



Making Social Care  
Better for People

# inspection report

Local Authority Adoption Services

## **Reading Borough Council Adoption Service**

Children and Families

Civic Centre

Reading

RG1 7TD

9th, 10th and 11th March 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.

**ADOPTION SERVICE INFORMATION**

**Name of Local Authority**

Reading Borough Council Adoption Service

**Headquarters Address**

Children and Families, Civic Centre, Reading, RG1 7TD

**Adoption Service Manager**

Judith Russell

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0118 939 0900

**Address**

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**Email Address**

**Certificate number of this adoption service**

**Date of last inspection**

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

**December 2003**

<b>Date of Inspection Visit</b>		9th March 2004	<b>ID Code</b>
<b>Time of Inspection Visit</b>		9.30 am	
<b>Name of Inspector</b>	<b>1</b>	Rosie Dancer	125017
<b>Name of Inspector</b>	<b>2</b>	Sean White	
<b>Name of Inspector</b>	<b>3</b>		
<b>Name of Inspector</b>	<b>4</b>		
<b>Name of Lay Assessor (if applicable)</b> Lay assessors are members of the public independent of the NCSC. They accompany inspectors on some inspections and bring a different perspective to the inspection process.			
<b>Name of Specialist (e.g. Interpreter/Signer) (if applicable)</b>			
<b>Name of Establishment Representative at the time of inspection</b>		Judith Russell	

## CONTENTS

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

**Part A:**

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

**Part B:**

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

**Statement of purpose**

**Securing and promoting children's welfare**

**Prospective and approved adopters**

**Birth parents and Birth families**

**Adoption panels and Agency decisions**

**Fitness to provide or manage an adoption agency**

**Provision and management of the adoption agency**

**Employment and management of staff**

**Records**

**Fitness of premises**

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

**Part D: Provider's Response**

**D.1. Provider's comments**

**D.2. Action Plan**

**D.3. Provider's agreement**

## INTRODUCTION TO REPORT AND INSPECTION

Local authority adoption services are subject to inspection by NCSC, to establish if the service is meeting the National Minimum Standards for Local Authority Adoption Services and the requirements of the Care Standards Act 2000, the Adoption Act 1976 as amended, the Adoption Agencies Regulations 1983 as amended and the Local Authority Adoption Service (England) Regulations 2003.

This document summarises the inspection findings of the NCSC in respect of Reading Borough Council Adoption Service. The inspection findings relate to the National Minimum Standards for Local Authority Adoption Services published by the Secretary of State under sections 49 of the Care Standards Act 2000.

The Adoption Agencies Regulations 1983 and the Local Authority Adoption Service (England) Regulations 2003 are secondary legislation, with which a service provider must comply. Service providers are expected to comply fully with the National Minimum Standards. The National Minimum standards will form the basis for judgements by the NCSC regarding notices to the local authority and reports to the Secretary of State under section 47 of the Care Standards Act 2000.

The report follows the format of the National Minimum Standards and the numbering shown in the report corresponds to that of the standards.

The report will show the following:

- Inspection methods used
- Key findings and evidence
- Overall ratings in relation to the standards
- Compliance with the Regulations
- Notifications to the Local Authority and Reports to the Secretary of State
- Required actions on the part of the provider
- Recommended good practice
- Summary of the findings
- Report of the Lay Assessor (where relevant)
- Providers response and proposed action plan to address findings

This report is a public document.

## INSPECTION VISITS

Inspections will be undertaken in line with the regulatory framework with additional visits as required. This is in accordance with the provisions of the Care Standards Act 2000. The inspection methods used in the production of this report are set out in Part B. Pre-inspection information, and the manager's written self-evaluation of the service, have also been taken into account. The report represents the inspector's findings from the evidence found at the specified inspection dates.

## BRIEF DESCRIPTION OF THE SERVICES PROVIDED.

Reading Borough Council's adoption service is managed within Reading's children's services. The agency undertakes to find suitable permanent substitute families for children who are unable to live within their birth parents.

The team consists of a full time manager, a part time assistant team manager (30 hours), a full time post adoption worker, a part time family finder (18.5 hours) and three full time social workers (senior practitioners). The main business of the team is the recruitment, assessment and preparation of adopters, matching children with adopters and providing support following placement.

The agency is a member of the Berkshire Adoption Consortium. The agency is committed to providing a comprehensive service in conjunction with the other consortium members.

The consortium services the adoption panel. The consortium also runs, a post adoption forum with representatives from each council, training for adopters and local support groups for birth parents, letter box facilities, life appreciation days and adoption exchange events through which a number of children had been matched with families.

## 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.)

#### **Statement of Purpose (Standard 1)**

##### **This standard was fully met**

The agency has a statement of purpose in place which meets the legal requirements. The agency provides appropriate information to children about adoption in the form of a children's pack

#### **Securing and Promoting Welfare (Standard 2)**

##### **This standard was fully met**

The agency has a joint recruitment strategy with other children's departments within the Borough and a dedicated worker to recruit adopters for children for whose needs are unlikely to be met through the mainstream system.

#### **Prospective and approved adopters (Standards 3-6)**

##### **Four of the four standards assessed were met**

The agency provides clear written information to adopters about the preparation, assessment and approval processes. The inspectors viewed the content of the preparation programme and concluded that it was of good quality. The overall opinions of adopters was that the processes were in depth and informative. The inspectors were pleased to note that the agency used a comprehensive, competence based assessment.

The inspectors formed the view from evidence gathered that the matching process works better for Reading children than for other local authorities children, and that the shortfalls tend to lie with other local authorities children's teams. However the inspectors did identify some occasions whereby delays had been caused due to internal issues and as a result have made some recommendations in respect of this.

The inspectors saw some good examples of interagency working to provide support to children and their adopters. There were mixed comments from adopters about the agency with some commending the workers professionalism, honesty and support and others clearly feeling that the support provided was not what they would have liked.

**Birth Parents and birth families (Standards 7-9)**  
**Three of the three standards assessed were met**

The agency in conjunction with Berkshire Adoption Advisory Service (BAAS) provides services to birth parents and birth families. The agency employs the services of a post adoption support worker whose role includes the birth records counselling service. BAAS provides support services to birth families before and after adoption. This includes independent counselling and administration of the after adoption letterbox contact arrangements.

The inspectors met with one relinquishing birth mother who was very satisfied with the arrangements made for her child and with the support she had received.

**Adoption Panels and Agency Decisions (Standards 10-13)**  
**Two of the four standards were fully met two standards had minor shortfalls**

The BAAS organises, arranges supports and manages the adoption panel. There are satisfactory policies and procedures in place and the panel was noted as being properly constituted. One of the inspectors observed a panel held on 26<sup>th</sup> February 2004 and she concluded that the panel conducted business effectively and efficiently and in a child focused way. Some approved adopters told the inspectors that they had found attendance at panel a useful process; while others felt the experience was not so positive in terms of the level of input they had.

There were some adopters who reported to the inspectors that they had experienced delay in their case being heard at panel, in some cases this was due to reports and other information not having been completed but in the main delay was due to panel dates having been full. The inspectors have made a recommendation in respect of this.

In terms of decision making the system appeared to work well up to the point of relevant people being informed in writing of the decision makers decision. The inspectors have made a recommendation in respect of this.

**Fitness to provide or manage an adoption agency (Standards 14-15)**  
**One of the two standards assessed was fully met, one standard had minor shortfalls**

The inspectors were satisfied that the agency was effectively run by suitably qualified and experienced individuals. The shortfall applies to the quality of evidence available in respect of the manager to show that her CRB check had been carried out to the correct level and that responses were satisfactory.

**Provision and management of the adoption agency (Standards 16-18)**  
**Three of the three standards assessed were met**

The inspectors concluded that the agency is managed effectively overall and is run in accordance with the statement of purpose.

The inspectors have recommended that there be local procedures drawn up for staff in the use of the Adoption Register.

The agency has clear monitoring systems and procedures in place.

The agency accesses a number of specialist advisors appropriate to the individual needs of the children.

**Employment and management of staff (Standards 19-23)**

**Four of the five standards assessed were fully met, one standard had minor shortfalls.**

The inspectors concluded that the staff team were well qualified, very experienced, well managed and committed to providing a good service to adopters and children. The inspectors were informed of the ongoing training available for staff and adequate staff support systems. The inspectors noted that the formal workload management system left little opportunity for staff to carry pieces of work, which may be of interest to them. There has been a recommendation made in respect of this.

From the personnel files sampled the inspectors concluded that while there are recruitment and selection systems and procedures in place these are not being applied on a consistent basis across all staff. There were some omissions noted in respect of some files and the inspectors took the view that the evidence that CRB checks had been satisfactory carried out on some members of staff was neither full or satisfactory.

The inspectors were satisfied that the staff team are committed to providing a good quality service to children and adopters. The inspectors formed the view that staff are adequately supported in carrying out their role.

**Records (Standards 25-28)**

**1 of the four standards assessed was fully met, 3 standards had minor shortfalls.**

The inspectors sampled a number of adopters' files and found them to be well ordered and maintained. There was evidence of regular auditing of files by senior management. The files showed evidence that CRB checks had been carried out, via a certificate of reply sent from the personnel department. The inspectors are of the view that it would be good practice to ensure that the CRB certificate is kept on file so that a clear first hand record is kept of the date, level of check and disclosure number.

The agency did not keep individual files on children and a requirement has been made in respect of this.

There was not full and satisfactory information in respect of independent social workers who from time to time carry out home assessments of adopters and a requirement has been made in respect of this.

There was no procedure in place in respect of complaints and allegations and there has been a recommendation made in respect of this. There had been no complaints made about the agency for over 12 months.

**Fitness of Premises (Standard 29)**

**This standard was partially met.**

The agency premises are located in a central position in Reading town centre. The offices provide accommodation for staff and are adequately equipped. The premises do not allow for interviews with adopters or others to take place and interview rooms in another council building have to be booked in advance.

There is not disaster recovery plan in place; electronic recording is backed up on a daily basis.

## Reports and Notifications to the Local Authority and Secretary of State

The following statutory Reports or Notifications are to be made under the Care Standards Act as a result of the findings of this inspection:

Report to the Secretary of State under section 47(3) of the Care Standards Act 2000 that the Commission considers the Local Authority's adoption service satisfies the regulatory requirements:

NO

Notice to the Local Authority under section 47(5) of the Care Standards Act 2000 of failure(s) to satisfy regulatory requirements in their adoption service which are not substantial, and specifying the action the Commission considers the Authority should take to remedy the failure(s), informing the Secretary of State of that Notice:

YES

Report to the Secretary of State under section 47(4)(a) of the Care Standards Act 2000 of a failure by a Local Authority adoption service to satisfy regulatory requirements which is not considered substantial:

NO

Report to the Secretary of State under section 47(1) of the Care Standards Act 2000 of substantial failure to satisfy regulatory requirements by a Local Authority adoption service:

NO

### **The grounds for the above Report or Notice are:**

The inspectors have made 3 requirements and a number of recommendations as a result of this inspection. These were not substantial and did not significantly impact on the delivery of service to adopters and children.

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

Requirements from last Inspection visit fully actioned?

NA

**If No please list below**

<b>STATUTORY REQUIREMENTS</b>				
Identified below are areas not addressed from the last inspection report which indicate a non-compliance with the Care Standards Act 2000, the Adoption Agencies Regulations 1983 and the Local Authority Adoption Service (England) Regulations 2003.				
No.	Regulation	Standard	Required actions	

**Action is being taken by the National Care Standards Commission to monitor compliance with the above requirements.**

## STATUTORY REQUIREMENTS IDENTIFIED DURING THIS INSPECTION

Action Plan: The appropriate officer of the Local Authority is requested to provide the Commission with an action plan, which indicates how requirements and recommendations are to be addressed. This action plan is shown in Part D of this report.

### STATUTORY REQUIREMENTS

Identified below are areas addressed in the main body of the report which indicate non-compliance with the Care Standards Act 2000, the Adoption Act 1976, the Adoption Agencies Regulations 1983, the Local Authority Adoption Service (England) Regulations 2003 or the National Minimum Standards for Local Authority Adoption Services. The Authority is required to comply within the given time scales in order to comply with the Regulatory Requirements for adoption services.

No.	Regulation	Standard *	Requirement	
1	AA Regs 1983 Regulation 11 and 11A	LA13	The decision maker and manager must ensure that the appropriate people are informed in writing of the agency decision as soon as is reasonably possible.	By 11/03/04
2	LAAS Regs 2003 Reg. 11 (3) (d)	LA19	The manager must ensure that full and satisfactory information is available in respect of each member of staff working for the purposes of the agency regardless of the basis of their employment.	By 31/05/04
3	AA Regs 1983 Regulation 7(2)(a) and 9(3)	LA25	The manager must ensure that files for children are set up in line with The Adoption Agency Regulations 1983	By 31/05/04

### 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 Authority or Registered Person(s).

No.	Refer to Standard *	Recommendation Action
1	LA1	The manager should ensure there is a system in place in respect of the statement of purpose being made available to all appropriate people.

2	LA4	The manager should consider ways in which the wait some adopters incur for attending the preparation groups can be minimised.
3	LA5	The manager should consider establishing a system to identify when information about a child is out of date and a procedure for requesting children's social workers provide an update of the child's circumstances and needs.
4	LA5	The manager should consider asking adopters to sign and date the written information in place in respect of notifying the adoption agency in the event of the death of their adopted child dying.
5	LA5	The manager should produce written procedures for staff in respect of the use of the adoption register.
6	LA12	The manager should examine cases where there has been delay due to paperwork not being ready and wherever the shortcomings arise from ensure that these are addressed. The manager should also raise the issue of the timeliness of panel dates with the Consortium.
7	LA16	The agency should provide a written procedure for staff that covers arrangements for the use of services provided by the Adoption Register.
8	LA19	The manager should request that the personnel department ensure that full records of interviews are retained on personnel files.
9	LA19	The manager should consider requesting the personnel department place all future CRB certificates on personnel files.
10	LA21	The manager should consider some allowing flexibility in the workload management system to enable social workers to carry out a variety of work.
11	LA27	The manager should establish systems in respect of dealing with complaints, allegations and Child protection referrals and ensure that all staff members are aware of the systems and recording procedures for dealing with complaints and allegations.
12	LA25	The manager should consider keeping all CRB certificates obtained for adopters on files.
13	LA29	The management of the agency should ensure that there are suitable facilities which are accessible in a timely way and allow for service users to meet in private with the adoption workers.
14	LA29	The manager should develop a disaster recovery plan.

- note: You may refer to the relevant standard in the remainder of the report by omitting the 2-letter prefix e.g. LA10 refers to Standard 10.

**PART B****INSPECTION METHODS & FINDINGS**

The following inspection methods have been used in the production of this report

Placing authority survey	YES
Placing social worker survey	YES
Prospective adopter survey	YES
Approved adopter survey	YES
Birth parent / birth family member survey	YES
Checks with other organisations and Individuals	
• Directors of Social services	YES
• Specialist advisor (s)	YES
Tracking Individual welfare arrangements	YES
• Interview with children	NO
• Interview with adopters and prospective adopters	YES
• Interview with birth parents	YES
• Interview with birth family members	NO
• Contact with supervising social workers	YES
• Examination of files	YES
Individual interview with manager	YES
Information from provider	YES
Individual interviews with key staff	YES
Group discussion with staff	YES
Interview with panel chair	YES
Observation of adoption panel	YES
Inspection of policy/practice documents	YES
Inspection of records (personnel, adopter, child, complaints, allegations)	YES
Date of Inspection	09/03/04
Time of Inspection	9.30
Duration Of Inspection (hrs)	43
Number of Inspector days	6
Additional Inspection Questions:	
Certificate of Registration was displayed at time of inspection	NA
The certificate of registration accurately reflected the situation in the service at the time of inspection	NA
Total Number of staff employed (excluding managers)	6

The following pages summarise the key findings and evidence from this inspection, together with the NCSC assessment of the extent to which the National Minimum Standards have been met. The following scale is used to indicate the extent to which standards have been met or not met by placing the assessed level alongside the phrase "Standard met?"

The scale ranges from:

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

"0" in the "Standard met?" box denotes standard not assessed on this occasion.

"9" in the "Standard met?" box denotes standard not applicable on this occasion.

"X" is used where a percentage value or numerical value is not applicable.

## Statement of Purpose

The intended outcome for the following standard is:

- There is clear written statement of the aims and objectives of the adoption agency and the adoption agency ensures that it meets those aims and objectives.

Standard 1 (1.1 - 1.2, 1.3 (partial) and 1.4 – 1.7)

There is a clear written statement of the aims and objectives of the adoption agency which describes accurately what facilities and services they provide.

### Key Findings and Evidence

Standard met?

3

There is a statement of purpose in place that meets the legal requirements. The statement was approved by the members in April 2003 and reviewed on an annual basis.

The manager provided the inspectors with a copy of written information provided to children. This comprises of a question and answer booklet titled 'What is Adoption' and information about how to make a complaint to Reading Borough Council (RBC), The National Care Standards Commission (NCSC) and Reading Children's Rights Service which is run by NCH Action for Children.

The manager informed the inspectors that for adults and children with communication difficulties or for whom English is not their first language the agency has access to a range of formats to aid the individuals understanding. Work was being carried out to further extend the range of formats available.

The manager made available the agency's policies and procedures. The inspectors noted that the adoption agency policy was in the process of being reviewed and updated. The inspectors were satisfied that the policies and procedures seen reflected the statement of purpose.

The inspectors met with social workers working within the team and were informed by them that they were involved in the development of the statement of purpose.

Adopters the inspectors met with were not aware of the existence of the statement of purpose and the inspectors have recommended that the manager consider how she will make the statement available to all relevant people.

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

YES

**Has the Statement been formally approved by the executive side of the council?**

YES

**Is there a children's guide to adoption?**

YES

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

YES

## Securing and promoting children's welfare

The intended outcome for the following set of standards is:

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

### Standard 2 (2.1 - 2.3)

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

### Key Findings and Evidence

Standard met?

3

There is a joint recruitment strategy in place, this strategy is Reading Borough Council imitative and considers recruitment of foster carers, family link carers, supported lodging arrangements, adult placement carers and adopters.

The manager informed the inspectors that in terms of general recruitment there is a steady level of applications from people wishing to adopt across a range of ages, for children who have more complex needs there is a 'family finder' employed within the agency and her role is to carry out targeted recruitment for specific children.

The inspectors reviewed a number of files, panel papers and had discussions with adopters and a birth parent. From the information gathered the inspectors concluded that individual needs of the children were carefully assessed in order to ensure that matches made were appropriate and where possible the views of birth families and children were ascertained.

### In the last 12 months:

How many children were identified as needing adoptive families?

19

How many children were matched with adopters?

12

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

28

How many children were placed with other services' adopters?

5

How many children were referred to the Adoption Register?

5

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

11

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

95

%

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

2

How many allegations of abuse or neglect were made about adopters approved by this adoption service?

0

On the date this form was completed, how many children were waiting for a match to be identified?

9

## Prospective and approved adopters

The intended outcome for the following set of standards is:

- **The adoption agency recruits and supports sufficient adopters from diverse backgrounds, who can offer children a stable and permanent home to achieve a successful and lasting placement.**

**Standard 3. (3.1 – 3.3 and 3.5 - 3.6)**

Plans for recruitment will specify that people who are interested in becoming adoptive parents will be welcomed without prejudice, will be given clear written information about the preparation, assessment and approval procedure and that they will be treated fairly, openly and with respect throughout the adoption process.

**Key Findings and Evidence**

**Standard met?**

**3**

The agency adoption policy and the information provided to applicants clearly state the eligibility criteria, which are within a framework of equal opportunities. The information includes details of the preparation, assessment and approval procedures and the support services available. Applicants hoping to adopt from abroad are referred to Parents and Children Together (PACT), a voluntary adoption agency that specialises in inter- country adoptions. Reading has a formal arrangement with this service.

The systems in place to prioritise applicants who are most likely to meet the needs of children waiting for adoptive parents include; monitoring of the enquiry process by the assistant team manager through her carrying out all of the initial enquiry visits, the allocation process and liaison with the teams family finder. In addition as a member of the Berkshire Adoption Consortium there are procedures in place which enable the agency to consider adopters assessed by the other agencies in the consortium.

During the preparation groups' prospective adopters are provided with the opportunity to hear adopters experiences and to speak with them.

Adopters are provided with membership of Adoption UK for 3 years, are shown the publication Be My Parent and are invited to attend a forum run by the BAAS twice a year. This forum involves the consortium members, and a number of other agencies including PACT. The aim of the forum is to match children with families the child's social workers are in attendance for further discussion with prospective adopters about a specific child.

**Standard 4. (4.1 – 4.9)**

**Prospective adopters are involved in a formal, thorough and comprehensive assessment, preparation and approval process.**

**Key Findings and Evidence**

**Standard met?**

**3**

The inspectors were pleased to note that Reading are using a comprehensive competence based assessment process. The process focuses on the adopters parenting capacity and ability to meet the needs of the children awaiting adoption.

Adopters views about the preparation process varied, Some adopters informed the inspectors that they had experienced delays in starting the preparation, the groups are run twice a year and clearly if an application has been made at the commencement of one group there will be a delay of some months before the next group. The inspectors acknowledge that this is a difficult issue to resolve due to the relatively small numbers of assessments carried out by the agency. The inspectors recommend that the manager consider ways in which this situation may be improved.

There is a clearly set out preparation programme for domestic adopters.

Overall the adopter's responses were that they were satisfied with their experience of the recruitment and preparation processes.

There is a system of reviewing the effectiveness of the preparation groups and as a result changes to the process have been made. This was in respect to the timing of the preparation session on panel, matching, introductions and legal processes which it was established that adopters retain more of this information if it is presented at the end of the assessment stage. The inspectors noted that there were feedback forms, which adopters had completed, contained in individual files sampled. However 4 of the 9 adopters who completed questionnaires responded that they were not asked their views about the services they received.

One of the inspectors interviewed a foster carer who was going through the process of adoption for one child; the foster carer confirmed that in respect of the adoption the process she had gone through was as for any other applying to adopt.

From the files sampled the inspectors concluded that a range of checks are carried out including an enhanced CRB check. The system for evidencing checks involves the personnel department forwarding a certificate of reply. (See also standard 19)

For inter country adoptions PACT carry out the preparation, assessment and approval of adopters.

**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

The manager provided the inspectors with a pack of information provided to adopters once they have been approved as adopters. The pack contains comprehensive information about the matching, introduction and placement processes and information about the role of the Adoption Register. The BAAS produced the booklet.

The prospective adopters are provided with written information in respect of children for whom they may be an appropriate match for, namely the child's Form E and there is the opportunity to meet with the family finder and child's social worker, medical adviser and other professionals where appropriate. Information is further reinforced during the placement planning meeting and the adopters are provided with a copy of the minutes of the meeting.

There were some difficulties noted in terms of some Form E's submitted by other local authorities not having been updated. The inspectors recommend that the manager consider establishing a system to identify when information about a child is out of date and a procedure for requesting that information be updated.

The Responses from the 12 completed questionnaires returned from adopters showed that three adopters felt they had been kept fully informed while 9 felt they were usually kept informed. Following a face-to-face interview with adopters and information provided on questionnaires the inspectors concluded that the agency's staff endeavour to keep adopters informed but that there are at times difficulties in terms of information sharing by the child's social workers, this was a source of frustration for some adopters and workers employed within the agency.

The agency has systems in place to record if adoptive parents agree to notify the adoption agency of the death of their child. The inspectors noted that this information is held in the form of a checklist and have recommended to the manager that she consider asking adopters to sign and date this. The BAAS administers the contact arrangements and acts as an intermediary for information passed on to birth families.

Adopters are asked to compile a book about them to share with children for whom a match has been made; the inspectors viewed one such book which was of excellent quality.

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

NO

**Standard 6 (6.1 – 6.7)**

**Adoptive parents are helped and supported to provide stable and permanent homes for the children placed with them.**

**Key findings and evidence****Standard met?**

3

A systematic approach to post-adoption planning had been implemented and information presented in the Adoption Support Plan was well received at the panel attended by the inspector. The Post Adoption Worker attends the second review of the child in order to establish if there are any issues which would need to be incorporated in an adoption support plan. She also contacts the adopters a year after the adoption order has been made, by letter and this provides adopters with an opportunity to feedback and enquire if they require assistance with any issues not already covered in the post adoption support plan. The inspectors commended this practice and noted that the manager is considering ways in which the information gathered from the feedback could be used in a systematic way to inform future practice.

From the responses from questionnaires and discussions with adopters interviewed the inspectors conclude that the agency overall provides a good support service which is based on a multi-disciplinary approach. It was noted that difficulties in other local authority children's teams had on occasions impacted on the support provided to adopters. The inspectors heard of staff shortages, changes in children's social workers and inexperienced staff which seems to have impacted on the smooth running of the process for some children and adopters.

For inter country adopters PACT undertake support work pre-adoption. After adoption adoptive parents can approach the agency for help and advise.

Adoptive parents are informed of; the importance of keeping information provided by birth families safe, the need to develop strategies to help the child address any form of discrimination and to help the child develop and maintain a positive sense of identity. These issues are addressed through the link workers, the support plan, the planning meeting and various workshops. There are also meetings held, called 'life appreciation days'. These involve people who have played a significant part in the child's life meeting to share information and memories of the child with the adopters.

There have been no disruptions involving adopters assessed by the agency for over 3 years. At the time of the inspection the inspectors were made aware of two disruptions of Reading children who were placed with other authority adopters occurring at the time of the inspection. The inspectors viewed evidence which demonstrated that the agency were dealing with the issues seriously and sensitively and that the findings from the disruption meetings would be used to enhance future practice.

<b>Number of adopter applications started in the last 12 months</b>	16	
<b>Number of adopters approved in the last 12 months</b>	16	
<b>Number of children matched with the local authority's adopters in the last 12 months</b>	28	
<b>Number of adopters approved but not matched</b>	3	

16

16

28

3

**Number of adopters referred to the Adoption Register**

1

**How many placements disrupted, between placement and adoption, in the last 12 months?**

0

## Birth Parents and Birth Families

The intended outcomes for the following set of standards are:

- **Birth parents are entitled to services that recognise the lifelong implications of adoption. They will be treated fairly, openly and with respect throughout the adoption process.**

**Standard 7 (7.1 – 7.5)**

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

<b>Key Findings and Evidence</b>	<b>Standard met?</b>	<b>3</b>
<p>The agency employs a post adoption support social worker and her role is to be involved in the planning and development of support after adoption, involving service users through consultation, provide ongoing maintenance and support for adopters and to provide direct work with children and their families and to co ordinate the Section 51 services for birth relatives.</p> <p>Independent support to birth parents is provided by the BAAS a joint arrangement funded by the 6 authorities in Berkshire. The inspectors were informed that professionals involved in the case refer parents or parents can self refer. The service employs a qualified social worker to work with the birth family and support them in many areas including, making their views known, helping them to provide information for the child in the future, inform them of their rights and inform them of local and national support groups.</p> <p>The inspectors had sight of a range of useful leaflets provided to birth relatives including a guide to the panel.</p> <p>One of the inspectors met with a birth parent who confirmed that she had used the service and found it beneficial.</p> <p>The inspectors met with a group of placing social workers. The issue of birth parents support was discussed and the placing social workers informed the inspector that take-up of the service was low. However they reported that when birth parents were engaged with the service the benefits to all were noticeable.</p> <p>For birth parents whose children are placed for adoption through care proceedings their views about adoption and contact issues are addressed through the statutory reviewing and Court process and are recorded in the child’s Form E. For relinquishing birth parents the inspectors were satisfied that the agency ensures that their views are sought and acted upon. These views are recorded in the child’s Form E and the Schedule 2 report required for the adoption hearing.</p>		

<b>Standard 8 (8,1 – 8.2)</b>		
Birth parents and birth families are enabled to contribute to the maintenance of their child's heritage.		
<b>Key Findings and Evidence</b>	<b>Standard met?</b>	<b>3</b>
The child's social worker is responsible for working with birth families and they are actively supported by the adoption agency and BAAS. (See standard 9 for further detail)		

<b>Standard 9 (9.1)</b>		
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.		
<b>Key Findings and Evidence</b>	<b>Standard met?</b>	<b>3</b>
<p>The agency and BAAS have clear strategies for providing support services to birth families before and after adoption. The ways in which birth family members are enabled to contribute to the maintenance of their child's heritage are through, meeting adoptive parents as a one off meeting, contributing to life story books, maintaining either letter box or direct contact.</p> <p>The inspectors were informed that the agency has a system which enables birth parents or siblings of an adopted child to place information on file following an adoption order being made. This information would be available to the adopted person should he seek access to his records at a future date.</p>		

## 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.

<b>Key Findings and Evidence</b>	<b>Standard met?</b>	<b>3</b>
<p>The BAAS manages the adoption panel on behalf of the consortium.</p> <p>The inspectors viewed the adoption panel's policies and procedures, these met the legal requirements.</p> <p>Prospective adopters are invited to attend the panel hearing dealing with their approval, one of the inspectors observed the adoption panel held on 26<sup>th</sup> February 2004 and noted that prospective adopters attending were enabled to discuss their application with panel members.</p> <p>Panel members each are provided with a job description which clearly sets out their roles. Within the job description the need for regular training is identified.</p> <p>The inspectors were informed that prior to becoming a member of the panel a satisfactory enhanced Criminal Records Bureau Check is required to have been carried out. The inspectors were further informed that these checks would be updated on a 3 yearly basis.</p>		

**Standard 11 (11.1 – 11.4)**

The adoption agency shall ensure that each adoption panel is properly constituted, that panel members have suitable qualities and experience to be a panel member and have regular training to allow them to keep up to date with changes in legislation, guidance and practice. Where the adoption agency is involved in inter-country adoption, each member of the panel understands the implications of being adopted from overseas and seeks advice, when necessary, on the laws and eligibility criteria for the overseas country.

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

3

The chair of the panel is suitably qualified and experienced in children's services. She has considerable experience of chairing adoption panels. She had been very recently appointed as chair to the Berkshire panel and the panel the inspector observed was the first she had chaired for the consortium.

The panel membership was noted by the inspectors as meeting the Adoption Agency Regulations and that all members of the panel were experienced and qualified professionals or people who had appropriate experience of adoption. The panel members include a medical adviser and a legal adviser.

All panel members are required to complete a comprehensive induction process and ongoing training is provided.

The induction process for a new panel member included observing an adoption panel.

All panel members had been required to sign a confidentiality agreement.

The panel does not consider inter country adoption cases, these are heard at PACT adoption panel.

**Is the panel a joint panel with other local authorities?**

YES

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

YES

**Standard 12 (12.1 – 12.3)**

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

**Key Findings and Evidence**

**Standard met?**

**2**

It was brought to the inspectors notice by a small number of prospective adopters that they had been experienced delays in their case being heard at panel. Following discussion with the manager the inspectors concluded that while for some delay was due to not all of the necessary reports not being available in time for panel, increasingly panel dates are having to be booked further in advance. The inspectors were informed that the lead member for children's services who is also a member of the adoption panel is aware of the increase in business and is actively seeking to address this.

The inspectors recommend that the manager examine cases where there has been delay due to paperwork not being ready and where ever the shortcomings arise from ensure that these are addressed. The inspectors also recommend that the manager raise the issue of the timeliness of panel dates with the Consortium.

The panel members receive each set of panel papers at least 6 days in advance of the hearing.

The adoption panel observed by one inspector was noted as being child focused and the inspector was of the view that the business carried out was done so in an efficient manner, it was the inspectors view that panel members had carefully considered each case in detail prior to the panel date and relevant discussions took place during the panel before recommendations were made.

The inspectors viewed a number of minutes from recent panel hearings, these appeared satisfactory.

**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?**

**2**

There is a clear system for the agency decision making. The agency decision maker is the head of Reading's children and family services. She is provided with a set of the panel papers in respect of Reading business prior to the panel hearing. Following the panel making a recommendation BAAS ensures that the agency decision maker is informed of the panel recommendation within 24 working hours, receives a copy of draft panel minutes within 4 working days. The decision should be made within 7 working days. The inspectors concluded that this part of the system was working well.

From looking through a sample of adopters files and through discussion with adopters it emerged that while they were informed verbally by their link worker of the panel recommendation that they at times waited a number of weeks for the decision maker's decision. Following discussion with the decision maker and manager it was clear that the system for letters to be sent was not working effectively and the decision maker and manager agreed to address this issue.

## Fitness to provide or manage an adoption agency

The intended outcomes for the following set of standards are:

- The adoption agency is provided and managed by those with the appropriate skills and experience to do so efficiently and effectively and by those who are suitable to work with children.

Standard 14 (14.1 – 14.3 and 14.5 – 14.6)

The people involved in carrying on and managing the adoption agency:

- possess the necessary knowledge and experience of child care and adoption law and practice and
- have management skills and financial expertise to manage the work efficiently and effectively and
- ensure that it is run on a sound financial basis and in a professional manner.

Key Findings and Evidence	Standard met?	3
<p>From information gathered during the inspection the inspectors formed the view that the management team possessed the professional qualifications, skills, experience and competence required to provide an efficient service.</p> <p>The inspectors were satisfied that the manager exercises effective leadership and that the manager and her staff focus on achieving the best outcomes possible for the children and adoptive families they work with.</p>		
<p><b>Does the manager have Management NVQ4 or equivalent?</b></p>	<p>YES</p>	
<p><b>Does the manager have at least 2 years experience of working in a childcare setting in last 5 years?</b></p>	<p>YES</p>	

**Standard 15 (15.1 – 15.4)**

**Any person carrying on or managing the adoption agency are suitable people to run a voluntary organisation or business concerned with safeguarding and promoting the welfare of children.**

**Key Findings and Evidence**

**Standard met?**

**2**

The manager informed the inspectors that the practice of carrying out telephone enquires to referees to verify written references had recently been introduced. The inspectors were satisfied that this had occurred in respect of the most recent appointment.

The inspectors saw evidence, a hand written note on the manager's personnel file, that she had a satisfactory CRB check. The inspectors are of the view that the evidence seen does not meet regulation 6 (c), Schedule 3 that requires full and satisfactory information is available to show that an enhanced CRB certificates has been issued. (See also standard 19)

The manager had established a system to ensure that CRB checks are carried out on a 3 yearly basis.

## Provision and management of the adoption agency

The intended outcomes for the following set of standards are:

- The adoption agency is organised and managed efficiently, delivering a good quality service and avoiding confusion and conflicts of role.

Standard 16 (16.1 – 16.7)

The adoption agency is managed effectively and efficiently.

**Key Findings and Evidence**

**Standard met?**

3

The inspectors concluded that the agency is managed effectively and is run in accordance with the statement of purpose.

Reading Borough Council operates a clear scheme of delegation and managers and all staff employed by the authority are provided with appropriate job descriptions.

The agency has a clear equal opportunities policy and staff receive training in this area.

The manager informed the inspectors that the use of the Adoption Register for England and Wales is kept to the minimum due to the agency's success in identifying adopters for children waiting in a timely way. Members of the team have a copy of the national guidance and procedures provided by the adoption register. There were no local written procedures in place for staff covering the arrangements for the use of these services and the inspectors recommend that the manager ensures that there are local procedures drawn up for staff. The inspectors noted that prospective adopters are provided with written information about the register.

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

0

**Number of the above complaints which were substantiated**

0

**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.**

<b>Key Findings and Evidence</b>	<b>Standard met?</b>	<b>3</b>
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The agency has clear monitoring systems and procedures in place.

The agency provides clear information for purchasers of services and adopters in respect of charges for its services and payments paid to adopters.

The service manager provides reports to Councillors on at least a quarterly basis, the Councillor with lead responsibility for children looked after informed the inspectors that he meets with the director on a fortnightly basis, and as a member of the adoption panel has a good overview of issues around at any point in time.

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

<b>Monthly?</b>	
<b>Quarterly?</b>	YES
<b>Less than Quarterly?</b>	

**Standard 18 (18.1 – 18.5)**  
**The adoption agency has access to specialist advisers and services appropriate to its needs.**

<b>Key Findings and Evidence</b>	<b>Standard met?</b>	<b>3</b>
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The agency accesses a number of specialist advisors appropriate to the needs of the children.

These advisors include the Berkshire Adoption Advisory Service, Medical Advisors, legal advisors, education advisors and an adoption specialist advisor.

For inter country adoption the agency refers prospective adopters to PACT.

BAAS policy and procedures cover the roles of specialist advisors and the checking of their qualifications

## Employment and management of staff

The intended outcome for the following set of standards is:

- The people who work in the adoption agency are suitable to work with children and young people and they are managed, trained and supported in such a way as to ensure the best possible outcomes for children waiting to be adopted or who have been adopted. The number of staff and their range of qualifications and experience are sufficient to achieve the purposes and functions of the adoption agency.

Standard 19 (19.1 – 19.14)

Anyone working in or for the adoption agency are suitable to work with children and young people and to safeguard and promote their welfare.

**Key Findings and Evidence**

**Standard met?**

2

The Local Authority Personnel Department is responsible for ensuring that all recruitment and selection procedures are carried out.

The manager informed the inspectors that all interviewers have undergone recruitment and selection training.

Part of the selection procedure involves an interview and 2 written references. The inspectors noted that there were no records on the files sampled of the interview and suggest as a good practice recommendation such records are kept. The manager informed the inspectors that verifying references by a telephone call had been recently established.

The inspectors were informed that the CRB checks for staff are shredded. The inspectors noted that there was a range of systems for recording that a CRB check was satisfactory. The inspectors are of the view that as a minimum a clear consistent system must be used by the personnel department in evidencing that satisfactory CRB checks have been carried out and that the information kept must include the level of check and the disclosure number. The inspector recommend that this standard would be best met by keeping the CRB certificate on personnel files.

The manager informed the inspectors that there was a system in place which will ensure that CRB checks are updated on a 3 yearly basis.

On one file sampled it was noted that there had been a gap in employment on the CV and this had not been followed up.

In respect of non social work staff the agency does not undertake CRB checks. The inspectors are of the view that due to the information such staff have access to that CRB checks at a standard level should be carried out in order that the agency can evidence such staff members integrity and good character in line with regulation 11 (3).

The agency from time to time uses the services of 2 independent social workers. The inspectors were provided with the information held by the manager in respect of these workers. The inspectors noted that there was not full and satisfactory information available and require that the manager ensure that this is obtained.

The inspectors were provided with details of training provided to social workers and discussed this with social workers. The inspectors were satisfied that social workers are

provided with the training they need to carry out their roles and further their professional development. All of the workers on the team are senior practitioner level and as such have a wealth of experience.

Birth records counselling is provided by the Post Adoption worker who is appropriately trained and experienced for this role.

There were no unqualified workers working for the agency at the time of the inspection, the manager informed the inspectors that in the event of the agency taking a student on placement, appropriate checks would be carried out and all of the students work would be supervised by a qualified worker.

The manager informed the inspectors that from time to time unqualified staff in the children's teams are involved in direct contact, an Assistant Team Manager supervises this.

**Do all of the adoption service's social workers have DipSW or equivalent?**

YES

**What % of the adoption service's social workers have a PQ award?**

20

%

**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**

The inspectors were satisfied that the team offers a good service through the practice of individual staff taking lead responsibilities for certain areas of work.

The systems in place for staff supervision seemed effective.

There is a clear scheme of delegation in place and staff were aware of their roles and responsibilities.

The agency works to a formal workload management system; social work staff informed the inspectors that the system works well but has little scope for them to take on a piece of work that may interest them. The inspectors recommend the manager consider introducing some flexibility into the system to allow the workers a level of choice.

There are clear systems in place to ensure that assessments and approvals of adopters are managed effectively. These systems include supervision sessions, second opinion visits to adopters, monitoring of form F's by the assistant team manager, the team manager and the service manager. The Head of Service receives and reads a set of all panel papers.

The assistant team manager carries out all social work supervision, she receives supervision from the manager. Staff receive supervision on a three to four weekly basis, staff confirmed that this is pre-booked and covers case management and personnel development issues. There is a system of annual appraisal in place.

Social Workers confirmed that there is adequate clerical support available; the admin team covers both the adoption and fostering teams.

The inspectors noted that social workers could access a range of professional advice in order to provide a full service to children and adopters.

The manager informed the inspectors that all working for the agency are provided with written contracts job descriptions and conditions of service which comply with the General Social Care Council (England) code of practice, the inspectors looked at a sample of these documents which appeared to be in order.

The manager informed the inspectors that staff have copies of all issues contained in standard 20.12, staff confirmed this.

**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.**

<b>Key Findings and Evidence</b>	<b>Standard met?</b>	<b>3</b>
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The inspectors noted that a new full-time social work post has been introduced as a result of growth over the past year. This post had been appointed to although the member of staff had not commenced employment at the time of the inspection. The inspectors were informed that staff had been working over and above their contracted hours for some time and it was hoped that this new appointment would address this issue. The inspectors formed the view that with the new addition the agency would have adequate levels of qualified and experienced staff.

The social workers confirmed that they have regular supervision and team meetings and that all meetings are recorded. A new initiative is group supervision sessions which the workers felt to be beneficial.

<b>Total number of social work staff of the adoption service</b>	6	<b>Number of staff who have left the adoption service in the past 12 months</b>	0
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<b>Number of social work posts vacant In the adoption service.</b>	0
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**Standard 22 (22.1 and 22.3)**  
**The adoption agency is a fair and competent employer, with sound employment practices and good support for its staff.**

<b>Key Findings and Evidence</b>	<b>Standard met?</b>	<b>3</b>
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Following discussions with social workers the inspectors concluded the team were a very committed and experienced group of workers. They told the inspectors that although there were some restrictions in the Reading training budget the manager of the adoption service ensured that they received any training they required, they spoke of regular supervision sessions, which included discussion about their own professional development, and the inspectors concluded that the workers seemed satisfied in their employment.

There is a whistle blowing policy in place, the manager informed the inspectors that all staff have access to the policy.

<b>Standard 23 (23.1 – 23.6)</b>		
There is a good quality training programme to enhance individual skills and to keep staff up-to-date with professional and legal developments.		
<b>Key Findings and Evidence</b>	<b>Standard met?</b>	<b>3</b>
<p>A range of training is available to staff, there is an annual plan which the inspectors viewed and in addition staff are enabled to apply for other appropriate training as it arises through the adoption manager.</p> <p>There is a formal induction procedure in place for all new staff.</p> <p>There is an annual appraisal scheme in place.</p> <p>Staff are enabled to keep up to date with developing issues throughout the year through training sessions, team meetings, group supervision sessions, skills sharing and circulation of relevant documents and information.</p>		

## Records

The intended outcome for the following set of standards is:

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

<b>Standard 25 (25.1 – 25.5)</b>		
The adoption agency ensures comprehensive and accurate case records are maintained for each child, prospective and approved adopter with whom the agency has worked.		
<b>Key Findings and Evidence</b>	<b>Standard met?</b>	<b>2</b>
<p>The inspectors sampled adopters' files and found them to be well maintained, detailed and up to date. Recording was of good quality and signed and dated. The files showed evidence that CRB checks had been carried out, via a certificate of reply sent from the personnel department. The inspectors are of the view that it would be good practice to ensure that the CRB certificate is kept on file so that a clear first hand record is kept of the date, level of check and disclosure number.</p> <p>Supervisors' decisions were on files sampled and there was evidence of regular senior management auditing of files.</p> <p>The agency did not keep files on children. In respect of Reading children there was full information easily available as the looked after children's team are located in the same room as the adoption workers. In respect of non-Reading children, in the main the only information available is the From E, which is placed on the adopters file. The inspectors require that the agency sets up individual files for children in line with the Adoption Agency Regulations 1983.</p> <p>The files are kept in water and fire resistant lockable cabinets in the locked office. There are arrangements in place in respect of confidentiality issues.</p>		

**Standard 26 (26.1 – 26.2)**  
**The adoption agency provides all relevant information from its case files, in a timely way, to other adoption agencies and local authorities with whom it is working to effect the placement of a child.**

<b>Key Findings and Evidence</b>	<b>Standard met?</b>	<b>3</b>
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The adoption agency policy in respect of providing information to other agencies such as Form E's is that all such information is anonymised prior to it being sent. This includes all information provided to panel.

The inspectors noted from the files sampled that all such information is passed on in a timely way.

**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.**

<b>Key Findings and Evidence</b>	<b>Standard met?</b>	<b>2</b>
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The agency has a policy in place in respect of case recording, this was scrutinised during a recent fostering inspection and found to be in order.

In respect of records of independent social workers there was not full and satisfactory information available and a requirement has been made in respect of this. (See also standard 19)

The inspectors noted evidence which showed that files are monitored in terms of adequacy, by the clerical staff and quality, by the agency management team.

The files viewed were legible, overall of good quality and all recording seen was signed and dated.

The inspectors noted that there had been no complaints or allegations made during the previous year. There were no procedures or recording systems in place in the event of any such referrals being made. The inspectors recommend that the manager introduce procedures and recording systems for complaints and allegations in line with the standards. The manager should also ensure that all staff members are aware of the procedures for dealing with complaints and allegations.

**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

The inspectors sampled personnel files for 4 staff members, the manager and 2 independent workers the agency use. The inspectors noted that for the permanent workers in the main there was evidence of satisfactory checks having been carried out. The exceptions were that for one worker there had been a written reference received from the individual's previous employer but there was no official stamp from this employer on the reference. None of the files sampled showed evidence of a telephone follow up to ensure the authenticity of the reference although the inspectors have been informed this practice had only just been introduced. There were no photographs on the files, however each member of staff is issued with an identity card that has their photograph sealed within it. None of the files contained CRB certificates, there was evidence that these had been carried out but there appeared to be at least three different systems of notification that the checks had been received and they were satisfactory. These issues have been discussed in standard 19 and a requirement has been made.

## Fitness of Premises

The intended outcome for the following standard is:

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

Standard 29 (29.1 – 29.5)

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

**Key Findings and Evidence**

**Standard met?**

2

The agency is situated within the centre of Reading and the premises are shared with a range of other businesses. There is a joint reception area which services the whole building; this is not social service run. The team shares a floor with other children's teams, including the looked After Children's Team; this allows the agency staff to consult with Reading's children's social workers on a day to day basis. Adopters, children and adpotees are not allowed access to the premises and if a room is needed for an interview the Civic centre building is used. The manager reported to the inspector that this situation is not ideal as rooms need to be booked in advance. Social work staff informed the inspectors there are occasions where business such as checking CRB applications with adopters has to be carried out in the public reception area. The inspectors recommend that the management of the agency ensure that there is a suitable room available for the use of the workers which can be booked in a timely way.

The premises had satisfactory facilities for the secure retention of records and appropriate measures to safeguard IT systems.

The agency did not have a disaster recovery plan in place and the inspectors recommend that the manager ensure that such a plan is developed.

**PART C**

**LAY ASSESSOR'S SUMMARY**

**(where applicable)**

**Lay Assessor** \_\_\_\_\_ **Signature** \_\_\_\_\_  
**Date** \_\_\_\_\_

**D.1 Local authority manager's comments/confirmation relating to the content and accuracy of the report for the above inspection.**

We would welcome comments on the content of this report relating to the Inspection conducted on 9 March 2004 and any factual inaccuracies:

Please limit your comments to one side of A4 if possible

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

Amendments to the report were necessary	<input type="checkbox"/> NO
Comments were received from the provider	<input type="checkbox"/> NO
Provider comments/factual amendments were incorporated into the final inspection report	<input type="checkbox"/>
Provider comments are available on file at the Area Office but have not been incorporated into the final inspection report. The inspector believes the report to be factually accurate	<input type="checkbox"/>

**Note:**

In instances where there is a major difference of view between the Inspector and the local authority adoption manager, both views will be made available on request to the Area Office.

**D.2 Please provide the Commission with a written Action Plan by 27 April 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	<input type="checkbox"/> YES
Action plan was received at the point of publication	<input type="checkbox"/> YES
Action plan covers all the statutory requirements in a timely fashion	<input type="checkbox"/> YES
Action plan did not cover all the statutory requirements and required further discussion	<input type="checkbox"/>
Provider has declined to provide an action plan	<input type="checkbox"/>
Other: <enter details here>	<input type="checkbox"/>

**Public reports**

It should be noted that all NCSC inspection reports are public documents.

### D.3 PROVIDER'S AGREEMENT

Local authority manager's statement of agreement/comments: Please complete the relevant section that applies.

D.3.1 I Laura Eades of Reading Borough Council Adoption Service confirm that the contents of this report are a fair and accurate representation of the facts relating to the inspection conducted on the above date(s) and that I agree with the statutory requirements made and will seek to comply with these.

Print Name                    Laura Eades  
Signature                    \_\_\_\_\_  
Designation                 Head of Children and Families  
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.