



Champions for  
Social Care  
Improvement

# inspection report

Local Authority Adoption Services

## **South Tyneside MBC Adoption Service**

16 Barrington Street

South Shields

Tyne and Wear

NE33 1AN

24th February 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**

South Tyneside MBC Adoption Service

**Headquarters Address**

16 Barrington Street, South Shields, Tyne and Wear,  
NE33 1AN

**Adoption Service Manager**

Terry Fitzpatrick

**Tel No:**

0101 427 1717

**Address**

16 Barrington Street, South Shields, Tyne and Wear,  
NE33 1AN

**Fax No:**

**Email Address**

**Certificate number of this adoption service**

**Date of last inspection**

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

<b>Date of Inspection Visit</b>		24th February 2004	<b>ID Code</b>
<b>Time of Inspection Visit</b>		10:00 am	
<b>Name of Inspector</b>	<b>1</b>	Pat McKay	125790
<b>Name of Inspector</b>	<b>2</b>	Jayne Ivory	125225
<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>			

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## 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 South Tyneside MBC 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.

The adoption service is located within the Children's Services Division of the Social Care and Health Directorate of South Tyneside Metropolitan Borough Council.

The adoption service comes under the auspice of the Business Services Section of Children's services.

The aim of the adoption service is to provide a high quality service to looked after children, adoptees, prospective adopters, adopters and birth parents.

The adoption service provides the following. The recruitment, training, assessment and support of adopters, including support after adoption. Birth records counselling, tracing and reunification and counselling for birth parents. The service operates a post box contact system and family finding for children with a plan of adoption.

South Tyneside adoption service is an active member of the Northern Region Consortium of Adoption Agencies. The agency is a member of the British Association of Adoption and Fostering.

## 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.)

South Tyneside Metropolitan Borough Council operate their adoption service from an office centrally located in South Shields town centre.

#### Statement of Purpose

There was a statement of purpose in place. This needed to be formally approved by the agency and be subject to regular review and revision.

#### Securing and Promoting Welfare

The agency had a written recruitment strategy for adopters. There was clear evidence that children were at the centre of the adoption process. The agency needed to ensure that the recruitment material reflected the diversity of the community.

#### Prospective and approved adopters

There was evidence that the agency offered an excellent service to adopters and prospective adopters. Initial inquiries were dealt with promptly and efficiently. The training and assessment of carers was done very thoroughly. The service had received a number of compliments from service users.

#### Birth parents and birth families

The agency had a clear strategy for working with birth parents and birth families. The agency offered counselling and on going support to relinquishing and non-relinquishing birth parents. There was evidence that this work was done to a very high standard and valued by those who received it.

#### Adoption Panels and Agency Decisions

The adoption panel met monthly, with additional panels if necessary. The panel was properly constituted. The panel carried out its duties in a thorough way. There was a vacancy for a panel member. This needed to be filled without delay.

#### Management of the Adoption Service

An experienced and qualified manager managed the service. The agency needed to ensure there were clear arrangements to identify the person in charge when the manager was away.

#### Employment and management of staff

The staff in the adoption service were appropriately qualified and experienced. The staff were providing an excellent service. The agency needed to ensure that there were sufficient staff to meet the needs of the increasing workload.

Records

The agency was keeping all of the appropriate records. All records were securely stored. The agency needed to ensure that decisions by supervisors were kept on all records.

Premises

The offices were centrally located and well appointed. The premises were very secure.

## 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 Statement of Purpose needed to be formally approved by the agency and entered into a reviewing timetable.

**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	The Local Authority Adoption Service (England) Regulations 2003 4 (a)(b)	LA1	The Statement of Purpose and Children's Guide must be kept under review.	31 March 2005
2	As above 10(a)(b)	LA21	The agency must ensure that there are a sufficient number of suitably qualified, competent and experienced persons working for the adoption service.	30 September 2005

## 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 authority should ensure that the Children's Guide is suitable for all children for whom adoption is the plan.
2	LA3	The agency should ensure that recruitment material for adopters reflects the equal opportunities policy of the agency.
3	LA5	The agency should ensure that all adopters are given written information about the role of the Adoption Register for England and Wales.
4	LA10	The agency should monitor the impact and outcomes of the quality assurance system on paperwork presented to the Adoption Panel.
5	LA11	The agency should consider appointing a panel member with expertise in education matters.
6	LA16	The agency should ensure that there are clear arrangements to identify the person in charge when the manager is away.
7	LA18	The agency should ensure that a replacement medical advisor is appointed without delay.
8	LA20	The agency should ensure that team meetings are properly recorded.
9	LA20	The agency should provide sessional workers with an appropriate contract.
10	LA25	The agency should ensure that decisions by supervisors are recorded on case files.
11	LA28	The agency should ensure that files for panel members contain all of the information required in the standards.

- 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	YES
• Directors of Social services	YES
• 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	24/02/04
Time of Inspection	09.30
Duration Of Inspection (hrs)	89.0
Number of Inspector days	11
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)	2

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?

2

There was a clear written statement of purpose in place. This was supported by up to date policies and procedures. The agency had not formally approved the statement of purpose. The statement of purpose was to be presented to the Scrutiny Committee. The agency had made use of the Children's Guide produced by the British Agencies for Adoption and Fostering. There was evidence that the Children's Guide had been given to children and adopters.

The agency needed to ensure that the Children's Guide was suitable for all children for whom adoption is the plan.

The agency needed to ensure that the Statement of Purpose and Children's Guide were the subjects of to regular reviews and revision, at least on an annual basis.

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

NO

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 a business plan that included details of the recruitment strategy. The agency had a high profile, good quality advertisement campaign in place. The agency had developed links with other agencies to meet the needs of children who could not be placed within the borough boundaries. This included another local authority of similar size and profile within the region and a voluntary adoption agency. These initiatives were subject to review and evaluation within the business planning process. The agency had matched children with placements that reflected their ethnic origin, cultural background, religion and language. The agency had placed siblings together who needed to be placed together. The agency had access to psychological input to support the assessment of siblings placement needs.

### In the last 12 months:

How many children were identified as needing adoptive families?

37

How many children were matched with adopters?

25

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

11

How many children were placed with other services’ adopters?

14

How many children were referred to the Adoption Register?

14

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

25

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?

4

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

0

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

12

## 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.

<b>Key Findings and Evidence</b>	<b>Standard met?</b>	<b>2</b>
<p>Written information was provided to all prospective adopters. This was provided in a timely and efficient way. Eligibility criteria were included in the written information. There was evidence during the inspection that adopters had found the information clear and well presented in an attractive format. The agency was part of a regional demonstration project to increase the number of black and ethnic minority adopters. The agency needed to ensure that the publicity information was inclusive of all parts of the community. Applicants said they had been treated fairly and with respect. There was evidence that a number of compliments had been received about the service from adopters.</p> <p>There was a system in place to allocate assessments to prioritise the children waiting. Written information was available for those wishing to adopt from another country. Experienced adopters were involved in the training and preparation groups for prospective adopters. Written information was available for those wishing to adopt from another country.</p>		

### Standard 4. (4.1 – 4.9)

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

<b>Key Findings and Evidence</b>	<b>Standard met?</b>	<b>4</b>
<p>There was evidence of a thorough and comprehensive assessment process. There was a clearly set out preparation programme which was evaluated. There was evidence that the evaluation was used to review and update the programme. The timing of the preparation programme was flexibly arranged to meet the needs of those attending. The preparation course included input from a clinical psychologist, an adopter, the medical advisor and a birth parent. There were positive comments from adopters about the process and the commitment of the workers to evening and weekend working, if required. There was evidence that all appropriate checks were undertaken and adopters understood the need for this. Adopters said they had been kept informed throughout the process by regular contact with their adoption worker. A health and safety checklist was included in the assessment documentation. There was evidence that an applicant had not had the Form F for the required 28 days before presentation to the Adoption Panel. In this case a waiver form had been completed and was evidenced on the file.</p>		

<b>Standard 5 (5.1 – 5.4)</b> 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.		
<b>Key Findings and Evidence</b>	<b>Standard met?</b>	2
<p>There was evidence that adopters were given clear information about the matching, introduction and placement process. Information about the Adoption Register for England and Wales was given verbally to prospective adopters on the preparation course. Written information was only given to adopters who met the criteria to become 'live' on the register. The agency needed to ensure that all adopters received the written information.</p> <p>There was evidence from adopters, gathered in interviews and returned questionnaires that they had been given accurate up to date information about children. There was a system in place to record adoptive parent's decisions about notifying the agency of significant life events. Adopters were encouraged to produce a family book to be shared with a child prior to introductions. This was evidenced during the inspection.</p>		
<b>Does the local authority have written procedures for the use of the Adoption Register?</b>	YES	

<b>Standard 6 (6.1 – 6.7)</b> Adoptive parents are helped and supported to provide stable and permanent homes for the children placed with them.		
<b>Key findings and evidence</b>	<b>Standard met?</b>	3
<p>Prospective adopters had access to post approval training before being matched with a child. An adoption support plan was completed and presented to panel as part of the matching process. There was a system in place to maintain contact with adopters to ensure they had the opportunity to raise support needs with the agency. There was a service level agreement with After Adoption. The service manager met all adopters on the preparation course. Adopters said they felt well supported. There had been two disrupted placements in the previous year. Both disruptions had been the subject of a full disruption meeting chaired by an independent chairperson.</p>		
<b>Number of adopter applications started in the last 12 months</b>	16	
<b>Number of adopters approved in the last 12 months</b>	13	
<b>Number of children matched with the local authority's adopters in the last 12 months</b>	11	
<b>Number of adopters approved but not matched</b>	2	
<b>Number of adopters referred to the Adoption Register</b>	1	
<b>How many placements disrupted, between placement and adoption, in the last 12 months?</b>	2	

## 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>	
<p>The agency had a service level agreement with After Adoption. The agreement included the provision of an independent worker for birth families and the provision of a support group. Staff in the adoption team also provided support to birth parents. The post box system brought them into direct and indirect contact with birth parents. Birth parents were interviewed as part of the inspection process. There was evidence in interviews and questionnaires that birth parents were receiving an excellent service that they valued. There was evidence on files that birth parents were completing the adoption contact agreement. Birth parents commented that they had been enabled to do this by their contact with workers in the adoption service.</p>	4	

### Standard 8 (8.1 – 8.2)

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>	
<p>The adoption contact plan provided the opportunity for birth parents to continue to contribute to the maintenance of their child's heritage. Birth parents confirmed this during interviews. The agency was about to become part of a pilot project managed by a voluntary adoption agency. The project will arrange life evaluation days that will bring all parties together to share information for the benefit of the child. There was evidence that adopters had experienced one off meetings with birth parents. A member of the adoption team facilitated the meetings. Adopters and birth parents commented on the usefulness of these meetings and the sensitive way in which they were facilitated.</p>	3	

**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?**

4

The agency had a clear strategy for working with birth parents. The strategy was to deliver services both in house and in partnership with agencies in the voluntary sector. Birth parents were provided with information about support groups. Birth parents had contact with the adoption workers in the course of arranging and maintaining the post box system. During the inspection birth parents said this contact was invaluable in helping them to fulfil the agreement contained in the adoption contact plan.

## 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 adoption panel had clear written policies and procedures. The policies and procedures included all of the areas specified in the standards. There was evidence during the observation of the panel that the policies and procedures had been implemented. Prospective adopters were given the opportunity to attend panel. During interviews adopters said that they had been treated courteously and afforded respect within this process. There was a waiting area for adopters attending panel. This area was comfortable and private. The agency had developed a system for reporting to the agency on the quality of the work presented to the panel. This system gathered together the views of panel members. The information was presented as strengths and areas of weakness to be addressed by the worker. The agency needed to evaluate the use of this system.</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.

<b>Key Findings and Evidence</b>	<b>Standard met?</b>	3
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The adoption panel was properly constituted. All panel members were enabled to contribute to the debate, which was wide-ranging and thorough. Panel members evidenced a range of skills, knowledge and experience, which contributed to the debate. Induction training had been provided for panel members. Annual training had taken place. The next training day was scheduled to take place in June 2004. All panel members had signed confidentiality agreements and all status checks had been satisfactorily completed. There was a vacancy for a panel member. The agency needed to address this to ensure the panel quorum could be maintained. There was no education expertise on the panel. The agency needed to address this issue. An independent chairperson chaired the panel. The chairperson had many years of experience in adoption work.

<b>Is the panel a joint panel with other local authorities?</b>	NO	
<b>Does the adoption panel membership meet all of the statutory requirements?</b>	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.

<b>Key Findings and Evidence</b>	<b>Standard met?</b>	3
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The adoption panel met once a month. Additional panels had been arranged when required. The agency was considering the need for panel to meet twice a month. This needed to be kept under review. Panel papers were distributed to members ten days in advance of the meeting. The panel minutes were accurate and informative. The minutes clearly recorded declarations of interest from panel members.

**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?**

4

The agency decision maker received all of the information circulated to panel members. The decision maker received the recommendations of the panel immediately after the panel meeting. The decision maker made his decision without delay.

There was evidence from adopters that they had been informed verbally and in writing within the specified timescales. This was supported in the procedures and written evidence was seen on the files.

The agency decision maker had observed the adoption panel.

## 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 manager of the adoption service had many years of experience in adoption work. This included experience as a manager and a practitioner. The manager was undertaking a management qualification at level 4. This was due to be completed within the required timescale of 1 April 2005.

The qualifications and experience of the manager were clearly set out in the statement of purpose.

The manager had a clear written job description.

Does the manager have Management NVQ4 or equivalent?

NO

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

YES

### Standard 15 (15.1 – 15.4)

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

#### Key Findings and Evidence

Standard met?

3

The manager had a satisfactory enhanced CRB disclosure. The adoption service had a procedure in place to ensure the CRB checks were renewed every three years. The adoption service had set up a system to follow up written references with telephone enquiries. This system had not been in place when the manager was appointed some time ago.

## Provision and management of the adoption agency

The intended outcomes for the following set of standards are:

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

Standard 16 (16.1 – 16.7)

The adoption agency is managed effectively and efficiently.

**Key Findings and Evidence**

**Standard met?**

2

The roles of staff and managers were clearly defined. The lines of accountability and communication were clear and well established. The agency needed to make clear arrangements to identify the person in charge when the manager was absent. The adoption agency had not formally approved the statement of purpose. Once approved this needed to be reviewed to ensure the service was run in accordance with the statement of purpose.

There were clear guidelines for staff and managers in relation to declaring conflicts of interest. This guidance was evidenced in the staff manual. Awareness of this guidance was evidenced during the inspection.

The agency had procedures for the use of the Adoption Register for England and Wales.

**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.

**Key Findings and Evidence**

**Standard met?**

3

The activities of the adoption service were monitored within the framework of the Children's Services Management team monthly meeting. This was evidenced in minutes and the adoption service business plan. There were written service standards and comprehensive procedures.

The agency was a member of the British Agencies for Fostering and Adoption and the Northern Regional Consortium of Adoption and Fostering Agencies. The agency adopted the fees agreed within these bodies. There was written information available about fees and charges.

The scrutiny committee had received six monthly reports of activity in the adoption service. The lead member for children's services was a member of the adoption panel.

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

Monthly?

Quarterly?

Less than Quarterly?

YES

**Standard 18 (18.1 – 18.5)**

The adoption agency has access to specialist advisers and services appropriate to its needs.

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

3

The adoption medical advisor was a panel member. The panel had access to a legal advisor who attended the adoption panel. There was a written protocol in place governing the role of specialist advisors. There was further guidance on the role of advisors contained in the adoption service procedural manual.

The medical advisor was about to leave the panel. The agency needed to ensure that the Local Health Care Trust provided a replacement medical advisor without delay.

## 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?**

4

The agency had comprehensive recruitment and selection procedures for the appointment of staff. All staff had an enhanced CRB disclosure. The adoption service had introduced a system to ensure CRB checks were updated every three years. The adoption service had introduced a system to follow up written references with telephone enquiries. Both of the staff members in the adoption team had a social work qualification. One member of staff had the PQ award. The other member of staff was undertaking the award. The level of commitment, knowledge and skill in this team was exceptional.

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

YES

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

50%

%

**Standard 20 (20.1 – 20.12)**

Staff are organised and managed in a way which delivers an efficient and effective service.

**Key Findings and Evidence**

**Standard met?**

2

There was evidence of regular supervision and team meetings. Team meetings were not minuted, this needed to be addressed. Work was allocated in the weekly team meetings, taking account of current workload. Additional administrative support had been recently allocated. The team were in the process of reviewing their workload to ensure that administrative tasks, which they had previously undertaken, were handed over to the new administrator. This task needed to be completed. The agency had three sessional workers. The agency needed to develop a more appropriate contract with these workers. All checks and references had been completed. All enquiries from prospective adopters were dealt with courteously and promptly.

**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>	2
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The adoption team had two members of staff. A further member of staff was about to be recruited. The staff were constantly working to capacity and beyond to deliver the service to a good standard. The third member of staff would assist in this process. The agency had a comprehensive staff recruitment and retention policy.

The numbers of children referred to the service had increased significantly. The agency had exceeded the target for children adopted. These factors would lead to an increase in family finding and adoption support activity. There was evidence that the service would need a further additional post to maintain the high standard and volume of work.

<b>Total number of social work staff of the adoption service</b>	2	<b>Number of staff who have left the adoption service in the past 12 months</b>	0
<b>Number of social work posts vacant In the adoption service.</b>	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.**

<b>Key Findings and Evidence</b>	<b>Standard met?</b>	3
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The Social Care and Health directorate had recently been awarded Investors in People award. The agency had a comprehensive set of employment policies and procedures.

**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.**

<b>Key Findings and Evidence</b>	<b>Standard met?</b>	3
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The agency had a staff appraisal scheme. There was evidence of personal development plans. The personal development plans informed the individual training for staff. There was a training programme in place. Adoption service staff undertook joint training with the adoption panel. This training was commissioned from British Agencies for Adoption and Fostering.

## Records

The intended outcome for the following set of standards is:

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

### Standard 25 (25.1 – 25.5)

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

#### Key Findings and Evidence

#### Standard met?

2

Case records were maintained for each child, prospective and approved adopter. A separate adoption case record was set up for children with an adoption plan. The adoption service procedural manual contained written procedures for the maintenance of these records. The records seen were in good order. Files contained a record of status, health and CRB checks obtained.

There was no evidence of decisions by supervisors on adopter's files. This needed to be addressed. There was no evidence of decisions by supervisors on some of the children's case files. This needed to be addressed.

### 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 of a policy and procedure in relation to access to records. The procedure covered all of the areas required in the standards. There was evidence of the use of this procedure in working with other agencies.

**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 on case recording. The files seen during the inspection evidenced the use of this policy. The review of case files was included in the supervision process.

The adoption records were stored in lockable filing cabinets in lockable rooms. The adoption archives were located in the registry office. These arrangements met regulatory requirements. There was a written policy on access to records. There was evidence that staff were familiar with this process.

**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

There were comprehensive personnel files for each member of staff in the adoption service. These files were seen. They were in good order.

There were up to date files for members of the adoption panel. These files needed to be extended to cover all of the areas required in the standards.

## 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?**

3

The adoption service was in centrally located office accommodation shared with the fostering service. The accommodation had been recently refurbished to a good standard. The building was very secure.  
The administrative systems were efficient and robust. Records were securely stored. The IT system was backed up by the central system.  
The agency had a major incident plan.  
The premises and contents were insured within the local authority insurance cover managed by the specialist insurance section.

**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 24 February 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"/>
Comments were received from the provider	<input type="checkbox"/>
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 3 June 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"/>
Action plan was received at the point of publication	<input type="checkbox"/>
Action plan covers all the statutory requirements in a timely fashion	<input type="checkbox"/>
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 \_\_\_\_\_ of South Tyneside MBC 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** \_\_\_\_\_  
**Signature** \_\_\_\_\_  
**Designation** \_\_\_\_\_  
**Date** \_\_\_\_\_

**Or**

**D.3.2 I \_\_\_\_\_ of South Tyneside MBC Adoption Service 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.