibling group is not maintained. Similarly the quality of recording on adopters' files is not consistent. For example some references are not noted on the assessment although they had been undertaken and useful front-sheets and information forms are not fully completed. There are also examples of adopters' names being incorrect on letters sent to them.

Some issues of concern were raised in relation to confidentiality. One adopter stated they had received anonymised information relating to a possible link. Names had been "tippexed" out but it was possible to read what was beneath. An example was also given by prospective adopters who contacted the service after hearing nothing for some months about their assessment starting. They were informed their referral had "fallen down the back of the filing cabinet", for which they received no apology.

The records in the personnel files are generally good. However, they are missing the telephone reference checks, which are not identified within the Council's recruitment procedure either. As referred to earlier the panel members' files need further work.

The recording system for complaints and allegations is not currently maintained in separate files. This needs to be established. The record of complaints does not include the required record of complaint, investigation, outcome and action taken. There was evidence of recent complaints being responded to appropriately and of matters being resolved and moved forward.

There are systems and procedures in place to allow and facilitate access to files. There was evidence from adopters that these procedures had been used effectively.

The archive system is well organised and housed in separate premises. These premises were seen as secure and appropriate. It is recommended that a risk assessment be undertaken of the possible risk of water and fire damage in the present storage arrangement of cardboard boxes.

The premises used by the adoption service while designed as offices are stretched to meet the needs of the current service. With the advent of adoption support members of the public are accessing the building and there is a need to provide suitable interviewing facilities for them and to consider the

immediate access afforded to the rooms around the reception area, such as the room used for panel meetings. It may be possible to be flexible in the use of the rooms available. Creative use has been made of one office by placing a couple of sofas for use by applicants attending panel, allowing some privacy and a degree of comfort. However, the access to the building remains a concern in relation to staff security in entering or leaving the building after dark. This was an issue raised by a variety of staff, some of whom expressed their vulnerability in leaving the building after work. It is difficult to see how the current premises can be developed to meet the current needs of the adoption service.

SCORING OF OUTCOMES

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

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

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

BEING HEALTHY	
Standard No	Score
No NMS are mapped to this outcome	

MAKING A POSITIVE CONTRIBUTION	
Standard No	Score
7	1
8	1
9	1

STAYING SAFE	
Standard No	Score
2	2
4	2
5	3
10	2
11	1
12	2
13	2
15	3
19	3
24	N/A

ACHIEVING ECONOMIC WELLBEING	
Standard No	Score
No NMS are mapped to this outcome	

ENJOYING AND ACHIEVING	
Standard No	Score
6	2
18	2

MANAGEMENT	
Standard No	Score
1	2
3	1
14	3
16	2
17	2
20	2
21	2
22	3
23	3
25	2
26	3
27	2
28	2
29	2
30	N/A
31	N/A

Are there any outstanding requirements from the last inspection?

This is the first inspection of the adoption service.

STATUTORY REQUIREMENTS

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

No.	Standard	Regulation	Requirement	Timescale for action
1	AD3	AA Regs 1983 8 (1)	The adoption service must provide written information about adoption to prospective adopters, including clear and accurate information about children who need families locally.	31/12/05
2	AD4	AA Regs 1983 8 (2)	The adoption service must provide comprehensive, consistent assessments of prospective adopters. A new CRB check must be commissioned in respect of each applicant and checks must be undertaken with the police authorities in other countries of residence. References must be obtained from all counties in which applicants have lived. References must be sought from all previous partners and from all employers. All adult children should be interviewed and be subject to CRB checks if regular visitors to the home.	28/10/05
3	AD5	AA Regs 1983 9	The service must ensure that children are matched appropriately with adopters who can meet the needs of	28/10/05

			the child.	
4	AD11	AA Regs 1983 Revised	The service must ensure that the panel remains quorate throughout all the matters it considers. Action must be taken to reconsider those situations where panel was inquorate.	28/10/05
5	AD11	LAA Regs 2003	The service must comply with the requirements in Schedule 3 in relation to all panel members.	28/10/05
6	AD12	AA Regs 1983 7	The service must consider the needs of each child individually when considering whether adoption is in the best interests of the child.	28/10/05
7	AD7	AA Regs 1983 7	The service must demonstrate birth parent's involvement in plans for their children throughout the adoption process.	28/10/05
8	AD8	AA Regs 1983 7	The service must ensure effective systems, with appropriate staffing, to encourage and maintain an adopted child's birth heritage.	31/12/05
9	AD8	LAA Regs 2003 7(b)	The service must ensure that the council's child-care staff are appropriately trained and have sufficient understanding of the life long implications of adoption.	28/10/05
10	AD1	LAA Regs 2003 2	The statement of purpose must be revised to reflect the service offered and comply with Schedule 1. Policies and procedures must be revised and consistent with other information.	31/12/05
11	AD1	LAA Regs 2003 3	The children's guide must be finalised to include the local information required in Schedule 2.	31/12/05
12	AD16AD20AD21	LAA Regs	The service must ensure it	08/04/06

		2003 10	has sufficient, suitably qualified staff to provide an effective and efficient adoption service.	
13	AD17	12	The service must ensure effective monitoring is in place to create an effective service.	31/12/05
14	AD25	LAA Regs 2003 8 and 7	The adoption service must ensure comprehensive and accurate case records are maintained for each child and prospective adopter. The confidentiality of all adoption records must be maintained.	28/10/05
15	AD28	LAA Regs 2003 15	Telephone references must be undertaken and recorded in relation to all new staff.	28/10/05
16	AD27	LAA Regs 2003 17	A separate record must be maintained of complaints and allegations. The record of complains must comply with Regulation 17.	28/10/05

RECOMMENDATIONS

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

No.	Refer to Standard	Good Practice Recommendations
1	AD2	The marketing work should be used to create a clear, written strategy for the recruitment of appropriate adopters for the needs of children waiting for placements.
2	AD4	The preparation course content and timescales should be reviewed.
3	AD4	The reinstatement of the "second opinion visit" should be considered by the service.
4	AD10	Policies and procedures should incorporate the practice of calling for emergency panels.
5	AD11	The service should provide joint training for panel members and its adoption staff on at least an annual basis. All new panel members should receive induction training within ten weeks of becoming a member.
6	AD12	The service should liaise with the courts about the pressure to bring matters to adoption panel at a very early stage in proceedings.
7	AD12	The minutes of the panel meeting should clearly differentiate the panel members from those present in an advisory capacity.
8	AD13	The service should consider possible conflicts of interest for the professional adviser in meeting with the decision maker. The draft minutes should be available to the decision maker in reaching their decision.
9	AD6	The service should develop a comprehensive strategic plan for the support of adoptive parents.
10	AD18	A written protocol should be established governing the role of specialist advisers and how the service will access them.
11	AD7AD8	Consideration should be given to establishing the practice of Life Appreciation Days.
12	AD25	Consideration should be given to a risk assessment of the possible fire and water damage to archive material. Consideration should be given to reviewing the suitability of the current premises for the purpose of the adoption service.

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