

inspection report

Voluntary Adoption Agency

Adoption NCH - London Black Families

158 Crawley Road

Roffey

Horsham

West Sussex

RH12 4EU

21st, and 26-28th July 2004

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.

VOLUNTARY ADOPTION AGENCY INFORMATION

Name of Voluntary Adoption Agency

Adoption NCH - London Black Families

Address

12a Hackford Walk, Hackford Road, London SW9 0QT

Tel No

0845 255 5533

Fax No

020 7582 3687

Email Address

lnlbfap@mail.nch.org.uk

Certificate Number of Voluntary Adoption Agency**Name of Registered Provider:**

NCH

Name of Manager:

Jean Smith

Is this service the principal office or a branch?**Is this a small principal office or branch?**

Seven or less full-time equivalent social work staff, excluding manager.

Principal Office

No

Branch

yes

yes

Date of registration:**Date of most recent certificate:****Registration Conditions Apply?**

NO

Date of last inspection:

N/A

| | | | |
|--|----------|----------------|----------------|
| Date of Inspection Visit | | 21st July 2004 | ID Code |
| Time of Inspection Visit | | 09:30 am | |
| Name of Inspector | 1 | Sue Nott | 124902 |
| Name of Inspector | 2 | | |
| 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 the inspection | | | |

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INTRODUCTION TO REPORT AND INSPECTION

Voluntary Adoption Agencies which fall within the jurisdiction of the Commission for Social Care Inspection (CSCI) are subject to inspection, to establish if the service is meeting the National Minimum Standards for Voluntary Adoption Agencies and the requirements of the Care Standards Act 2000, the Adoption Act 1976 as amended, the Adoption Agencies Regulations 1983 as amended, and the Voluntary Adoption Agencies and Adoption Agencies (Miscellaneous Amendments) Regulations 2003.

This document summarises the inspection findings of the CSCI in respect of Adoption NCH - London Black Families. The inspection findings relate to the National Minimum Standards for Voluntary Adoption Agencies published by the Secretary of State under section 23 of the Care Standards Act 2000.

The Adoption Agencies Regulations 1983 and the Voluntary Adoption Agencies and Adoption Agencies (Miscellaneous Amendments) 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 in relation to Voluntary Adoption Agencies regarding registration, the imposition and variation of registration conditions and any enforcement action.

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
- Required actions on the part of the provider
- Recommended good practice
- Summary of the findings
- Report of the Lay Assessor (where relevant)
- Provider's 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.

National Description

The Children's Home was founded in 1869 by the Reverend Thomas Stephenson Francis Horner and Alfred Mager, both committed Methodists who wished to provide a safe refuge, education, training and a home for orphans and destitute children whom they encountered on the streets of London. It was initially a London based charity becoming known as the National Children's Homes in 1907. It is now a large nationally recognised charity providing a wide range of childcare services across the UK.

Established to provide residential care services for children, it has diversified its operations and currently provides a range of projects nationally, of which six offer adoption services. These are based in Bristol, Birmingham, Horsham, London, Leeds and Middlesbrough. Each of the six adoption projects aim to provide a range of adoption services in which the focus is to recruit, assess, prepare, train and support adoptive families. The Commission for Social Care Inspection has undertaken an inspection of each of the branches operating in England.

The Governance of the NCH is by a number of committees, including the Senior Management Group, which is made up of all regional directors; they raise policy issues for the council and its subsidiary committees to consider. It meets six times a year.

The Adoption Sub Committee provides the accountable link between the agency and the NCH trustees reporting business to the Children's Services Committee on a quarterly basis. The NCH are administered under a scheme by the Charities Commission.

The Registered Person is Nigel Harper, the North East Regional Director. He reports to the Adoption Sub Committee.

The current Registered Manager is Linda Plummer, whose designated role within the organisation is professional advisor on Family Placements. She has previously managed an adoption service for the NCH, but in her present capacity as a professional advisor she does not line manage the managers of the individual branches.

The branches are currently line managed within their particular region and each branch manager is part of their regional management team. The Adoption Service Development Group brings together the branch managers, their line managers, the agency manager and the registered person.

The branch managers also meet quarterly as the Adoption Service Development Group to discuss practice issues.

In recognition of the need to strengthen the identity of the adoption services on a national basis the NCH are currently reorganising their adoption services. There have been a series of draft reports and consultations on the agencies proposals. These have now been presented to the Children's Management Group, and the agency is to appoint an adoption manager. It will be a specialist role to give direction and leadership to the developments in the field of adoption, and have oversight of all the NCH adoption services. This person will also have line management responsibility for each of the branch managers.

The charitable aim of the NCH is to "improve the quality of life of the most vulnerable children and young people."

The NCH adoption agency aim to provide adoptive families for the most difficult to place children, older children and sibling groups and children with disabilities. How this policy is being delivered across the six adoption services projects will be judged by the branches individual inspections.

The charity works to a set of principals outlined in its Statement of Purpose.

Branch Description

London Black Families is a small branch of this national charitable organisation, which covers the greater London area. It started operating in February 2003 from the South East branch, and which was originally based in Horsham in Sussex. Staff moved into their own premises in South London in May 2004. The agency is involved in recruiting, assessing and supporting adopters for domestic adoptions. At the time of inspection, the South East branch was providing their counselling service to adopted adults. The team consisted of a manager, and one full time permanent social worker. Another worker was appointed, and due to start the following week. There was one Senior Administrator. Sessional workers were currently carrying out assessments.

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.)

Adoption agencies are being inspected for the first time against the National Minimum Standards introduced from the 1st of April 2003. As a result the report may contain a substantial number of recommendations and requirements. If so, the number of these should fall significantly at the next inspection, when providers will have time to take account of the new legislation and standards, and take action to meet them. Any breaches posing an immediate risk to service users would be highlighted for urgent action.

National Description

Two inspectors from the CSCI National Adoption Team undertook the inspection of the NCH Adoption Agency headquarters. The inspection and interviews with senior staff from the agency took place on the 7th May and the 14th July 2004.

Inspectors from the CSCI National Adoption Team have inspected each of the NCH branches, which provide an adoption service.

There will be separate inspection reports for each of the branches, but each branch report will incorporate the national perspective.

The national perspective will be taken in to consideration when a formal judgement is made on how each of the branches involved in adoption activity meet the National Minimum Standards.

Overall this was a satisfactory inspection of the NCH headquarters.

As a national agency, the NCH remains committed to the provision of a comprehensive range of adoption services.

The development of the post of adoption manager will offer a clear focus for the adoption service.

There is a range of policies and procedures for the work of the adoption agency, and a degree of flexibility allows them to reflect local needs and realities.

The NCH must ensure its statement of purpose and is formally approved, and distributed to all the agencies projects.

The NCH must be clear about its eligibility criteria. The branch staff must be clear about the agency's policies and procedures, in particular, the agencies response to gay and lesbian applications.

The manager of the adoption service must undertake a formal management qualification.

The registered person must have a current Criminal Record Bureau (CRB) check.

Branch Findings

The inspection of NCH London Black Families Adoption Agency was carried out over three days, plus observation of the adoption panel on a separate day. Staff were accommodating and efficient in facilitating the inspection timetable. This was a new branch, and it was still in the very early stages of its development. Overall the inspector found a branch that had promising prospects, and was clearly meeting a need in London to provide black families with a specialist service. The manager was starting to build a committed workforce who were keen to develop skills in family placement work. It was to be expected that such a new agency were not yet able to meet many of the standards required, but there was an enthusiasm and a commitment to do so, and there was evidence that the manager understood the issues, and was working towards providing a good standard of service and practice. There were also areas where the branch did not meet the standards that were related to national issues. Therefore, the low scoring of a number of standards should not detract from the areas of good practice being developed within the branch.

At the time of inspection, there were six approved adopters. Three placements had just been made with two families. Two approved families were visited, two families with very recent placements were interviewed by phone, and out of 6, two questionnaires from adopters were returned.

Statement of Purpose (Standard 1)

This standard was not met. The agency has a draft Statement of Purpose, which reflects the aims and objectives, and covers the areas expected. It was awaiting formal approval, and final distribution to the branches. Consideration should be given to including brief information on the work of individual projects. There was evidence of good national policies and procedures in operation.

Securing and Promoting Children's Welfare (Standard 2)

This standard was met. With only three placements made since the project was established, there was limited evidence that this project was aiming to be thorough, and proactive in the matching process, so that children were appropriately placed with carers who would meet their needs.

The branch had received a very positive response from placing authorities and prospective applicants in offering a specialist service to black, Asian and mixed heritage families.

Prospective and Approved Adopters (Standards 3-6)

One standard was met, one was partially met, one was not met, and one could not be assessed. The project was starting to offer a good quality of service to prospective adopters. Their initial response to enquirers was welcoming and efficient. The preparation groups were confirmed in questionnaires and interviews, as being of a good standard. However, assessment feedback on the small sample taken was more variable. Two families had only just had children placed with them, and it was too early to assess the quality of post placement support they received. The project needed to ensure consistency and quality in their assessments.

Birth parents and Families (Standards 7-9)

Two standards were met. One could not be assessed. The project was likely to do little direct work with birth relatives. Section 51 counselling and intermediary work was dealt with by NCH SE branch at the time of inspection.

However, staff demonstrated their commitment to ensuring as much information as possible was available to the child and their adoptive family about their birth families. If appropriate, efforts would be made, to ensure some form of contact, such as exchange of information, was maintained

Adoption Panels and agency decisions (Standards 10-13)

Two standards were met. One was partially met, and one was not met. The panel was properly constituted and met regularly. Panel members received papers sufficiently in advance, and the minutes of the meetings were clear and informative. The decision maker followed up the recommendations, from the panel, promptly. Regular training was being provided. The agency's policies and procedures for the panel needed to be developed to meet the requirements of the National Minimum Standards. Issues of quoracy, and time keeping of panel members needed to be addressed.

Fitness to provide or manage a service (Standards 14-15)

These standards were not met. The responsible individual did not have an up to date CRB check, and the registered manager did not have a management qualification. The project manager was appropriately qualified and had relevant professional childcare experience. She demonstrated good leadership.

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

One standard was met. Two were partially met. There was evidence of regular monitoring of the activities of the adoption agency, through the Adoption Sub Committee. Communication between staff and senior management was said to be good, and with management available and approachable. However, more consultation regarding changes in the adoption management structure, including the implementation of an adoption business unit for the national organisation was needed with staff in the project. Lines of accountability when the project manager was unavailable were not clear.

Employment and management of staff (Standards 19-24)

Two standards were met, three were partially met, and one was not met. There were generally good recruitment and selection procedures to ensure the employment of appropriately qualified and experienced staff. However, evidence of all information required under Schedule 2 was not on all files. The numbers of sufficiently experienced and qualified staff needed to be carefully monitored as the work of the project expanded. A clear programme of training for all staff needed to be developed, to include post qualification training requirements, and training in dealing with complaints.

Records (Standard 25-28)

Two standards were met, and two were partially met. Records seen were of a reasonable quality, and were secured and stored appropriately. The system to audit the quality of records was not fully operational. Up to date personnel files were not being maintained for all panel members.

Fitness of premises (Standard 29)

This standard was partially met. The offices were appropriately laid out for the space available. There was a good level of security provided. All parts of the building were not accessible to service users and staff with disabilities. The offices are fully insured. The agency lacked a disaster recovery plan.

Financial requirements (Standards 30-31)

These standards were met. The agency demonstrated sound financial management.

Implementation of Statutory Requirements from Last Inspection

Requirements from last Inspection visit fully actioned?

NA

If No please list below the findings of this inspection on any Requirements that have not been actioned

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 Voluntary Adoption Agencies and Adoption Agencies (Miscellaneous Amendments) 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.

COMPLIANCE WITH CONDITIONS OF REGISTRATION (IF APPLICABLE)

Providers and managers of Voluntary Adoption Agencies must comply with statutory conditions of their registration. The conditions applying to this registration are listed below, with the inspector's assessment of compliance from the evidence at the time of this inspection.

| | | |
|------------------|-------------------|--|
| Condition | Compliance | |
| | | |
| Comments | | |
| | | |

| | | |
|------------------|-------------------|--|
| Condition | Compliance | |
| | | |
| Comments | | |
| | | |

| | | |
|------------------|-------------------|--|
| Condition | Compliance | |
| | | |
| Comments | | |
| | | |

| | | |
|------------------|-------------------|--|
| Condition | Compliance | |
| | | |
| Comments | | |
| | | |

Lead Inspector

Signature

Second Inspector

Signature

Locality Manager

Signature

Date

STATUTORY REQUIREMENTS IDENTIFIED DURING THIS INSPECTION

Action Plan: The Registered provider and manager are 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 Voluntary Adoption Agencies and the Adoption Agencies (Miscellaneous Amendments) Regulations 2003 or the National Minimum Standards for Voluntary Adoption Agencies. The Registered Persons are required to comply within the given time scales in order to comply with the Regulatory Requirements for Voluntary Adoption Agencies.

| No. | Regulation | Standard * | Requirement | |
|-----|------------------|------------|--|----------|
| 1 | VAAR 2003 3 (3) | VA1 | The Statement of Purpose must be formally approved and distributed to the branches. | 31.10.04 |
| 2 | AAR 1983 8 (1) | VA3 | The NCH must be clear about its eligibility criteria. The agency's policies must be reflected in the practice of the organisation. Branch staff must be clear about the agency's policies and procedures | 31.10.04 |
| 3 | AAR 1983 8 (2) | VA4 | All prospective adopters must receive a thorough and comprehensive assessment, with consistent quality of input from workers completing the home study report. | 31.10.04 |
| 4 | AAR 1983 5 | VA10 | The agencies policies and procedures for the panel must be developed to include those listed in the National Minimum Standards (standard 10.2) | 31.10.04 |
| 5 | AAR 1983 10 (1)b | VA1010 | Adopters must be invited to attend panel as soon as training has been undertaken. | 30.11.04 |
| 6 | AACR83 5(4) | VA11 | Issues around members arriving late, ensuring panels are quorate, and accurate recording of those members present, including those arriving late on panel minutes must be addressed. | 30.11.04 |

| | | | | |
|----|-------------------------------|------|--|-----------|
| 7 | AACR 1997 5 | VA11 | A formal induction programme must be developed for future new members, and any specific training needs identified, and provided on an individual basis as appropriate. | 01. 01.05 |
| 8 | VAAR 2003 8 | VA14 | The manager of the adoption service must undertake a formal management qualification. | 01.04.05 |
| 9 | VAAR 2003 5 (3)(c)Sch.2 | VA15 | The Registered Person must have a current Criminal Record Bureau check. | 31.08.04 |
| 10 | AAR2003 8 | VA16 | Clear arrangements must be in place to identify the person in charge when the manager is absent. | 30.11.04 |
| 11 | AAR2003 8 | VA16 | Any changes in structure, and the possible implementation of an adoption business unit for the national organisation must be decided as soon as possible to avoid confusion. Staff should be consulted, and contribute their views towards the proposed changes. | 30.11.04 |
| 12 | VAAR 2003 14(1) | VA19 | All people working for the adoption agency, including those that work on a sessional or voluntary basis must have a satisfactory CRB check applied for by the agency itself. All files must include relevant documentation as listed in Schedule 2 VAA2003. | 31.08.04 |
| 13 | VAAR 2003 14(1) | VA19 | The agency must ensure that the practice of verifying written references by phone is being implemented. | 31.08.04 |
| 14 | VAAR 2003 13 (a) (b) | VA21 | Any growth in work, without an increase in permanent staff, must be carefully monitored, so as not to overload the staff group. | 31.12.04 |
| 15 | VAAR 2003 15(2) | VA23 | A clear programme of training for all staff to achieve the post qualification training requirements must be developed. | 31.10.04 |
| 16 | VAAR 2003 11(3) | VA24 | All staff must receive training in the complaints procedures. | 31.12.04 |
| 17 | AAR 1983 6(2) | VA27 | The system to monitor the quality and adequacy of records must be fully implemented. | 31.10.04 |

| | | | | |
|----|------------------------|------|---|----------|
| 19 | VAAR 2003 17(1) | VA28 | Up to date personnel files must be maintained for all panel members. | 31.10.04 |
| 20 | VAAR 2003 18 (2) | VA29 | A disaster plan must be developed, which covers all branches. | 30.11.04 |
| 21 | VAAR 2003 18(2) | VA29 | Efficient and secure IT systems, and equipment must be accessible to all staff. | 31.12.04 |

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 Registered Persons.

| No. | Refer to Standard * | Recommendation Action |
|-----|---------------------|---|
| 1 | VA1 | The inclusion of details of staff working in the London Black Families project should be included in the Statement of Purpose. |
| 2 | VA1 | Consideration should be given to including brief information on the work of individual projects in the Statement of Purpose. |
| 3 | VA2 | Management should be careful of expanding and taking on additional work before core areas of the project's present responsibilities are established and fully operational. |
| 4 | VA4 | Input from a person who had been adopted, and a birth parent should be included if possible in preparation groups. |
| 5 | VA4 | The inspector would recommend exploring the use of "a house style", to maintain consistency throughout all assessments, particularly while the agency is using mainly independent workers to carry out assessment work. |
| 6 | VA4 | Health and safety check lists should make clear what date any remedial action is required by. |
| 7 | VA4 | Dates on applicants C.V.s should include months, as well as years. Explanations should be documented of any gaps in C.V.s. |
| 8 | VA10 | More training should be undertaken around reaching a consensus at panel. Clear minuting of dissenting views should be made, and where appropriate recommendations should be deferred to allow further information to be sought. |
| 9 | VA11 | It is recommended that the agency review the use of a chair independent of the agency. |
| 10 | VA17 | An information pack including charges to purchasers specific to London Black Families should be developed. |
| 11 | VA18 | Procedures should be developed, and possible funding explored for accessing specialist advice according to need, including specialist advice on issues of race and culture. |
| 12 | VA18 | A formal written protocol governing the role of specialist advisers should be provided. |
| 13 | VA21 | Social worker salaries should be kept under review by senior management to ensure they are sufficiently competitive to recruit appropriately experienced staff to meet the needs of the agency within central London. |
| 14 | VA24 | The NCH should consider reviewing some of the timescales for investigating and responding to complaints |

| | | |
|----|------|--|
| 15 | VA25 | Consistency in recording decisions by supervisors and signing and dating these decisions on files should be maintained. |
| 16 | VA25 | Ongoing assessments notes should to be recorded. |
| 17 | VA27 | Although the expectation is that sessional staff have lockable filing cabinets for home work, the manager should ensure that the storage of confidential information held by staff working for the agency from a home base is suitably stored. |

* Note: You may refer to the relevant standard in the remainder of the report by omitting the 2-letter prefix e.g. VA10 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 | NO |
| • Specialist advisor (s) | YES |
| Tracking Individual welfare arrangements | YES |
| • Interview with children | NO |
| • Interview with adopters and prospective adopters | YES |
| • Interview with birth parents | NO |
| • Interview with birth family members | NO |
| • Contact with supervising social workers | YES |
| • Examination of files | YES |
| Individual interview with manager | YES |
| Information from provider | YES |
| Individual interviews with key staff | YES |
| Group discussion with staff | YES |
| Interview with panel chair | YES |
| Observation of adoption panel | YES |
| Inspection of policy/practice documents | YES |
| Inspection of records (personnel, adopter, child, complaints & allegations) | YES |
| Additional Inspection Questions | |
| Certificate of registration was displayed at the time of the inspection | YES |
| Certificate of registration accurately reflected the situation in the service at the time of inspection | YES |
| Total No. of staff employed (excluding managers) | 2 |
| Date of Inspection | 21/07/04 |
| Time of Inspection | 0930 |
| Duration Of Inspection (hrs) | 35 |
| Number of inspector days | 4 |

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 - 1.3(partial) and 1.5 – 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?

1

National Findings

The NCH has a statement of purpose. This was presented to the Adoption Sub Committee in June 2004. The Sub Committee requested some amendments to the documents, and a resolution is currently being achieved. Once the Adoption Sub Committee has formally approved the statement of purpose, it will be circulated to all the projects, and incorporated into the Adoption Practice Standards.

The statement of purpose covers the main aims and objectives of the adoption agency. It lists the branches providing adoption services, and gives some information on how the agency is structured.

The statement of purpose will be an annual agenda item for the Adoption Sub Committee to consider.

NCH has a policy manual (Adoption Practice Standards), which sets out the organisation's constitution, statement of purpose, management structure, recruitment practice, and the management of a branch/agency. The NCH recognises that individual branches will vary in the scope of their work, but the overall purpose of all the work, in the NCH adoption agency, is encompassed in the general statement of purpose and their Adoption Practice Standards.

The Statement of Purpose must be formally approved and distributed to the branches.

Branch Findings

NCH Adoption South East operates under the agency's national Statement of Purpose. The document includes an organisational structure chart, which is not clear in showing the complexity of the management structure, and the lines of responsibility. A list of staff employed in the Black Families project was not included in the document seen by the inspector. As all the other projects were included, the fact that this was such a new project would appear to be the reason for this omission. These should be added. Also there is no information on the work of the individual projects, and inclusion of brief details of each should be considered, along with revision of the management structure chart.

Staff confirmed that the Statement of Purpose was included in the induction pack provided to new staff. The agency subscribed to Language Line, which provides an interpreting and translation service, and arrangements could be made to translate the document to make it accessible to all. The project also has a sessional worker, who is a qualified translator.

**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 trustees or management committee?

NO

Is there a children's guide to adoption?

NA

Does the children's guide contain all of the information required by Standard 1.4?

NA

Securing and promoting children's welfare

The intended outcome for the following set of standards is:

- The needs and wishes, welfare and safety of the child are at the centre of the adoption process.

Standard 2 (2.1 - 2.3)

The adoption agency has written plans for the implementation and evaluation of effective strategies to recruit sufficient adopters to meet the needs of the range of children waiting for adoption locally.

Key Findings and Evidence

Standard met?

3

National Findings

The Adoption Practice Standards contains policies and procedures governing the recruitment practices of the NCH, and their partnerships with other agencies. These are the principles the branches will follow when recruiting, assessing and preparing prospective adopters.

The policy on "Publicity and Information" (Adoption Practice Standards, standard 15) sets out the work of the agency in line with the agency's marketing strategy.

Each branch is expected to have its own local marketing strategy to meet local needs and circumstances.

The policy further states that all publicity material must reflect the linguistic and cultural needs of minority ethnic groups, and that projects must maintain a high profile within the area it covers, to ensure there is a sustained recruitment process. The NCH are committed to placing children with families who match a child's ethnicity and culture, and to keeping siblings together where that is the childcare plan.

The policy on "Work with Enquirers" (Adoption Practice Standards, standard 16) states the projects must respond efficiently and sensitively to enquirers, and that the branches are clear about the profile of adopters they wish to recruit which reflects the needs of children waiting for placements.

Branch Findings

The aim of the branch is that their pool of adopters will reflect the placement needs of black, Asian, and dual heritage children requiring placement, both nationally and locally. The written plans for the implementation and evaluation of strategies to recruit adopters are covered in the Business Plan. Future plans around recruitment are actively under discussion, as this new project develops the focus of its policy, and the overall direction it wants to pursue. For example, senior management had put in a proposal for a contract for the project to provide a post adoption support service for a North London consortium.

Although this was not successful, management should be careful of expanding and taking on additional work before core areas of the project's present responsibilities are established and fully operational. The numbers of enquiries to the project by prospective applicants has been very encouraging, and as the volume of work is still being established, staff can at present respond quickly and efficiently. The project is already a member of the South London adoption consortium.

There was some initial evidence from panel minutes, examination of case files and interviews with staff and adopters, that project workers were careful in following up suitable matches, and sought as much information as possible from placing authorities. Only three placements had been made at the time of inspection. These placements were with families that reflected the children's ethnic, and cultural religious background. Staff were aware of the need to ensure that the agency took into account the children's own views and feelings, and to seek, prior to placement, additional services, such as therapeutic input, that might be needed post placement.

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

3

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

100

%

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

1

How many allegations of abuse or neglect were made, in the last 12 months, about adopters approved by the agency?

0

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 – 3.6)

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?

1

National Findings

The NCH self-assessment form indicates the agency operates an open recruitment policy. The policy on “Equality and Diversity” (Adoption Practice Standards, standard 6) states the project does not discriminate against service users on the grounds of gender, ethnicity, religion, marital status, sexuality or disability. Appendix D gives a policy statement on the adoption of children by adopters who are lesbian or gay. It is an approved policy statement by the Adoption Sub Committee in February 2000

The Adoption Information Pack gives a clear picture of the adoption process to enquirers, and states the NCH intention to welcome people from all sectors of the community. The eligibility criteria are listed in the information pack “Criteria for Selection”. The NCH will consider applications from married couples; people who are living together but not married whether they are in heterosexual, lesbian or gay partnerships and single applicants.

Whilst the NCH has an open recruitment policy and Eligibility Criteria that includes gay and lesbian applicants and a policy on “Equality and Diversity” the minutes of meetings, and the representations made by branch managers, suggest there is a lack of clarity to the organisation’s policy of recruiting gay and lesbian applicants.

The minutes of the Adoption Sub Committee show there has been a verbal report presented to the committee (December 2003) on working with Gay and Lesbian applicants. It was a verbal report to the committee. There are no minutes of the discussion that took place, or the reason why the matter was brought before the Adoption Sub Committee, or how the matter was resolved.

The sub committee are advised to record all conversations in the meetings to ensure the work of the NCH remains transparent.

The NCH has a project specifically dedicated to the recruitment of black adopters. The agency has had an injection of funding from a corporate sponsor, which has enabled the agency to deploy extra resource, staff, materials and advertising campaigns. The donation has a specific staffing component used to employ African Caribbean and Asian staff, in addition to existing black staff.

The agency does not undertake Inter-Country adoption assessments. Enquirers are directed to the Local Authority and to the overseas adoption helpline.

The NCH must be clear about its eligibility criteria.

The agency’s policies must be reflected in the practice of the organisation.

Branch staff must be clear about the agency’s policies and procedures.

Branch Findings

The branch has a specific remit to recruit adopters from black, Asian and mixed heritage backgrounds (including couples in racially mixed partnerships). The information pack produced by NCH for prospective adopters is specific about the range of applicants the agency will provide a service to. Questionnaires and telephone interviews from the small number of adopters recruited so far indicated that applicants were on the whole satisfied with the written and verbal information given. Prospective adopters felt they were able to gain a clear picture of what was involved in the assessment process from the beginning of their initial contact with the agency.

NCH Black Families has clear written information on its criteria for taking up applications in the London area, so that staff can respond appropriately to enquirers. The project does not take up applications from white European families, and these are referred to NCH South East branch, or given details of local authorities, or voluntary adoption agencies in their area. Enquirers regarding inter country adoption are redirected to their local authority, and given the Overseas Adoption Helpline number.

Applicants have the opportunity to meet with experienced adopters both during the preparation groups, and on an individual basis, if felt to be helpful. They also have access to Be My Parent and Adoption Today to consider information about the children who need families both locally and countrywide.

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?**

2

National Findings

The NCH has a policy statement on “Work with Applicants ” (Adoption Practice Standards, standard 17); it covers the allocation of a social worker within two weeks of the receipt of an application, the assessment and suitability of an application, and the presentation to panel. There is a supporting procedure to the policy on Work with Applicants, which covers statutory enquiries, medicals, personal referees, the home study, the preparation training, inspection of the accommodation and legal documents.

The Adoption Information Pack gives a clear picture of the adoption process to enquirers, the preparation and assessment procedure, and the role of the adoption panel.

Branch Findings

File examination, and the reading of completed F forms showed a variable quality in the completion of the assessment process. Some adopters interviewed were positive about the way sensitive and difficult topics were addressed during the preparation, both during group sessions and the individual assessment. One adopter commented that she was “glad she did not have to explain herself and her culture”. Another found the process intrusive. Assessments were generally written in narrative style, and differed in thoroughness and style. Some assessments included a competency-based approach, although the evidence in some places was rather tenuous. For example, in one form F examined, no areas of development were identified, although the report was on applicants with no childcare experience. Some Form F’s had a “second view” report attached, whereas others did not. Also explanations of areas of concern and difficulties, although documented during the assessment, were not always fully clarified on the Form F’s. The assessment approach and tools used during the process should be consistent. The inspector would recommend exploring the use of “a house style”, to maintain consistency throughout all assessments, particularly while the agency is using mainly independent workers to carry out assessment work. The manager informed the inspector that the quality of the work of some sessional workers used had not been satisfactory, and these workers would not be used again.

All prospective adopters must receive a thorough and comprehensive assessment, with consistent quality of input from workers completing the home study report.

Input was provided from approved adopters, during the preparation group process. Input from a person who had been adopted and a birth parent should also be included if possible. Groups are arranged when there are enough applicants, and the programme is flexible to facilitate attendance. For example, one day of the preparation sessions may be held on a Saturday to fit in better with working applicants.

All the required checks were obtained on applicants. Time scales for completion of assessments were good, and where assessments had taken longer than recommended government guidelines, this was for valid reasons, and was documented.

Health and safety check lists were completed, but did not make clear what date any remedial action was required by. Also dates on applicants C.V.s should include months, as well as years. Explanations should be documented of any gaps in C.V.s.

There had been a positive response to this new project from applicants, and although in its very early stages of development, it had already attracted applicants from a diverse range of cultures, religions and backgrounds. All staff were black, or mixed heritage, and panel members was representative of the community it served. Applicants were not yet attending panel, (See Standard 10), but those adopters spoken to felt involved in all stages of the process. All said that they had been kept well informed and were consulted throughout.

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?**

3

National Findings

The Adoption Information Pack gives a clear picture of the placement process, planning introductions, placement and how some placements do not work out.

The NCH are developing a Post Approval Pack.

The Adoption Practice Standards does not address the process of referral to the National Adoption Register.

Branch Findings

There are clear details about the matching process in the post approval pack provided to applicants. Applicants, who are not already linked with a child, are referred to the Adoption Register as soon as there is panel approval, and provided with appropriate information.

There was evidence of proactive work by social workers in seeking out possible matches, and in negotiating with other adoption agencies for further information on suitable children.

There was evidence from questionnaires and discussion with adopters that up to date medical information on a child had been discussed with the medical adviser to consider the implications of this information for them and their family.

Matches are not brought to panel for information, although panel are updated on the placements that have been made.

The contact agreement form included a section asking adoptive parents to agree to notify the agency on the death of a child, but there is no separate pro-forma for adoptive parents to sign to agree to notify the adoption agency if the child dies in childhood.

All families are asked to make a book/album about themselves, and their home for the child, and experienced adopters bring their own book to the preparation groups.

Does the VAA 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?**

9

National Findings.

The NCH has a policy on “Supporting Placements” (Adoption Practice Standard 24). It addresses the agency’s commitment to providing a clear strategy for working with, and supporting adoptive families. Link workers are available to support adopters and the service will provide an out of hours support service. The policy statement is specific in the frequencies of support visits to be made to adoptive families.

Branch Findings

The inspector found that the support provided to adoptive parents had not yet really been tested. During interviews, adopters spoke very positively of the accessibility of staff, mainly the project manager. Adopters confirmed that they have access to social workers home telephone numbers out of hours, and that they have regular visits. As only three placements had been made with two families, post placement training events were not yet established. The inspector was told that NCH would use life story work, play therapists, child psychologists and counsellors to support families in meeting the needs of the children placed, although these links were still to be established.

Some adopters belonged to Adoption UK, and were encouraged to join by the project early in the assessment process.

Adopters interviewed were also aware of the need to help children understand their history, and to keep safe relevant information and memorabilia.

There was evidence of cooperation with local authorities by the workers involved in situations where a placement had been through difficult introductions. There had been no disruptions. There was not enough evidence to assess this standard.

Number of adopter applications started in the last 12 months

16

Number of adopters approved in the last 12 months

6

Number of children matched with the agency’s adopters in the last 12 months

3

Number of adopters approved but not matched

3

Number of adopters referred to the Adoption Register

2

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 – 7.3 and 7.5)

The service to birth parents recognises the lifelong implications of adoption.

Key Findings and Evidence

Standard met?

3

National Findings

Primary responsibility for working with birth parents is accepted by NCH, to reside with local authorities placing through NCH as a Voluntary Adoption Agency. The NCH policy on “Work with Birth Families” (Adoption Practice Standards standard 31) seeks confirmation from Local Authorities that birth families have been offered support and counseling, and have had the opportunity to express their views and wishes in relation to the adoption and contact.

Branch Findings

Contact with birth parents is likely to be mainly via local authority social workers, and involvement in plans for contact post adoption. The project would provide a letterbox service, but the local authorities involved manage the current cases, where there is an exchange of information. The project would be able to offer to do work directly with birth families for local authorities, but at present no such work is being done.

However, from discussion with staff, and examination of files, and the policy and procedural documents provided, there was evidence of a respect for, and understanding of the contribution birth parents can provide in enabling effective plans being made and implemented for their children.

Standard 8 (8.1 – 8.2)

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

Key Findings and Evidence

Standard met?

3

Branch Findings

Staff were clear about the planning and counselling needed, to enable a birth family to share and provide information about a child's birth and early life. Prospective adopters were encouraged to meet with birth family members where possible, and to gather as much information as they were able to regarding the child's early history, to share with the child in the future according to their age and understanding.

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?**

9

National Findings

Primary responsibility for working with birth parents is accepted by NCH as residing with local authorities placing through NCH as a Voluntary Adoption Agency.

Branch Findings

At the time of inspection, NCH Black Families did not have any adoptions that had direct contact arrangements. Where appropriate, birth parents and other family members that made direct contact with the project, would be provided with information on services, and support groups.

Birth records counselling work is done at present by the South East project on behalf of the London project. It is anticipated that this work will come to London Black Families in the future.

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?

1

National Findings

The NCH has a policy on "Adoption Panels" (Adoption Practice Standards standard 20) The national adoption policy sets out the framework for the branch adoption panels, and states that each project must establish an adoption panel, which must operate within the requirements of the law. There are supporting procedures for adoption panels and the terms and conditions for panel members.

The agency's policies and procedures for the panel must be developed to include those listed in the National Minimum Standards (standard 10.2)

Panel members have access to B.A.A.F's booklet on "Effective Panels".

Attendance of adopters is expected at all adoption panels.

The NCH are introducing annual panel reports, which will be presented to the Adoption Sub Committee.

Branch Findings

There are written policies and procedures for panel members and staff, which cover many of the relevant areas required, but as stated above should be further developed to include, for example, how to deal with ineffective or disruptive behaviour and attitudes, and disagreements in panel regarding making a recommendation.

Panel had been meeting monthly since December 2003, and papers were sent out a week beforehand. No annual panel report had yet been produced.

Although this panel had only been operated for a short while, there was evidence from previous panel minutes and discussion with the chair, that from the small number of recommendation of approvals made so far, a consensus of opinion had not always been reached, and a majority view had been taken, with the chair having the casting vote. Strong views were expressed by some panel members at the panel observed, and full agreement could not be reached. More training should be undertaken around this. Clear minuting of dissenting views should be made, and where appropriate recommendations should be deferred to allow further information to be sought.

Adopters do not yet attend this panel on a regular basis. A panel training date has been set in October dealing with this issue, and it was anticipated that adopters would be invited to attend following this.

Adopters must be invited to attend panel as soon as training has been undertaken.

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?**

2

Branch Findings

The panel is properly constituted, and meets statutory requirements. There was a range of experience and skills amongst panel members. At the panel observed, a number of panel members arrived late, and the panel chair indicated that this had been a problem previously.

Issues around members arriving late, ensuring panels are quorate, and accurate recording of those members present, including those arriving late on panel minutes must be addressed.

The panel chair was an Assistant Director for Children's Services in the London Region. She did not have line management responsibility for the adoption project, but had responsibility for a number of areas of work in NCH, including children's rights, and leaving care services. A decision had been made to have an in-house chair whilst the project was getting established. The legal adviser to the panel has particular expertise in adoption legislation, and provides written advice, and training on legislative updates, to panel, but does not attend. The panel has had a number of training events, and another was planned for October with staff, on adopter attendance at panel. As this was a totally new panel, induction training had been provided as a group.

A formal induction programme must be developed for future new members, and any specific training needs identified, and provided on an individual basis as appropriate.

There was a good understanding of the implications of adoption shown by panel, and a broad range of backgrounds, and ethnic origins of members to reflect the wide service user base that the agency is dealing with. There was an educational input, but no therapeutic input in the membership.

It is recommended that the agency review the use of a chair independent of the agency.

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

YES

Standard 12 (12.1 – 12.3)

Adoption panels are efficiently organised and conducted and are convened regularly to avoid delays in the consideration of prospective adopters and matching children and adopters.

Key Findings and Evidence**Standard met?**

3

Branch Findings

Panels are held monthly, and the agenda allows sufficient time for each case to be fully discussed. The administration is handled efficiently, and papers are sent out a week in advance. Applicant's full names were included on some panel papers seen, and care should be taken to ensure that all paperwork is anonymised. There had been some problems with the quality of panel minutes, but this had improved since the new administrator had been appointed. The recommendations are conveyed orally to the applicants within 24 hours. The decision maker, the Deputy Director Children's Services, considers these recommendations at a "decision making meeting" held within seven days. The agency decision maker has access to all the information concerning the case, including draft minutes of the panel discussion. The inspector observed a decision-making meeting with the DDCS, the project manager and the administrator. Discussion was thorough, and the director used the opportunity to update on the overall work of the project. Letters are sent on the day of the decision making meeting to confirm the agency decision.

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

National Findings

The NCH has a policy on "Decision Making" (Adoption Practice Standards standard 21); It states that there must be a clear distinction between the recommendation making responsibilities of the adoption panel, and the decision-making responsibilities of the agency.

Branch Findings

The timescales are discussed in Standard 12, and meet the requirements. There was evidence of an annual schedule of panel meetings and agency decision making meetings. The monitoring, by the project manager, of the quality of the assessments being produced, the continuing development of a careful matching procedure, the ongoing training to enhance the knowledge and skills of the panel members, and the built in process of decision making meetings, all contribute to the evidence that suitable safeguards for the welfare of the child are in place.

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 – 14.6)

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?

1

National Findings

The Registered Person is Nigel Harper, the North East Regional Director. He sits on the Children's Management Group, which is made up of Directors from all the regions. This group determines the organisation's policies and procedures.

He was formally interviewed on the 7th May 2004 by the CSCI as part of the registration and inspection process.

The current Registered Manager is Linda Plummer whose designated role within the organisation is as a professional advisor on Family Placements. She has previously managed an adoption service for the NCH, but in her present capacity as a professional advisor she does not line manage the managers of the individual branches.

Linda Plummer is a qualified Social Worker with considerable experience in childcare and family placements. She qualified in 1975. She has no formal management qualification. She was formally interviewed on the 7th May 2004 by the CSCI as part of the registration and inspection process.

The manager of the national adoption service must undertake a formal management qualification.

The branches are currently line managed within their particular region and each branch manager is part of their regional management team. The Adoption Service Development Group brings together the branch managers, their line managers, the adoption agency manager and the registered person.

The branch managers also meet quarterly as The Adoption Service Development Group to discuss practice issues.

In recognition of the need to strengthen the identity of the adoption services on a national basis, NCH are currently reorganising their adoption services. There have been a series of draft reports and consultations on the agency's proposals. These have now been presented to the Children's Management Group and NCH is to appoint an Adoption Manager. It will be a specialist role to give direction and leadership to the developments in the field of adoption and have oversight of all the NCH adoption services. The person will also have line management responsibility for each of the branch managers.

Branch Findings

The branch manager has the relevant qualifications, skills and knowledge. She has relevant child care experience, and a social work qualification. She has planned to start an in house NVQ management course in September 2004. There was evidence of effective leadership, and feedback from service users confirmed that the manager was committed, sensitive and efficient in her running of the agency. The manager reports regularly to her line manager in the London region, the Assistant Director Children's Services, rather than the adoption advisor, or responsible individual.

Does the manager have Management NVQ4 or equivalent?

NO

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

National Findings

The personnel files of the registered person and the registered manager were checked as part of the inspection of the headquarters

The NCH has well-established policies and procedures for the recruitment and appointment of staff to ensure that children are safeguarded.

The Registered Manager has an enhanced CRB check, but the Registered Person does not have a current CRB.

The Registered Person must have a current Criminal Record Bureau check.

All checks on other staff will be renewed every 3 years.

Branch Findings

The appointment of staff, within the branch, is dealt with by the Human Resources section in the London region. Valid CRB checks and references were available for the manager, and were satisfactory. Colleagues spoke highly of the commitment, skills and support provided by the manager.

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? | 2 |
|---------------------------|---------------|---|
|---------------------------|---------------|---|

National Findings

The NCH is administered under a scheme by the Charities Commission.

Nigel Harper, the North East Regional Director, sits on the Children's Management Group, which consists of Directors from all the regions. This group determines the organisation's policies and procedures.

Linda Plummer, whose designated role within the organisation is professional advisor on Family Placements, has previously managed an adoption service for the NCH, but in her present capacity as a professional advisor, she does not line manage the managers of the individual branches.

The branches are currently line managed within their particular region and each branch manager is part of their regional management team. The Adoption Service Development Group brings together the branch managers, their line managers, the agency manager and the registered person.

The branch managers also meet quarterly as the Adoption Service Development Group to discuss practice issues.

The agency's management structure is under review in the light of legislative requirements and the business requirements of the NCH.

There are policies and procedures governing adoption activity.

Branch Findings

There was evidence that this was branch was, on the whole, developing well, and that management and basic data collection systems were in place. Information required by the inspector was generally easily available, and up to date. The small sample of staff and service users feedback was mostly positive, and the project manager was seen to provide a good level supervision and support to staff. The workload on the project manager in setting up this new project was high, and senior management will need to monitor this as the work of the project grows. The inspector was informed that in the manager's absence, the Assistant Director would deal with issues arising. However, staff spoken to said they were likely to approach the manager or senior social worker from the SE branch. This is very small branch with no senior social workers in post. **Clear arrangements must be in place to identify the person in charge when the manager is absent.**

The responsible person, and the manager, at present have no line management responsibility for the work of the adoption service in the London Black Families branch. The structure of senior management, and their different roles and responsibilities were unclear to some staff, but this was not experienced by workers as impacting on their day to day work.

However, the any changes in structure, and the possible implementation of an adoption business unit for the national organisation must be decided as soon as possible to avoid confusion. Staff should be consulted, and contribute their views towards the proposed changes.

There are clear procedures for the use of services provided by the Adoption Register, and adopters are sent a “consent to registration” form following discussion.

Number of statutory notifications made to CSCI in last 12 months:

Death of a child placed for adoption by the agency.

Referral to Secretary of State of a person working for the agency. (s2(1) of Protection of Children Act 1999)

Serious illness or accident of a child.

Serious complaint about an approved prospective adopter (no child placed).

Serious complaint about an approved prospective adopter (child placed by agency).

Serious complaint about an approved prospective adopter (child placed by another agency).

Instigation of child protection enquiry involving a child placed by the agency.

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?**

3

National Findings

The NCH is administered under a scheme by the Charities Commission.

The Children's Management Group is made up of Directors from all the regions. This group determines the organisation's policies and procedures.

The Adoption Sub Committee has overall responsibility for overseeing the work of the agency in accordance with the Adoption Agency Regulations 5 (3) (b). It has a wide ranging brief, and approves the adoption programme for the NCH. It oversees the financial affairs of the adoption agency, approving budgets plans and identifying the changes required in the funding arrangements.

The minutes of the Adoption Sub Committee show all relevant adoption matters are being considered.

The branches are currently line managed within their particular region, and each branch manager is part of their regional management team. The branch managers also meet quarterly as the Adoption Service Development Group. The registered person and the interim adoption manager attend these meetings.

The Strategic Performance Unit has a brief to go in to different projects to audit and report on the activities of the projects.

The NCH has a policy on "Financial Arrangements for Interagency placements"" (Adoption Practice Standards).

Branch Findings

The branch reports to the Adoption Sub Committee, which oversees the professional work of the service, and has clear procedures for monitoring the work. The Adoption Sub Committee receives regular reports of the work of the service every three months. In addition, monthly financial reports are produced. The information from these is collated, and also presented to the Sub Committee.

A local authority information pack is provided to purchasers of services, giving details of charges, and the process of invoicing. The manager identified that an information pack specific to London Black Families needed to be developed.

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

Monthly?

Quarterly?

Less than Quarterly?

| |
|-----|
| |
| 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?****2****National Findings**

The NCH has a policy on “Legal and Medical Advice” (Adoption Practice Standards standard 12); It states that each project has an appropriately qualified and experienced legal and medical adviser.

Branch Findings

The adoption agency legal adviser is very experienced in adoption legislation, and has written extensively on the subject. Legal advice was, therefore, of a high standard, and the adviser was available for consultation by staff and panel members. Similarly, the medical adviser is a member of panel, and has experience of working with a local authority panel as well. She is a consultant paediatrician. She does not have a formal contract, but has a letter of appointment, detailing her workload, including panel attendance. NCH Adoption Standards briefly outline the agency process in respect of specialist advice, but there is no formal written protocol governing the role of specialist advisers. There are no procedures or funding in the local budget for accessing other specialist advice according to need, including specialist advice on issues of race and culture.

A formal written protocol governing the role of specialist advisers should be provided.

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?

1

National Findings

The NCH has a comprehensive recruitment policy, which fully addresses the recruitment and appointment processes, including the obtaining of references and relevant safeguarding checks. There is a clear written checking process available to those responsible for recruiting new staff, which sets out the role and responsibility of the Human resources departments.

All social workers are expected to be professionally qualified. There are social workers undertaking the PQ CCA, but it is uncertain as to whether 20% of the agency staff across the agency will achieve the award by April 2006.

Branch Findings

There were good recruitment and selection procedures that aimed to ensure the employment of appropriately qualified and experienced staff. All staff in the branch had current CRB checks and written references. Two members of permanent staff had started work on the basis of checks obtained previously by other agencies. The agency must obtain it's own up to date checks before issuing a contract of employment.

There were "approval of references" memos on files, but there was no evidence to indicate that telephone enquiries were routinely made to verify the written references.

The agency must ensure that this practice is being implemented.

Standards of information kept on file varied. Some staff files had interview notes, others did not. Not all had signed contracts of employment, or copies of qualifications achieved. Staff files were not well organised, and should be indexed to provide easier access to required information.

All staff were qualified, and the newly appointed permanent social worker had achieved the PQ1 award. The inspector was impressed by the enthusiasm of the staff at this new project, and was satisfied that with good management and supervision the ability and competence of staff less experienced in family placement work could be developed. This was evidenced by scrutiny of files, interviews with staff, observing panel, and the accessibility of required information.

New workers receive induction, training and supervision in all areas. Section 51 counselling was not at the time of inspection dealt with by this project, but training should be provided should this change.

Panel members files did not all contain copies of CRB checks. Copies of identification documents, records of qualifications or training, C.V.s, and references were not kept for all panel members.

All people working for the adoption agency, including those that work on a sessional or voluntary basis must have a satisfactory CRB check applied for by the agency itself. All files must include relevant documentation as listed in Schedule 2 VAA2003.

Do all of the agency's social workers have DipSW or equivalent?

YES

What % of the agency'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?

3

National Findings.

Adoption branch managers within the NCH are required to have a professional social work qualification, and post qualifying experience plus management experience.

There are appropriate job descriptions and person profiles for all jobs.

Branch Findings.

The manager supervised staff on a regular basis. There was also an arrangement for a senior practitioner from the SE region to supervise some of the sessional staff, which lessened some of the workload of the manager. The branch was developing systems to prioritise and monitor workloads. Team meetings are held, but do not yet have a regular format or time. Permanent staff interviewed confirmed that they have access to ongoing professional training. The senior administrator had only been in post a few months, and was providing efficient administrative support. She was shortly to go on maternity leave. It is crucial that good clerical support continues to be provided in the early stages of the project. Service users were positive about the courtesy and helpfulness of all staff.

All permanent staff are provided with contracts of employment, and have access to employment policies. Sessional staff were also provided with a contract, and a supervision agreement. There are plans for the sessional workers to meet as a group to discuss assessment and good practice issues.

The agency has access to good medical and legal advice. Other professional services are likely to be located according to individual and local need.

| | | | |
|---|--------------|---|----------|
| Standard 21 (21.1 – 21.4) There is an adequate number of sufficiently experienced and qualified staff to meet the needs of the adoption agency and they are appropriately supported and assisted in providing a service. | | | |
| Key Findings and Evidence | | Standard met? | 2 |
| <u>Branch Findings.</u> The branch consists of a project manager, one social worker, and another due to start the week following the inspection, and a senior administrator. The small team was learning to work well together, and provided a supportive environment for staff. Since the project started, seven sessional workers had been used to complete adoption assessments. The agency, and the branch, was constantly reviewing the future direction and growth of this new project. The number of staff was sufficient, with the use of sessionals, at the time of the inspection, to carry out the work of the service, but with the making of placements, more permanent staff would be needed to provide suitable support to adopters. The project had not been able to recruit senior social workers, and some of the social work staff carrying out the tasks were relatively inexperienced in family placement work. This was likely to impact on the work of the project manager in terms of the level of supervision and training needed for staff. There was a feeling amongst staff that salaries offered were not sufficient within central London to recruit experienced social workers. This issue should be kept under review by senior management. The project had only made a small number of placements so far, and would need to become financially viable, and the number of placements increased. Any growth in work, without an increase in permanent staff, must be carefully monitored, so as not to overload the staff group. | | | |
| Total number of social work staff of the agency | 3 | Number of staff who have left the agency in the past 12 months | 0 |
| Number of social work posts vacant | <div>0</div> | | |

| | | |
|--|----------------------|----------|
| Standard 22 (22.1 – 22.3) The adoption agency is a fair and competent employer, with sound employment practices and good support for its staff. | | |
| Key Findings and Evidence | Standard met? | 3 |
| <u>National Findings.</u> The NCH follows the requirements of national employment legislation. <u>Branch Findings.</u> The adoption agency has a public liability and professional indemnity insurance for all staff. The organisation has sound employment practices, and staff confirmed they felt supported in their work. Staff felt that salary scales did not compare well with neighbouring local authorities, and that this might continue to impact on staff recruitment. There is an annual staff questionnaire. All staff had been circulated with the updated NCH whistle blowing policy. | | |

| | | |
|---|----------------------|----------|
| 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? | 2 |
| <u>Branch Findings</u> <p>Ongoing training and development is provided for all staff. In discussion they were positive about the opportunities open to them. The manager expressed concern about the impact for a small staff team, on the amount of her work time to be allocated to her future management training. Senior management need to ensure all staff are appropriately supported during this time.</p> <p>The member of staff due to start shortly had completed the PQ1 qualification.</p> <p>A clear programme of training for all staff to achieve the post qualification training requirements must be developed.</p> <p>It was anticipated that regular team meetings once initiated with the arrival of new staff would provide opportunities to update and discuss current practice. Other training to update staff on changes of legislation, guidance and case law, was available through BAAF courses, joint internal training with panel, and through in house training events. There is an annual training event with the other adoption projects.</p> <p>Regular appraisal, six months after joining, and annually thereafter, of achievements and skills needed, would be discussed in supervision with staff, but as yet no one apart from the manager had been in post long enough for this to be evidenced.</p> | | |

| | | |
|---|----------------------|----------|
| Standard 24 (24.1 – 24.9) Complaints are resolved quickly and handled in a sensitive, thorough and non-biased manner. | | |
| Key Findings and Evidence | Standard met? | 2 |
| <u>National Findings</u> <p>The NCH has a policy on “Complaints, Suggestions and Compliments” (Adoption Practice Standards standard 7). There is a supporting procedure on “Representations about unfavorable agency decisions”.</p> <p>It is a well-defined complaints procedure for the whole organization.</p> <p>Details of the complaints procedure are available on the intranet, and leaflets are expected to be available in each of the branches.</p> <p>The NCH should consider reviewing some of the timescales for investigating and responding to complaints.</p> <p>The policy states that where complaints can easily be resolved to the complainant’s satisfaction it will be investigated and the complaint responded to within 6 weeks (adults), 2 weeks for children under 18 and care leavers. Where complaints are not considered easy to resolve, the timescales extend to 14 weeks for adults and 6 weeks for children. It is suggest that the agency endeavors to investigate and respond to all complaints within 28 days, regardless of their severity, complexity or whether they are considered easy to resolve or not.</p> | | |

Branch findings

A copy of the complaints process (the “Have Your Say” leaflet) is issued to service users with their initial enquiry pack. For those whose first language is not English, there is access to the services provided by language line. Service users spoken to knew how to make a complaint if necessary. Staff were aware of the process involved. The project manager had not attended specific training on the complaints process, but was familiar with the procedures. Complaints are taken seriously, and monitored by the agency through the Complaints Manager. There had been no complaints made to London Black Families since it started operating.

All staff must receive training in the complaints procedures.

Number of complaints made by, or on behalf of a child, in the last year?

0

Number of the above complaints which were substantiated

0

Records

The intended outcome for the following set of standards is:

- All appropriate records are maintained securely, kept and are accessible when required.

Standard 25 (25.1 – 25.5)

The adoption agency ensures comprehensive and accurate case records are maintained for each child, prospective and approved adopter with whom the agency has worked.

Key Findings and Evidence

Standard met?

3

Branch Findings

The branch adheres to the organisation's written procedures covering arrangements for maintaining the confidentiality of adoption case records. Files were maintained for prospective and approved adopters, as well as for those children placed with the agency's adopters. All archived files are kept in locked fireproof cabinets in the SE regional office. All current cases are stored in lockable cabinets in the team's office. The expectation is that sessional staff have lockable filing cabinets for home work.

Good records are maintained, but there is a lack of consistency in recording decisions by supervisors and signing and dating these decisions on files. The manager was about to implement a regular programme of auditing records. Ongoing assessments notes should be recorded. A form had been devised, but was not used by all staff. File indexes should be updated.

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

Branch Findings

There was evidence for the two placements made that relevant information was shared with other agencies, working together with NCH in the placement of a child. There are written policy and procedural instructions which takes into account the requirements of the Data Protection Act 1998, and the Human Rights Act 1998.

Procedures for authorising access to case files are in place.

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

National Findings

The NCH has a policy on “Confidentiality” (Adoption Practice Standards standard 8); It states that the NCH will uphold its duty to maintain confidentiality. The policy addresses issues of confidentiality, secure storage, access to files, and the purpose and content of case files.

Branch Findings

The national policy on record keeping (Practice Standard 11) covers areas specifically relating to adoption work. All records are typed. File audit forms have recently been introduced, but were not yet being fully operated in the London Black Families branch.

The system to monitor the quality and adequacy of records must be fully implemented.

The organisation also has an Access to Records policy, which covers all necessary areas. Although the expectation is that sessional staff have lockable filing cabinets for home work, the manager should ensure that the storage of confidential information held by staff working for the agency from a home base is suitably stored, including appropriate security and back up systems for Form F’s typed on home computers.

The Complaints Manager holds a central record of all complaints. A review of the complaints record was held regularly by the Complaints manager and the Family Placement (Adoption Advisor), to identify areas needing improvement.

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?**

2

Branch Findings.

A sample of personnel files on staff and panel were inspected. Files were variable in the amount of information held. Copies of CRB checks obtained by NCH were not available on all panel files. It was not clear if verification by telephone of references was being carried out. (See standard 19)

Up to date personnel files must be maintained for all panel members.

Fitness of Premises

The intended outcome for the following standard is:

- The premises used by the adoption agency are suitable for the purpose.

Standard 29 (29.1 – 29.5)

Premises used by the adoption agency are appropriate for the purpose.

Key Findings and Evidence

Standard met?

2

National Findings

The NCH do not have a disaster recovery plan.

A disaster recovery plan must be developed, which covers all branches.

Branch Findings

The agency occupies office space in a business premises unit in a residential area of South London. There are adequate rooms for meetings, including panel, and adequate individual worker space for the size of the present staff group. There is a reasonable level of security, and an entry system. There is an alarm system that is linked directly to the police station. Social work staff have their own computers, but access to email is via the administrator. E-mail addresses have been requested for all permanent staff, and an updated IT system was due to be introduced in September. Form F's are mainly typed by social work staff themselves, including those completed by sessional workers. There is a back up system operated centrally for the electronic data held. The office has a central system of filing, and was developing efficient administrative systems.

Efficient and secure IT systems, and equipment must be accessible to all staff.

Financial Requirements

The intended outcome for the following set of standards is:

- The Voluntary Adoption Agency is non-profit making and is financially viable.

Standard 30 (30.1 - 30.2)

The adoption agency ensures it is financially viable at all times and has sufficient financial resources to fulfil its obligations.

Key Findings and Evidence

Standard met?

3

National Findings

The NCH Children's Services Limited is a company limited by its shares, wholly owned by the NCH. The company is a non-profit making company and works in conjunction with funding partners.

The agency has had an injection of funding from a corporate sponsor, which has enabled the agency to deploy extra resources, staff, materials and advertising campaigns.

Branch Findings

The branch is part of a much larger organisation with efficient and appropriate financial monitoring procedures. There is a monthly review of the budget, quarterly meetings with the Area Director, and regular meetings with the Regional Finance Department. The project is supported for three years by a trust fund, before it becomes a fully self-supporting fee paying project. Changes are being considered in the financial management of adoption within the agency, with the setting up of an adoption business unit. Staff and management are hopeful that the service in London Black Families will develop as financially viable within the initial three year target. In the event of the agency ceasing to exist, there is an expectation that assets would be directed to provide a post adoption service to families and children, in the most suitable way available.

Standard 31 (31.1 – 31.5)

The financial processes/systems are properly operated and maintained in accordance with sound and appropriate accounting standards and practice.

Key Findings and Evidence**Standard met?****3****National Findings**

All of the financial processes and systems, operating in the adoption service, are in accordance with those set and maintained by NCH Finance Committee.

The NCH accounts are audited and published annually in the company's annual report.

The Adoption Agency accounts are published annually in the Adoption Agency report having been approved by the Adoption Sub-Committee.

At the time of the inspection of the headquarters' financial accounts were being prepared for the management meeting being held on the day of the inspection and were not available.

These will be requested by the CSCI, once the Senior Management Committee has formally approved them.

The Adoption Sub Committee has overall responsibility for overseeing the work of the agency in accordance with the Adoption Agency Regulations 5 (3) (b). It has a wide ranging brief and approves the adoption programme for the NCH. It oversees the financial affairs of the adoption agency, approving budgets plans and identifying the changes required in the funding arrangements.

The agency has a three-year Adoption Agency Business plan, which is reviewed each year. The plan shows the agency have set five objectives, including to sustain high quality services.

Branch Findings

The branch follows the adoption agency's clear set of principals governing its financial management. It's accounts are properly maintained, audited annually, and presented to the relevant committees.

PART C

LAY ASSESSOR'S SUMMARY

(where applicable)

Lay Assessor

Signature

Date

PART D

PROVIDER'S RESPONSE

D.1 Registered Person'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 21 and 26-28 July 2004 and any factual inaccuracies:

Please limit your comments to one side of A4 if possible

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

Amendments to the report were necessary

Comments were received from the provider

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 Registered Provider, both views will be made available on request to the Area Office.

D.2 Please provide the Commission with a written Action Plan by 8 December 2004, 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

Action plan was received at the point of publication

Action plan covers all the statutory requirements in a timely fashion

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

Registered Person's statement of agreement/comments: Please complete the relevant section that applies.

D.3.1 I _____ of NCH London Black Families 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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