

# inspection report

Local Authority Adoption Services

**The London Borough of Havering  
Adoption Service**

Midland House  
109-113 Victoria Road  
Romford  
RM1 2LX

2nd- 4th, and 21st March 2005

## **Commission for Social Care Inspection**

Launched in April 2004, the Commission for Social Care Inspection (CSCI) is the single inspectorate for social care in England.

The Commission combines the work formerly done by the Social Services Inspectorate (SSI), the SSI/Audit Commission Joint Review Team and the National Care Standards Commission.

### **The role of CSCI is to:**

- Promote improvement in social care
- Inspect all social care - for adults and children - in the public, private and voluntary sectors
- Publish annual reports to Parliament on the performance of social care and on the state of the social care market
- Inspect and assess 'Value for Money' of council social services
- Hold performance statistics on social care
- Publish the 'star ratings' for council social services
- Register and inspect services against national standards
- Host the Children's Rights Director role.

## **Inspection Methods & Findings**

SECTION B of this report summarises key findings and evidence from this inspection. The following 4-point scale is used to indicate the extent to which standards have been met or not met by placing the assessed level alongside the phrase "Standard met?"

### **The 4-point scale ranges from:**

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

'O' or blank in the 'Standard met?' box denotes standard not assessed on this occasion.

'9' in the 'Standard met?' box denotes standard not applicable.

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

## ADOPTION SERVICE INFORMATION

**Name of Local Authority**

The London Borough of Havering Adoption Service

**Headquarters Address**

Midland House, 109-113 Victoria Road, Romford, RM1  
2LX

**Adoption Service Manager**

Linda McGrath

**Tel No:**

01708 434548

**Address**

Midland House, 109-113 Victoria Road, Romford, RM1  
2LX

**Fax No:**

01708 434578

**Email Address****Certificate number of this adoption service****Date of last inspection**

N/A

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

April 2002

<b>Date of Inspection Visit</b>		2nd March 2005	<b>ID Code</b>
<b>Time of Inspection Visit</b>		10:00 am	
<b>Name of Inspector</b>	<b>1</b>	Sue Nott	124902
<b>Name of Inspector</b>	<b>2</b>	Delia Amos	
<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 CSCI. 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>			

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## INTRODUCTION TO REPORT AND INSPECTION

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

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

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

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

The report will show the following:

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

This report is a public document.

## INSPECTION VISITS

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

BRIEF DESCRIPTION OF THE SERVICES PROVIDED.
<p>Havering is a local authority adoption service covering an outer London area, with a growing demand for adoptive placements. A separate adoption team had only been operating since the end of 2001, and was part of the overall family placement service for the borough. The team consisted of a full time manager, a senior practitioner, an advanced practitioner (letterbox co-ordinator), and two social workers, of which one post was vacant, plus a team administrator.</p> <p>In addition, independent workers were employed as necessary to undertake domestic and intercountry adoption assessments.</p> <p>The agency were part of the Thurrock, Southend and Havering adoption consortium, established to share resources, including adoptive families and training.</p> <p>Most of the children in adoptive placements were placed with families outside Havering. At the time of inspection there were nine children awaiting placements, and eight approved families awaiting a match for a domestic adoption. Only one family had been approved for intercountry adoption in the previous twelve months.</p>

## 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.

The inspection of Havering Social Services Adoption Service was carried out over three days, plus observation of the adoption panel on a separate day. Staff were accommodating and helpful in facilitating the inspection timetable, and provided all the information required. Eleven adopter questionnaires were returned, and although there were a number of positive comments made on the service provided once the assessment process had started, service users were less positive about the time it took to allocate a worker, and the turnover of children's social workers for children in placement. However, overall the inspectors found an improving service, meeting or partially meeting most of the standards required. There was a committed staff and management group, with a range of experience and skills. Managers were already aware of, and working on many of the issues raised in this summary.

#### Statement of Purpose (Standard 1)

This standard was partially met. The agency had a clearly written Statement of Purpose, which accurately reflected the aims and objectives, and covered most of the areas expected. However, it needed to include details of the qualifications and experience of the manager and staff.

The British Association for Adoption and Fostering Children's Guide was used. This gave good information on adoption, but needed to be developed further to include the agency's own information, to provide a guide that described Havering's own adoption service. Policies and procedures were adequate, but should be expanded and updated as the service continues to grow.

#### Securing and Promoting Children's Welfare (Standard 2)

This standard was met. The agency had a limited, but ongoing and developing recruitment programme for prospective adopters. Staff were aware that they needed to target communities more effectively to meet the demands on their service, and to provide applicants who would best meet the needs of the range of children requiring adoptive families in the borough. The agency were active members of the Thurrock, Southend and Havering Consortium, and this had proved a positive initiative in sharing resources, and training.



#### Prospective and Approved Adopters (Standards 3-6)

These standards were met. There was evidence that the agency was thorough in its assessments of adopters. The system of planning meetings for family finding and matching was good, although feedback from adopters on this process included some anxiety around the extra "matching panel".

The provision of ongoing support to adoptive families and children was developing, and specialist advice and services were available, if needed. There was evidence of the agency being responsive to individual needs.

Inter country adopters were initially referred to the Overseas Helpline for preparation, and the small number of assessments are allocated to independent workers.

#### Birth parents and Families (Standards 7-9)

These standards were met. Where possible, the adoption agency worked with birth parents to enable effective plans to be made and implemented for their children. Havering had access to a fully independent service for birth parents through a contract with a voluntary agency, After Adoption. There was evidence that some form of contact between the child and their birth family was maintained and encouraged, where possible, after adoption.

#### Adoption Panels and agency decisions (Standards 10-13)

Two standards were met; two were partially met. The panel was properly constituted and meetings were held regularly. The panel chair was suitably qualified and experienced. However, panel membership needed to be reviewed to widen the independent element, as well as the range of backgrounds and ethnic origins of panel members to reflect more widely the changing demography of its community. The panel members received papers sufficiently in advance. Training was provided, and prospective adopters were encouraged to attend panel. Procedures were thorough, and included issues to be covered in the production of an annual panel report, as part of a formal mechanism for panel to feedback to the agency on areas of quality assurance.

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

These standards were met. The manager had appropriate professional qualifications, and relevant professional child care experience. There was extremely positive feedback from all levels of staff, as well as service users, that she demonstrated good leadership. Lines of accountability and communication were clear, and senior management were experienced by staff as approachable, supportive and positive.

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

Three standards were met. There was evidence of good monitoring of the activities of the adoption agency by management and an active and involved Cabinet. Good legal advice was available. The role of the medical adviser should be reviewed as the needs of the agency expand.

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

Two standards were met; two were partially met; one standard was not met. There were generally good recruitment and selection procedures to ensure the employment of appropriately qualified and experienced staff. However, all files did not include evidence of up to date CRB checks, or the making of telephone checks to verify references. Action had been taken to increase recruitment initiatives to social work posts, and the agency needed to ensure sufficient social work staff, and administrative support was provided at all times to the adoption service.

#### Records (Standard 25-28)

Three standards were met; one was not met. Case records seen were of a variable quality. File audits were not consistently taking place. Archived files were securely stored, but a risk assessment needed to be carried out on the storage of adoption files awaiting formal closure.

Panel member files did not contain all information required. Separate files must be

maintained for all panel members and independent workers.

Fitness of premises (Standard 29)

This standard was partially met. The offices were appropriately laid out for the limited space available. There was a satisfactory level of security provided. The building was fully insured. A Disaster Recovery Plan needed to be completed.

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

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

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

NA

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

NA

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

NA

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

NA

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

NA

<b>Implementation of Statutory Requirements from Last Inspection</b> <b>(Not relevant at first CSCI inspection)</b>
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Requirements from last Inspection visit fully actioned?

NA
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**If No please list below**

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

**Action is being taken by the Commission for Social Care Inspection to monitor compliance with the above requirements.**

## STATUTORY REQUIREMENTS IDENTIFIED DURING THIS INSPECTION

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

### STATUTORY REQUIREMENTS

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

No.	Regulation	Standard *	Requirement	
1	LAASR 2003.2 Sch.1	LA1	The Statement of Purpose must cover all areas listed in Schedule I of the Local Authority Service Regulations 2003, and must be formally approved by the executive.	30.09.05
2	LAASR 2003 11	LA11	Up to date CRB checks and references must be obtained for all panel members.	30.09.05
3	AAR 1983 10 (3)	LA12	Efforts must be made to ensure that agency decisions notifications are being sent out within the appropriate timescales.	31.08.05
4	LAASR 2003 11a	LA19	The agency must ensure that all required checks and references are carried out, and updated as necessary, and that procedures and practice reflect this practice.	30.09.05
5	LAASR 2003 10 (3)	LA20	Timescales must be improved in allocating social workers to start adopter assessments.	31.08.05
6	LAASR 2003 12	LA22	All staff must be made aware of the whistleblowing policy.	31.08.05
7	LAAS 200311(b)	LA28	The agency must ensure that all listed areas under NMS 28.2, regarding staff, panel members and independent workers are maintained on individual files.	30.09.05
8	LAAS 200316	29	The adoption agency must complete a Disaster Recovery Plan that includes backup of adoption records.	31.10.05

### GOOD PRACTICE RECOMMENDATIONS FROM THIS INSPECTION

Identified below are areas addressed in the main body of the report which relate to the National Minimum Standards and are seen as good practice issues which should be considered for implementation by the Authority or Registered Person(s).

No.	Refer to Standard *	Recommendation Action
1		It is recommended that an organisational structure chart should be included in the Statement of Purpose.
2	LA1	A new children's guide should be developed, with the aim of being inclusive to different age groups and abilities, and which accurately reflects Havering's own service.
3	LA2	The adoption service's written recruitment strategy should be developed further to indicate how the targets set would be achieved.
4	LA3	Managers should ensure that any new publicity, advertising and information materials are inclusive of all ethnic groups and backgrounds.
5	LA3	It is recommended that the information regarding smoking in the eligibility criteria is expanded to cover passive smoking, and the likely related health issues to be considered.
6	LA4	Adopters should be provided with clear written information on what happens once a placement is made.
7	LA4	Adopter's career histories should be detailed, and include months as well as years, where possible, and explanations of any periods of unemployment.
8	LA4	Every effort should be made to ensure that assessments are allocated within reasonable timescales.
9	LA7	More work should be done on ensuring that birth parents see and have the opportunity to sign, and comment on what is written about them in E forms before details are shared with the panel or adopters.
10		Training should continue to be provided for social workers on moving children towards adoption. This should include all the necessary paperwork to be completed, particularly in producing thorough Form E's, including full chronologies.
11	LA11	The agency should try to broaden the independent element, as well as the range of backgrounds and ethnic origins of panel members to reflect more widely those of its service users.

12	LA11	Members had not received training on intercountry issues, due to the small number of prospective adopters following this avenue. It is, nevertheless, recommended that this should be built into the training programme, to allow members the opportunity to debate the issues and statutory requirements involved.
13	LA12	Although much of the information and discussion will overlap in recommendations regarding sibling groups, it is recommended that each child is considered as an individual on the agenda, to ensure there is adequate time to discuss each individual's, as well as joint, needs.
14	LA16	Administrative support to the team should be monitored to ensure all tasks are covered in the administrator's absence.
15	LA17	The Cabinet should receive formal twice yearly reports on the work of the adoption agency.
16	LA18	A written protocol should be available for all advisers.
17	LA18	Further work should be carried out to improve links with education, health and CAMHS to ensure an integrated approach to providing services for children placed for adoption and their families.
18	LA23	A timetable for team members to achieve their PQ Awards should be confirmed.
19	LA25	It is recommended that adoption records are archived to the more secure site at an earlier stage.
20	LA25	A consistent system of recording should be maintained.

- 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	NO
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	YES
• Directors of Social services	NO
• Specialist advisor (s)	YES
Tracking Individual welfare arrangements	YES
• Interview with children	YES
• Interview with adopters and prospective adopters	YES
• Interview with birth parents	YES
• Interview with birth family members	YES
• 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	02/03/05
Time of Inspection	9.30
Duration Of Inspection (hrs)	60
Number of Inspector days	7
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)	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 - 1.2, 1.3 (partial) and 1.4 – 1.7)**

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

### Key Findings and Evidence

### Standard met?

2

Havering's Statement of Purpose was clearly written, and accurately reflected the aims and objectives of the adoption service. It had been reviewed in April 2004, and was awaiting formal approval by the executive. However, although the document does cover most of the areas expected, there are some omissions. It does not include the name of the manager, and is not specific about her qualifications and experience. It also does not include the address and telephone number of the Commission. It is recommended that an organisational structure chart should also be included.

**The Statement of Purpose must cover all areas listed in Schedule I of the Local Authority Service Regulations 2003, and must be formally approved by the executive.**

At the time of the inspection, the agency used the British Association for Adoption and Fostering Children's Guide. This gave good general information on adoption, but should be developed further to provide a guide that described Havering's own adoption service. A sheet summarising Havering's Statement of Purpose was included with the guide, but this was not child friendly. A separate children's complaints leaflet was available. It is recommended that a new guide is developed, with the aim of being inclusive to different age groups and abilities, and which accurately reflects Havering's own service.

There were no different formats of this guide available in different languages, Braille or large print. However, the manager stated that facilities were available for documents and communications to be translated into different languages, and could be provided on an individual basis.

All members of the adoption team had seen a copy of the Statement of Purpose, and were aware of its contents. However, some staff interviewed were unfamiliar with the Children's Guide.

The service's policies and procedures seen were adequate, but should be expanded as the service continues to grow, and updated as necessary.

**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?**

NO

**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

The adoption service had written plans regarding its strategy for the recruitment of adopters to meet the needs of the agency. At the time of inspection, these needed to be developed further, as they were limited and did not clearly indicate how the targets set would be achieved. However, the adoption service belonged to a local adoption consortium, and there was an expanding recruitment programme being developed within this.

Staff recognised that the service was some way from recruiting the numbers of adopters it needed, and that the strategy could be improved, particularly in recruiting families for children of dual heritage. There was a need to be constantly aware of being inclusive of all ethnic groups and backgrounds within the team's publicity, advertising and information materials. With the formation of the separate adoption team in 2002, managers were positive that an increase in active recruitment campaigns could be continued and developed. No transracial placements had been made in the last twelve months, and staff were able to place through interagency arrangements to improve placement choice for the children. There was a process of "matching panels" chaired by the service manager to look at prospective families, and in which an initial decision about which family to proceed with was made, prior to the formal "linking" panel. The system seemed to be operating well, but a number of adopters commented that they found it confusing, and were wrongly identifying it as another stage in the formal panel process.

The agency took into account wherever possible the children's views on adoption and matching, based on their age and understanding, and made efforts to involve them in plans for their future. However, most children placed in the previous twelve months were too young to express their views.

#### In the last 12 months:

How many children were identified as needing adoptive families?

24

How many children were matched with adopters?

10

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

7

How many children were placed with other services' adopters?

4

How many children were referred to the Adoption Register?

X

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

21

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

100

%

**How many sibling groups were matched in the last 12 months?**  
**How many allegations of abuse or neglect were made about adopters approved by this adoption service?**  
**On the date this form was completed, how many children were waiting for a match to be identified?**

2

0

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
<p>The team aimed to continue to build on the increase in the number of adopters recruited each year. At the time of inspection, the agency had approved seven families in the previous twelve months for domestic adoption, as well as one family wishing to adopt from overseas. Written information was provided in a pack to prospective applicants regarding the assessment process, which had been produced jointly with Havering's adoption consortium members.</p> <p>The eligibility criteria was made clear, although it is recommended that the information regarding smoking is expanded to cover passive smoking, and the likely related health issues to be considered.</p> <p>The criteria also included information on the agencies priorities, and the need to approve adopters who will best meet the needs of the children waiting for new families.</p> <p>Applicants wishing to adopt from another country are provided with a separate information pack. Havering only had a small number of enquiries relating to ICA, but had a clear system for providing a service to these applicants, who were allocated to independent workers.</p> <p>Information sessions are provided for prospective applicants. Adopters interviewed confirmed that the preparation process included the opportunity to talk with adopters, who had already been approved, about their experience.</p> <p>Information is given to prospective adopters about children waiting for adoption, both locally and nationally, and details are given about BAAF and Adopt UK.</p>	<p></p>	<p></p>

**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**

Examination of files, panel attendance, adopter questionnaires, and interviews with adopters gave evidence of a thorough assessment process. The agency aimed to provide a prompt initial interview. There was a set programme for preparation groups run over one evening session, and four full days using the BAAF preparation training programme format. A range of dates and times were also available through the consortium. If the times of the next planned Havering programme were unsuitable, carers could attend training from Southend or Thurrock. On the whole adopters were satisfied with the content and timings of the groups, which inspectors were told were reviewed on a regular basis. Existing foster carers who were planning to adopt were also encouraged to attend preparation groups. Adopters who intended to adopt from abroad were encouraged to attend the preparation training provided by the Overseas Adoption Helpline.

Adopters interviewed commented that the groups they attended were helpful. Some comments received indicated that adopters would have liked more information on what happens once a placement is made. It is recommended that this area is reviewed to ensure that it is adequately covered within the course content.

BAAF Form F is used for all assessments, and competency based assessments were used. References are taken from a wide range of people, and ex-partners were spoken to where possible. Adopter's career histories were not always detailed enough on files seen, and should include months as well as years, where possible, and explanations of any periods of unemployment.

Statutory checks were carried out appropriately. There were some comments from adopters about the length of time it had taken to have a social worker allocated, and also about the length of time for assessments to be completed. The manager acknowledged this had been a problem in some cases. This area should be addressed.

**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
<p>The system of planning meetings for family finding and matching was thorough. However, adopters experienced the internal “matching panel” as another anxious hurdle to overcome, and this process should be kept under review. A manager from one of the other consortia members is involved in these meetings, but inspectors were assured that it was Havering’s service manager’s decision whether the recommendation for placement went further. Adopters were advised of the matching process and the Adoption Register at the last session of the preparation group, and written information was provided.</p> <p>There was evidence that efforts were made to give the adopters clear and up to date written information about the child. Adopters received a copy of the Form E on the child, and any reports the court gave permission to share. However, the quality of information provided in form E’s was variable.</p> <p>Adopters were encouraged to produce an appropriate family book giving information about them to share with the child in preparation for a match.</p> <p>The BAAF interagency form H was used for all placements providing a written and signed record of the arrangements. There was a form which adopters were asked to sign regarding the notification of the death of the child.</p>		
<b>Does the local authority have written procedures for the use of the Adoption Register?</b>	YES	

**Standard 6 (6.1 – 6.7)**

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

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

3

The adoption service had a developing strategy for working with and supporting adopters, and there was evidence of it being responsive to individual needs. Various strategies are used when placements are struggling, and access to therapeutic services was provided where possible, including use of CAMHS, and referral to the After Adoption support service. Adoption support assessments are considered at the time of a best interests decision, and confirmed at the time of matching a child with a family, so adopters were clear on all aspects of support provided by the department. Written information on any financial support available is provided on an individual basis..

The service has established “family days” for adopters, and mailed regular information to adopters. An ongoing post approval support group had also been set up.

Havering would also provide support to its overseas adopters, if approached, but so far this situation has not arisen

The importance of keeping children’s background information safe was explained to adopters during the preparation groups and assessment process. Identity issues were highlighted during the preparation groups, and the importance of life story work stressed to social workers working with the children.

There had been no disruptions of placements during the last twelve months. The manager reported that the agency would work with other agencies and the adopters to provide support to them and the child, and organise a disruption meeting with an independent chair.

**Number of adopter applications started in the last 12 months**

12

**Number of adopters approved in the last 12 months**

8

**Number of children matched with the local authority’s adopters in the last 12 months**

7

**Number of adopters approved but not matched**

8

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

6

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

0



## Birth Parents and Birth Families

The intended outcomes for the following set of standards are:

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

### Standard 7 (7.1 – 7.5)

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

#### Key Findings and Evidence

#### Standard met?

3

Where possible, inspectors were informed that the adoption agency worked with birth parents to enable effective plans to be made and implemented for their children. Counselling to relinquishing birth mothers was carried out by the adoption team. An information leaflet for birth parents was in the process of being updated.

Feedback from birth parents on the service received varied; One birth parent commented that staff had “worked well to keep me informed. All the staff are brilliant”. Another felt they had not been listened to. More work should be done on ensuring that birth parents see and have the opportunity to sign, and comment on what is written about them in E forms before details are shared with the panel or adopters.

Access to an adoption social worker to provide support independent of the child’s social worker was not automatically offered to birth parents who were contesting the agency’s plan for their child. However, the service was developing, and the agency had negotiating with After Adoption to provide a local monthly surgery for birth parents, and other significant relatives.

### 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

There was evidence that birth parents were encouraged, where possible, to contribute to providing information about themselves and their child’s life prior to the plans for adoption being made. A letterbox exchange system is in place, and is operated by a delegated worker. Staff interviewed 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.

Training, however, should continue to be provided for social workers on moving children towards adoption. This should include all the necessary paperwork to be completed, particularly in producing thorough Form E’s, including full chronologies.

Adopters were encouraged in training and in visits by adoption social workers, to meet with birth family members where possible, and to gather as much information as they were able 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?**

3

There was evidence from discussion with staff and managers, from case files and panel observation that the agency was providing and continuing to develop strategies to support birth parents and families before and after adoption. A service level agreement with After Adoption had been drawn up to provide independent counselling and advice. Information was available about local and national support groups to provide to birth parents.

## Adoption Panels and Agency decisions

The intended outcomes for the following set of standards are:

- Each adoption agency has an adoption panel which is organised efficiently and is effective in making quality and appropriate recommendations about children suitable for adoption, the suitability of prospective adopters and the matching of children and approved adopters.
- The adoption agency's decisions are made to promote and safeguard the welfare of children.

### Standard 10 (10.1 – 10.3)

Adoption panels have clear written policies and procedures about the handling of their functions and ensure that they are implemented.

#### Key Findings and Evidence

#### Standard met?

3

There were full written policies and procedures for panel members and staff, which covered all the relevant areas required in relation to the functioning of the adoption and permanency panel.

The procedures make it clear that the final decision on the case presented rests with the nominated decision maker for the agency, the Executive Director.

Adopters have attended panel since 1998, and were encouraged to participate. Panel members were comfortable with this aspect. Adopters were provided with an information and feedback leaflet on panel, and were met by the chair before entering the meeting.

Feedback from the panel to senior management on the quality of both the reports presented, and the childcare planning involved, was via the chair to the panel advisers. The Head of Children's Services was a member of the panel.

The panel chair did not meet with the Executive Director regularly, but was confident that if major issues arose, this would be quickly arranged. There was evidence that the role of panel in monitoring the progress of cases was taken seriously, and issues of concern raised in the panel would be picked up by senior managers sitting on the panel. The chair of the panel produced an annual panel report, and the procedures covered the feedback issues to be included.

Panel members had attended diversity training in November 2004, and staff had had Form F training, which specifically addressed this area of assessment.

**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

The panel had a properly constituted membership, and the panel chair and members had relevant qualifications and expertise. The inspector was informed that a legal adviser is always present, and that the quality of advice was of a high standard. There was a good understanding by panel members, evidenced by the level of discussion, of the implications of adoption.

The agency should try to broaden the independent element, as well as the range of backgrounds and ethnic origins of panel members to reflect more widely those of its service users. The panel membership included two councillors, as well as the Head of Children's Services and the adoption team manager, as well as the resources manager as the panel adviser. The panel chair acknowledged that the membership would benefit from broadening its membership.

CRB checks were not available on all panel members files. As a number of panel members were local authority employers or councillors, further CRB checks had not been sought.

Copies of those originally obtained by the authority were on file. There were no references and an old police check on the panel chair's file. Information on independent members files was insufficient. However, new confidentiality agreements had been produced, and were signed by all panel members.

**Up to date CRB checks and references were not available on all panel files examined. These must be obtained.**

There was an induction process for new members, which included observation of a panel prior to joining. Panel members had attended a workshop with other panel members from the consortium on diversity issues in November 2004. A joint training event with staff from all three consortia members was being planned. Members had not received training on intercountry issues, due to the small number of prospective adopters following this avenue. It is, nevertheless, recommended that this should be built into the training programme, to allow members the opportunity to debate the issues and statutory requirements involved.

Panel members were expected to attend a Performance Management interview with the panel chair and the panel adviser on an annual basis.

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

NO

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

YES

**Standard 12 (12.1 – 12.3)**

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

**Key Findings and Evidence****Standard met?****2**

The panel was held every month, and extra panels could be scheduled to deal with extra demand where necessary. Inspectors were informed that, prior to the meeting, staff contact panel members to ensure the panel will be quorate, so there is no need to cancel at the last minute.

The adoption administrator coordinates the collation and distribution of panel papers, and these are sent out at least a week in advance. A Committee Services Officer was appointed as the delegated minute taker. The minutes were checked by the chair, and efforts were made to ensure the recommendations of the panel were sent to the decision maker promptly, and that they had the benefit of all the papers and the full minutes. However, there was evidence that there were delays in letters confirming agency decisions being sent out within appropriate timescales.

**Efforts must be made to ensure that panel decisions notifications are being sent out within the appropriate timescales.**

Sibling group discussion in the panel observed, did not consider each child separately. Although much of the information and discussion will overlap, it is recommended that each child is considered as an individual on the agenda, to ensure there is adequate time to discuss each individual's, as well as joint, needs.

**Standard 13 (13.1 – 13.3)**

**The adoption agency's decision is made without delay after taking into account the recommendation of the adoption panel and promotes and safeguards the welfare of the child.**

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

The timescales are discussed in Standard 12. The standard of work seen, and the discussion observed at the panel, contribute to the evidence that the welfare of the child to be placed was, on the whole, promoted. The adoption agency had appropriate arrangements in place to ensure that agency decisions are orally communicated, and confirmed in writing to both birth parents and adopters, although there was evidence of delay in the dispatch of the written notifications in some situations.

The department had prioritised resources into early intervention in case planning, and the number of children being placed for adoption was increasing.

## 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

The service was managed by staff with relevant qualifications, skills and knowledge. The team manager had considerable post qualifying child care experience, and had a B.Sc in Social Work, as well as the C.Q.S.W., the Practice Teachers Award and the Post Qualifying Child Care Award. She also had a B.Tech in Management Studies, and was completing Havering's leadership training programme. The manager had been in post since 1998, and colleagues spoke highly of her commitment, and the support and leadership she provided. Inspectors were impressed at her efficiency, and organisational ability, as well as her consultative management style. There was evidence that positive development of the service had been achieved under her effective leadership. Service users also confirmed during interviews, and through completed questionnaires that they were generally satisfied with the service provided.

**Does the manager have Management NVQ4 or equivalent?**

YES

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

YES

**Standard 15 (15.1 – 15.4)**

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

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

The agency is part of a much wider department concerned with the welfare of children. The system of appointing staff, is dealt with by the Human Resources department. Inspectors confirmed that valid CRB checks, references and details were kept on personnel files for the manager. There was evidence that systems are in place for CRB checks to be renewed every three years.

Considerable development of the service had been achieved, and senior management were seen as approachable, and supportive. A positive attitude to improving the service had been communicated throughout the department.

## 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

There was evidence that this was a small, well run and developing service, and that management and data collection systems were improving to keep pace with the growth. Information required by inspectors was easily available, and up to date. Staff and service user feedback was on the whole positive. The roles and responsibilities of staff and managers were clearly defined in written job descriptions. Lines of accountability and communication were clear, and the senior practitioner, or service manager resources deputised in the absence of the team manager. The team manager was praised by the staff group for the quality and consistency of supervision and support provided to the team. There were regular family placement and adoption team meetings. Administrative support to the team was minimal, due to the long term sickness of the adoption administrator. This situation should be monitored to ensure all tasks are covered in the administrator's absence. There were procedures for the use of services provided by the Adoption Register, but the agency was awaiting ammended information from BAAF, the new provider of the service.

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

0

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

0



<b>Standard 17 (17.1 – 17.3)</b> <b>There are clear written procedures for monitoring and controlling the activities of the adoption agency and ensuring quality performance.</b>		
<b>Key Findings and Evidence</b>	<b>Standard met?</b>	<b>3</b>
<p>The written procedures covering the work of the adoption team, including those for monitoring and controlling the activities of the adoption service, were satisfactory, and again were developing in line with the growing responsibilities of the service.</p> <p>Appropriate information was provided on charges for its services.</p> <p>The council's executive does not currently receive, as a matter of course, six monthly written reports on the management and outcomes of the adoption service. Up to date statistics on the work of the adoption and permanency panel are regularly provided in the management information pack that the Head of Children's Services presents to the senior management team. Two elected members currently sit on the adoption and permanency panel, and the lead member takes a very active interest in the performance of the adoption team</p> <p>The cabinet did, however, receive the annual consortium and adoption panel reports and was well informed on the progress being made in the numbers of children being adopted. The reasons for any unnecessary delays in the process, and any further improvements needed were also reported by the Head of Children's Services.</p> <p>Although the inspectors were reassured that the Cabinet received timely and relevant information, formal twice yearly reports on the work of the adoption agency should still be presented.</p>		
<b>How frequently does the executive side of the council receive written reports on the work of the adoption service?</b>		
Monthly?		<input type="text"/>
Quarterly?		<input type="text"/>
Less than Quarterly?		YES

<b>Standard 18 (18.1 – 18.5)</b> <b>The adoption agency has access to specialist advisers and services appropriate to its needs.</b>		
<b>Key Findings and Evidence</b>	<b>Standard met?</b>	<b>3</b>
<p>The agency has access to specialist advisers and services. Written protocols governing the role of specialist advisers were not available, although the role of the medical adviser was included in the adoption panel procedures. The medical adviser carried out the adoption medicals, although the pre adoption medical in one case discussed at panel had not yet been carried out. The medical adviser provides basic written medical information for panel, and to help in the completion of the Schedule 2, and was available to meet with adoptive parents. A written protocol should be available for all advisers, and the inspectors felt it would be helpful to review the role of the medical adviser to ensure that all aspects are meeting the developing needs of the agency.</p> <p>The quality of legal advice was said to be good by those staff, and panel members interviewed.</p> <p>The agency had access to other specialists within the department, and was able to use independent consultants, if necessary. From discussion with managers and social work staff, and examination of files further work was needed to improve links with education, health and CAMHS to ensure an integrated approach to providing services for children placed for adoption and their families.</p>		

## 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

There were appropriate recruitment and selection procedures to ensure the employment of appropriately qualified and, where possible, experienced staff. However, inspectors found insufficient evidence that police checks had been updated with current CRB checks for all staff. Written references were obtained, but again there was insufficient evidence to confirm that telephone enquiries were made to verify all written references.

**The agency must ensure that all required checks and references are carried out, and updated as necessary, and that procedures and practice reflect this practice.**

All staff were qualified, but only the team manager had completed a PQ award. Staff confirmed that the annual appraisal system was carried out, and that regular supervision was received. The level of experience of the family placement workers in the team varied. New workers received induction, training and supervision in the areas of work covered, although there had been no recent training on Section 51 counselling. Staff had attended training on birth parent counselling in the previous twelve months.

Quality of staff was evidenced by interviews, examination of files, observing staff presenting cases to panel, and the accessibility of required information.

**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?**

0

%

**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?**

2

The agency had systems in place to prioritise and monitor workloads. There were structures for charting the progress of cases in line with the timeframes set out by the National Standards.

The quality of assessments was monitored in monthly supervision with the team manager, before presentation to panel.

Staff confirmed that they had access to relevant professional training.

There was access to medical and legal advice for staff.

Administrative support was shared with fostering. However, the agency should keep their administrative support under review to ensure it is sufficient to support the team at all times. Also discussed in standard 16.

Although initial enquiries were dealt with promptly, a number of adopters commented on the length of time they had waited for a social worker to be allocated to start their assessment.

**These timescales must be improved.**

All staff were provided with appropriate contracts of employment, and had access to employment policies. Staff were given copies of employment policies on joining the department, and had access to these policies on the council's intranet.

**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?**

3

The agency had only established a separate adoption team in 2002. They had three social workers in post, and one vacancy. Independent workers were used to do assessments, the team manager was unable to allocate within the team's resources. It was recognised that the structure of the team will need to expand to take on the demands of the new adoption legislation, and managers were keeping the situation under review.

All adoption team members were suitably qualified and experienced. The general shortage of qualified social workers in London was felt by managers to have previously affected the department's ability to recruit and maintain staff in the child care teams, but there was evidence that the council was aware of the need to constantly review recruitment packages, and examine new initiatives to attract new staff, and positive action had been taken in this area. Staff retention packages were in place, in particular the recent introduction of an advanced practitioner grade.

**Total number of social work staff of the adoption service**

5

**Number of staff who have left the adoption service in the past 12 months**

1

**Number of social work posts vacant In the adoption service.**

1

**Standard 22 (22.1 and 22.3)**

The adoption agency is a fair and competent employer, with sound employment practices and good support for its staff.

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

2

There was evidence that the department was a fair and sound employer. Some staff confirmed that they were aware of the agency's whistle blowing policy; Others were not.

**All staff must be made aware of the whistleblowing policy.**

The agency was covered by the council's public liability and professional indemnity insurance, and had all relevant employment policies in place.

**Standard 23 (23.1 – 23.6)**

There is a good quality training programme to enhance individual skills and to keep staff up-to-date with professional and legal developments.

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

3

Staff are encouraged through supervision and appraisal to develop their skills and knowledge through training. Each worker was appraised annually, and individual training needs identified, and the information fed back to the training section. All social work staff were expected to complete an eight day child protection training course, and all staff had recently attended diversity training. The manager reported that all training was regularly evaluated.

Only the team manager had a post qualifying award. A timetable for team members to achieve their PQ Awards should be confirmed. However, there was access to internal training, and training was also arranged through the Adoption Consortium. Information is circulated to staff regularly regarding legal changes, and there are opportunities for discussion on these issues at team meetings.

Ongoing training should be provided to social workers on completing a good standard of Form E.

## 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

Appropriate case records were kept for children and adopters, and written policies highlighted issues of confidentiality. Adoption files were kept by the LAC teams. All current cases were kept in lockable cabinets. Files are archived two years after an adoption order is made. Files kept in the office were not kept in fireproof cabinets, and inspectors would recommend these files are archived to the more secure site at an earlier stage. Archived records were kept off site in a secure location. There were restrictions on who could access the archived files, and requests were made via the team manager. Files were stored in a fire resistant building, with adequate protection from fire and water damage. A record that all necessary enquiries and checks had been carried out was maintained on adopters' files. However, file examination showed inconsistency in the standard of case recording. A consistent system of recording should be maintained. There was evidence that file audits operated, and evidence of case discussions in supervision on files.

### 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

There was evidence from files and discussion with staff that relevant information was shared appropriately with other agencies, working together with Havering in the placement of children for adoption. A signed confidentiality agreement form was obtained from other agencies, before disclosing information about a child.

**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?**

3

There was a written policy covering all areas of case recording. It included the expectation that regular file audits should be carried out. This had not happened in all files examined. It is recommended that the frequency of the process of auditing is made clear. Staff files were kept separately by Human Resources, and the adoption team manager kept supervision files on each staff member. All confidential records are stored securely in lockable cabinets, with agreed restricted access.

**Standard 28 (28.1 – 28.2)**

**Up-to-date, comprehensive personnel files are maintained for each member of staff and member of the adoption panel.**

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

1

Personal files were maintained on all members of staff, as examined by service inspectors, and included copies of qualifications. However, copies of up to date CRB checks were not available on all files. Also files for adoption panel members did not all include enhanced CRB checks. Other information and references were also inadequate. Details of independent workers employed were not kept on individual files.

**The agency must ensure that all listed areas under NMS 28.2, regarding staff, panel members and independent workers are maintained on individual files.**

## 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
<p>The premises were suitable for the purpose, although space was now limited, as the service had outgrown the building. Facilities for interviewing and providing counselling sessions were restricted. Placing social workers were situated in another location in the borough, but there were improving opportunities for maintaining good communication. Security measures were satisfactory, with a receptionist at the main door. Adoption records were kept in a separate room, with restricted access. There were facilities for holding training in other locations in the borough. Administration systems were satisfactory. The council's IT system was networked, and was password protected. Inspectors were informed that there were sufficient safeguards built into the system to ensure security of access, and back up or records. Each member of staff had access to a PC, and appropriate equipment to do their job. The premises were covered by the council's insurance. A departmental Disaster Recovery Plan that specifically cover adoption records was not available.</p> <p><b>The adoption agency must complete a Disaster Recovery Plan that includes backup of adoption records.</b></p>		

**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 2<sup>nd</sup> March 2005 and any factual inaccuracies:

Please limit your comments to one side of A4 if possible

We are very pleased with the report and accept all the recommendations made in it and are happy to provide an action plan.

We welcome the acknowledgement of a committed staff and management group with a wide range of experience and skills.

We have identified with colleagues the areas of most concern where the inspectors scored 1 in relation to CRB checks/references. I will audit all files before the end of September 2005 to ensure compliance with the standards.

Some of the issues raised in the report are being addressed as we write. Most notably the service is being restructured with the creation of a senior team manager and a specific team manager for adoption plus an additional qualified social worker post for the team. This is seen as vital to carry forward not only many of the recommendations in the report but the work of adoption in Havering.

We are also reviewing all of the written policies and procedures with our consortium colleagues to ensure consistency, so where the report identifies a shortfall in terms of information/policy we refer to this process.

We have also introduced a quality assurance process whereby all papers for panel are reviewed before they go out to ensure all the work has been done to an acceptable standard. This will also allow us to check timescales for processing applications etc.

I would like to take this opportunity to thank the inspectors for the professional, thorough and personable way they managed the inspection and look forward to a follow up to check our progress.

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

Amendments to the report were necessary

NO

Comments were received from the provider

YES

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

YES

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

YES

**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 3<sup>rd</sup> August 2005, which indicates how statutory requirements and recommendations are to be addressed and stating a clear timescale for completion. This will be kept on file and made available on request.**

**Status of the Provider's Action Plan at time of publication of the final inspection report:**

Action plan was required

YES

Action plan was received at the point of publication

YES

Action plan covers all the statutory requirements in a timely fashion

YES

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

NO

Provider has declined to provide an action plan

NO

Other: <enter details here>

NO

**Public reports**

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

### D.3 PROVIDER'S AGREEMENT

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

D.3.1 I \_\_\_\_\_ of London Borough of Havering 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	Stephen Richards
Signature	
Designation	Service Manager
Date	3/8/05

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.

## Commission for Social Care Inspection

33 Greycoat Street

London

SW1P 2QF

Telephone: 020 7979 2000

Fax: 020 7979 2111

National Enquiry Line: 0845 015 0120

[www.csci.org.uk](http://www.csci.org.uk)

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