



Making Social Care  
Better for People

# inspection report

Local Authority Adoption Services

## **London Borough of Merton Adoption Service**

Worsfold House

Church Road

Mitcham

Surrey

CR4 3FA

13th, 16 - 18th and 20th August 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**

London Borough of Merton Adoption Service

**Headquarters Address**

Worsfold House, Church Road, Mitcham, Surrey, CR4  
3FA

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**Fax No:**

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**Certificate number of this adoption service**

**Date of last inspection**

NA

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

<b>Date of Inspection Visit</b>		13th August 2004	<b>ID Code</b>
<b>Time of Inspection Visit</b>		9.30 am	
<b>Name of Inspector</b>	<b>1</b>	Sue Nott	124902
<b>Name of Inspector</b>	<b>2</b>	Sally Woodget	
<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>			

## CONTENTS

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

**Part A:**

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

**Part B:**

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

**Statement of purpose**

**Securing and promoting children's welfare**

**Prospective and approved adopters**

**Birth parents and Birth families**

**Adoption panels and Agency decisions**

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

**Provision and management of the adoption agency**

**Employment and management of staff**

**Records**

**Fitness of premises**

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

**Part D: Provider's Response**

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

**D.2. Action Plan**

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

## INTRODUCTION TO REPORT AND INSPECTION

Local authority adoption services are subject to inspection by 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 London Borough of Merton 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.

A local authority adoption service covering an outer London area, with a growing demand for adoptive placements. A separate adoption and permanency team was established three years ago, and formed part of the overall family placement service for the borough. At the time of inspection, the team consisted of the manager, a temporary assistant team manager, six adoption social workers, including four part time workers, one inter country adoption worker, two “integrated” social workers, and two kinship and long term fostering workers. In addition, there was a locum adoption development manager, and a locum adoption support worker. A senior administrator, one team administrator, and an additional temporary administrator supported the team.

The service was a member of the South West London adoption consortium established to share resources, including adoptive families and training. Inter country work had been done by independent workers employed on a seasonal basis, but recently a locum inter country adoption worker had been appointed. There was a contract with the Post Adoption Centre to provide a local surgery for adoption service users.

Most of the children in adoptive placements were with families living either in Merton, or in neighbouring authorities. At the time of inspection there were twelve children awaiting placements, and five approved families awaiting a match.

The service was also responsible for assessing and supporting birth family relatives, where adoption was the plan within the child’s own family, and for assessing and supporting permanent foster placements.

## 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 Merton Social Services Adoption Service was carried out over four days, plus observation of the adoption panel on a separate day. Staff were accommodating and did their best to facilitate the inspection timetable, and provide all the information required.

Overall the inspectors found some areas of good work, which were let down by a lack of cohesion in the overall service. The service met some of the standards, and partially met many. However, there were a number of standards it did not meet. Managers were already aware of many of the issues raised, and although work was progressing in a number of areas, it was recognised that considerable improvement still needed to be made.

The staff group were committed, and were working hard to develop the service, and to continue to improve on the numbers of children being placed for adoption.

The numbers of service user questionnaires returned was small. However, combined with comments from adopters interviewed, and records of complaints examined, inspectors felt it was valid to take seriously the views expressed about the consistency of the service provided.

#### **Statement of Purpose (Standard1)**

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. It had recently been formally approved. The British Association for Adoption and Fostering Children's Guide was used. Although this gave good information on adoption, it needed to be developed further to include the agency's own information and provide a guide that described Merton's own adoption service. The service's policies and procedures had recently been updated to take account of the standards and changes in legislation, and to reflect the statement of purpose.



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

This standard was met. The agency had an ongoing and developing recruitment programme. 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. The team were active members of the South West London Consortium, and provided a joint preparation, training and support programme with other member agencies. A publicity and information officer had been employed by the department to plan new initiatives in recruiting families.

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

Four standards were assessed: one was met, two were partially met and one were not met. There was evidence that the quality of the assessments carried out by the agency was variable, ranging from unsatisfactory to very good, and that the system of planning meetings for family finding and matching was satisfactory. However, some poor feedback was received from adopters on the quality and consistency of the service received.

The provision of ongoing support to adoptive families and children was developing, and specialist advice and services were available, if needed. There was a contract with the Post Adoption Centre to provide a regular surgery in the borough. Inter country adopters had been assessed by independent workers, and a new worker had been appointed to provide some stability in this area of work.

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

Two standards were met; one was partially met. Where possible, the adoption agency worked with birth parents to enable effective plans to be made and implemented for their children. Access to a support worker, independent of child's social worker, was offered to birth parents who were contesting the agency's plan for their child. Ongoing training and relevant procedures needed to be provided, particularly to new social workers, on moving children towards adoption, and involving birth families in the process. There was evidence that some form of contact, where possible, between the child and their birth family was maintained, and encouraged after adoption.

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

One standard was met; Three were partially met. The panel was properly constituted and meetings were held regularly. The panel chair was suitably qualified and experienced. Panel members received papers sufficiently in advance. Regular training for the panel was taking place, and prospective adopters were encouraged to attend panel. Good medical advice was provided. However, lack of quality assurance systems by managers of paperwork being presented to panel risked the possibility of unnecessary delays, and recommendations were too often being made "subject to" checks, without evidence of sufficient follow up, and scrutiny of the outcomes of these checks.

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

These standards were partially met. Both the service manager and team manager were appropriately qualified and had relevant professional child care experience. There was positive feedback from staff regarding the new service manger. However, feedback from a number of service users included critical comments on the general organisation of the service. Lines of accountability were not always clear.

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

One standard was met; One was partially met, and one was not met. There was evidence of regular monitoring of the activities of the adoption agency by senior management and council members. However, there was a lack of clarity in the lines of accountability, and individual responsibilities in the newly expanding adoption management team.

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

Two standards were met; two were partially met, and one was not met. There were generally

good recruitment and selection procedures to ensure the employment of appropriately qualified and experienced staff. However, there had been a high turnover of staff in recent years, and although this had now stabilised, there was evidence that staff changes had had considerable impact on the consistency and quality of the service delivered. The agency also needed to ensure sufficient administrative support was maintained to a growing staff team.

**Records (Standard 25-28)**

One standard was met; Two were partially met, and one was not met. Although the agency had a written policy that separate adoption files should be maintained for the children where best interests decisions had been made, this was not being complied with. Case records seen were of a reasonable quality, and were secured and stored appropriately. However, file audits within the team were not taking place. Also panel members' files did not contain all information required.

**Fitness of premises (Standard 29)**

This standard was met. The offices were appropriately laid out for the space available, but space was very limited. There was a satisfactory level of security provided. The building was accessible to service users and staff with disabilities, and was fully insured.

## 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:**

**Implementation of Statutory Requirements from Last Inspection  
(Not relevant at first CSCI 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 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	AAR 20033(3) b	LA1	The children's guide must be developed to provide a guide that described the agency's own adoption service.	01.04.05
2	AAR 1983 8	LA4	Prospective adopters must be kept informed of the process throughout.	01.01.05
3	AAR 1983 8 (2)	LA4	Managers must ensure that all statutory checks are completed, and provide evidence of the decision making process, where convictions have been highlighted.	01.01.05
4	AAR 1983 7(1) a	LA5	Written information must be provided for adopters on the matching, introduction and placement process.	01.03.05
5	AAR 1983 12 (2)	LA6	Adoptive parents must be offered consistency and continuity of service in receiving support to provide stable and permanent homes for the children placed with them.	01.01.05
6	AAR 1983 7 (1)	LA7	Every effort must be made for birth parents to see and have the opportunity to comment on what is written about them in Form E's.	01.02.05
7	LAASR 2003 11 (3)	LA11	Up to date CRB checks and references must be obtained on all panel member.	01.01.05
8	AAR 1983 10 (3)	LA12	Cases must not be recommended for approval "subject to " checks and medicals being completed. Panel must satisfy itself that all checks are completed before confirming its recommendation.	01.01.05

9	AAR 1983 7(2)	LA13	Unnecessary delay must be prevented at an earlier stage of the panel process through regular supervision, and the operation of effective quality assurance systems in gathering the information required.	01.03.05
10	LAASR 2003 8(1)	LA14	The adoption agency must be managed and staffed in a manner that delivers the best possible child care.	01.03.05
11	LAASR 2003 7 (c)	LA15	Telephone enquiries must be made to verify written references.	01.01.05
12	LAASR 2003 8 (1)	LA16	Clear roles, and lines of communication and accountability for managers and staff must be established.	01.02.05
13	LAASR 2003 15 (1)	LA18	The agency must ensure that the contracts provided for medical and legal advisers incorporate the protocol for panel advisers as set out in the Adoption Agencies and Children (Miscellaneous Amendments) Regulations 1997 (10.25) guidance.	01.03.05
14	LAASR 2003 11 (3)	LA19	Copies of CRB checks on new staff must be maintained for inspection purposes.	01.01.05
15	LAASR 2003 11(3)	LA19	The agency must ensure that procedures and practice are updated to reflect the process of carrying out telephone enquiries.	01.02.05
16	LAASR 2003 10	LA20	Managers must ensure that the administrative support is adequate to support the team at all times.	01.02.05
17	LAASR 2003 10 (3)	LA21	Where a shortfall or changes in staffing levels occurs, management must operate appropriate contingency plans to provide and maintain consistency in the service offered.	01.03.05
18	AAR 1983 7 (2)	LA25	Separate adoption files must be established on each child following a best interests decision, as required under the Adoption Agencies Regulations 1983 7(2).	01.03.05
19	AAR 1983 14 (2)	LA27	The system to monitor the quality and adequacy of records must be carried out on a regular basis by management.	01.04.05
20	LAASR 2003 15(1)	LA28	The agency must ensure that all listed areas under NMS 28.2, regarding panel members are maintained on file.	01.02.05

#### **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	LA3	The information pack should be made clearer on providing information to prospective adopters on the agencies priorities, and their need to approve adopters who will best meet the needs of the children waiting for new families in the borough. The average length of time each step of the process should also be made clear.
2	LA7	More guidance and training should be provided to social workers in the looked after children teams on the importance of completing thorough Form E's. This should include all the necessary paperwork to be completed, including up to date adoption medicals.
3	LA10	The procedures should make clear that the final decision on the case presented rests with the nominated decision maker for the agency, the head of Children's Services. Applicants should be made aware that the panel is only able to make a recommendation.
4	LA10	The meetings held between the chair of panel, the adoption team manager, and service manager once a year to provide an opportunity to discuss panel issues should provide a formal mechanism for panel to feedback on the quality of both the reports presented, and the childcare planning involved, and should be included in the updated procedures.
5	LA12	All information in case papers presented to panel should be anonymised, and papers signed and dated by the workers involved.
6	LA12	Managers should also ensure that foster carer's profiles on children are included in the paperwork for all best interests decisions, and that adoption support plans are presented to panel.
7	LA12	Training for social workers and managers on the process of moving children to adoption should continue to be provided on a regular basis, and include information on the medical adviser's role.
8	LA12	Efforts should be made to improve timeliness on the administration process of approval letters.
9	LA25	It is recommended that notes made during assessment visits are kept.
10	LA26	The procedures should be clearer on the need to obtain a signed confidentiality agreement form from other agencies, or not employed by the adoption team before disclosing information about a child, or adopted person.
11	LA29	Management should endeavour to resolve the problems around accommodation as soon as possible.

- 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	
• Directors of Social services	NO
• Specialist advisor (s)	YES
Tracking Individual welfare arrangements	YES
• Interview with children	NO
• Interview with adopters and prospective adopters	YES
• Interview with birth parents	NO
• Interview with birth family members	NO
• Contact with supervising social workers	YES
• Examination of files	YES
Individual interview with manager	YES
Information from provider	YES
Individual interviews with key staff	YES
Group discussion with staff	YES
Interview with panel chair	YES
Observation of adoption panel	YES
Inspection of policy/practice documents	YES
Inspection of records (personnel, adopter, child, complaints, allegations)	YES
Date of Inspection	13/08/04
Time of Inspection	9.30
Duration Of Inspection (hrs)	38
Number of Inspector days	8
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)	13



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

Merton's statement of purpose had been recently revised. It was clearly written, and accurately reflected the aims and objectives of the adoption service. The document covered all areas expected, including its organisational structure. It will be reviewed annually. A timetable was in place to brief teams on the revised statement of purpose. Members of the adoption team had seen a copy, and were aware of its contents.

The agency, at the time of inspection, used the British Association for Adoption and Fostering brochure "Adoption what it is and what it means" as their Children's Guide. Work was in progress to produce an in-house document for children and young people - one for six to ten year olds, and one for eleven to sixteen year olds. A summary of the statement of purpose should be included in the guide, as well as information on the process for making complaints, and how to contact the Commission. Managers confirmed that there was a clear expectation that arrangements would be made to help children, where necessary, with reading, translating or explaining.

**Work on the Children's Guide must be completed as soon as possible to provide a guide that describes the agency's own adoption service.**

Other information and material for adoptive parents, children and birth parents had also been drafted, and it was planned that this would be available in a variety of formats, including tape versions.

The service's policies and procedures had recently been updated to take account of the standards and changes in legislation, and to reflect the statement of purpose.

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

YES

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

YES

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

YES

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

NO

## 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 written Recruitment and Publicity Strategy identifying its plans for the recruitment of adopters to meet the needs of the agency. A new Publicity and Information Officer had been appointed in April. She had developed a very thorough strategy included the importance of monitoring the take up and success of various campaigns and initiatives, and the need to provide a consistent image of quality, and a service that supported this image. There was evidence that she was already putting many of the recruitment ideas into practice. The team were also working with the South West London Consortium as a means of sharing resources and information. This included a consortium newsletter. There was also joint advertising with Merton's fostering team to coordinate recruitments initiatives. Staff recognised that the service was currently some way from recruiting the numbers of adopters it needed, particularly for children of dual heritage, and that the strategy needed to improve. With an increased staff team, managers were positive that an increase in active targeted recruitment campaigns would be continued and developed. Staff informed the inspectors that they were also able to place through interagency arrangements to improve placement choice for the children. There was a placement of sibling procedure to try to ensure children could continue to live with their brothers and sisters.

The agency took into account wherever possible the children's views on adoption and matching based on their age and understanding. Ethnic origin, cultural background, religion and language were considered in looking at potential families at the same time as ensuring a realistic timescale is kept for the adoption process.

#### In the last 12 months:

How many children were identified as needing adoptive families?

12

How many children were matched with adopters?

9

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

5

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?

9

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?

1

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.

**Key Findings and Evidence**

**Standard met?**

**3**

The agency aimed to make thirty two adoptive placements between April 2003 and March 2006. At the time of inspection, the agency was prioritising dual heritage adopters, and families who could take children over six. Written information was provided in a pack to prospective applicants regarding the assessment process. The eligibility criteria was made clear, and stated that age, marital status and sexuality were not a bar to adopting. However, the pack could have been clearer on providing information to prospective adopters on the agency's priorities, and their need to approve adopters who will best meet the needs of the children waiting for new families in the borough. The average length of time each step of the process will take was also unclear. Applicants wishing to adopt from another country are sent the "Inter Country Adoption" booklet produced by BAAF. This is sent out in conjunction with a domestic adoption info pack. Applicants are given contact details of the Overseas Adoption Helpline. The details of specific countries are discussed with prospective adopters after the initial enquiry stage.

Information sessions are provided for prospective applicants. Preparation training was run jointly with the London boroughs of Sutton and Kingston. Adopters interviewed confirmed that the preparation process had included the opportunity to talk with adopters, who had already been through the process, about their experience.

Information is given to prospective adopters during these meetings about children waiting for adoption, both locally and nationally, as well as details about BAAF and Adopt UK.

Family Finding meetings on individual children are held regularly. Information about children waiting is shared monthly with the South West London consortium members, and quarterly with the agency list provided by BAAF. The adoption team regularly reviews other agency profiles to match children with local adopters.

**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?**

1

Examination of files, panel attendance, adopter questionnaires, and interviews with adopters gave evidence of variable standards in the general assessment process from very good to unsatisfactory. However, questionnaire feedback, and adopter interviews indicated unacceptable delays in a number of cases. Adopters also reported that they did not feel that they were kept informed of the process throughout, and reported a lack of continuity in management oversight when allocated staff changed.

There was a set programme for preparation groups run, with staff from Sutton and Kingston adoption services, over four days. These were run over two week days and two Saturdays. The courses are run approximately four times a year. Feedback regarding timing, format and content was monitored and reviewed on a regular basis Any unnecessary waiting for groups was lessened by the collaboration with two other local authorities. On the whole adopters were satisfied with the content of the groups. Prospective adopters seen commented that the group they attended were “very good”. Existing foster carers who were planning to adopt were also encouraged to attend preparation groups.

BAAF F Form is used for all assessments, and competency sections were completed.

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 in most cases, but there was evidence of some lax administration and management processes in processing the information returned. In one case a CRB check had been signed off as clear, when information in the F Form clearly gave a different picture. This is also covered in standard 12

**Prospective adopters must be kept informed of the process throughout.**

**Managers must ensure that all statutory checks are completed, and provide evidence of the decision making process where convictions have been highlighted.**

**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?**

2

Approved adopters were registered on the Adoption Register. A system of planning meetings for family finding and matching was in place, and adopters were advised of the matching process and the Adoption Register at the last session of the preparation groups.

**Written information was not available for adopters on the matching, introduction and placement process at the time of inspection. This must be provided.**

There was evidence that efforts were made to give the adopters clear and up to date written information about the child, although managers recognised that there may be some cases where due to changes of worker, information had not been as helpful as it should have been. Adopters attend matching meetings, and receive a copy of the E form on the child, and any reports the court gave permission to share. Recent prospective adopters were also given a video of the child as part of the process. Written profiles of adopters including photos have been introduced to share with the child or young person when a match takes place. Included on the forms to be completed by prospective adopters is a question asking adopters if they agree to be notify the local authority if an adopted child dies, as well as information explaining the importance of this for birth families. Alongside this, birth families are asked if they wish to be informed of the death of the child. Written records of their decisions are kept on file records. The BAAF form H was used for all interagency placements, and provided a written and signed record of the arrangements.

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

YES

**Standard 6 (6.1 – 6.7)**

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

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

2

Ongoing link worker support was provided to adopters, plus four training events a year. A range of services was also recently available via the service's contract with the Post Adoption Centre, including counselling and group work support. A specialist post adoption support worker post had been established. The adoption service had a developing strategy for working with and supporting adopters, and there was evidence of improvements and new initiatives in becoming responsive to individual needs. Better links were being established with CAMHS to provide access to therapeutic services when placements were struggling. Link workers continued to be formally allocated to adoptive families for twelve months following the adoption. Link workers also supported Merton's overseas adopters, although questionnaire responses from inter country applicants were less than positive about the service received. A number of adopters in questionnaires and interviews commented on the lack of continuity of workers throughout the process, and poor communication by link workers and managers.

The agency was piloting an integrated social worker system, where the role of the children's social worker and the link worker was carried out by one worker, based in the adoption and permanency team. This was a positive strategy, which aimed to decrease delay by maintaining continuity of the worker involved.

The agency should also now ensure that 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. This was beginning to be established.

The importance of keeping children's background information safe was explained to adopters during the preparation groups and assessment process, and stipulated in the Contact agreement. The agency takes seriously the need for adopters to understand and deal with racism and discrimination directed at their child. Identity issues are covered in the ongoing support programme offered.

There had been no recent disruptions of placements, but the manager reported that the agency would work with other agencies and the adopters to provide support to them and the child, and would organise a disruption meeting in accordance with their disruption policy. Although there are a number of positive developments taking place in improving the support offered to adoptive parents, the lack of consistency in providing this service is reflected in the low score achieved.

**Adoptive parents must be offered consistency and continuity of service in receiving support to provide stable and permanent homes for the children placed with them.**

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

11

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

4

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

5

**Number of adopters approved but not matched**

5

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

8



**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?	2
<p>Where possible, the inspectors were informed that the adoption agency worked with birth parents to enable effective plans to be made and implemented for their children. There was evidence that their views had been sought and recorded on case files examined. Birth parents were offered access to the adoption support worker during the process as independent of the child’s social worker. Services could also be accessed via the Post Adoption Centre for birth parents that were contesting the agency’s plan for their child. However, more work needed to be done around ensuring that birth parents see and have the opportunity to comment on what is written about them in E forms, before details are shared with the panel or adopters. There was also evidence from file reading and cases discussed at panel that more guidance was needed to social workers in LAC teams on the importance of completing thorough Form E’s.</p> <p><b>Every effort must be made for birth parents to see and have the opportunity to comment on what is written about them in Form E’s.</b></p> <p>The service to relinquishing mothers was provided through the integrated social worker service, and an example of good work in this area was provided. Procedures concerning the roles and responsibilities of the different workers involved were being updated.</p>		

### 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
<p>There was some 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 was in place, and the Contact Agreement formed a basis for encouraging birth families to contribute to the maintenance of their child’s heritage. 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. Managers reported that they tried to ensure that a life letter was completed for each child. Training should continue to be provided for new social workers, alongside the provision of clear, up to date procedures, on moving children towards adoption. This should include all the necessary paperwork to be completed, including up to date adoption medicals.</p> <p>Adopters were encouraged in training and in visits by supervising 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.</p>		

**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 offered support to birth parents and families before and after adoption. As stated previously, there was a contract with the Post Adoption Centre to provide a surgery locally to offer independent counselling and advice. Information was also available about local and national support groups for workers to provide to birth parents. The agency should ensure that the service to birth families continues to improve and develop.

## 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 written draft policies and procedures for staff, on the process of taking cases to panel. Another authority's procedures had clearly been used to produce these, and the name of this authority was still in the body of the text of the copies seen. The inspectors were given written procedures "Adoption and Permanency Panel – Protocol", concerning the handling of the panel's functions. The panel chair was not aware of any protocol for dealing with decision making when panel members were not in agreement, although this was included. The chair said that she would try to achieve a consensus, but would not take a vote. She would make a recommendation noting the disagreement in reaching this outcome. Draft procedures entitled "Adoption and Permanency Panel" indicated that that applicant's will be informed of the "panel's decision" at the time of the panel. The procedures should make clear that the final decision on the case presented rests with the nominated decision maker for the agency, the head of Children's Services. Applicants should be made aware that the panel is only able to make a recommendation.

The panel observed was on the whole handled effectively, and discussion was thorough. The panel chair was encouraging and supportive to workers attending panel, and summarised each case following discussion.

Adopters attended the panel, and were encouraged to participate. Panel members appeared comfortable with this process. Adopters were provided with an information leaflet on attending panel, as well as details about panel members. There was an opportunity for adopters to meet the chair before entering the meeting. The inspectors saw copies of the evaluation form given to adopters following panel. The majority were positive, and all commented on the welcoming and encouraging approach of the panel chair.

Meetings were held between the chair of panel, the adoption team manager, and service manager once a year to provide an opportunity to discuss panel issues. This should provide a formal mechanism for panel to feedback on the quality of both the reports presented, and the childcare planning involved. This formal mechanism should be covered in the present updating process of procedures. However, 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 observed during the inspection, were to be taken up by the service manager sitting on panel, with the relevant case managers.

**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 was properly constituted, and the panel chair and members had relevant qualifications, expertise and skills. A legal adviser is always present, and written legal advice is provided. There was a good understanding by panel members, evidenced by the level of discussion, of the implications of adoption.

The service had tried to broaden the range of backgrounds, ethnic origins and gender of panel members to reflect the wide service user base that it dealt with. The panel chair said that the membership would benefit from a professional therapeutic input, and from birth parent involvement, which they had previously had. The medical adviser had recently left, and a previous medical adviser was temporarily carrying out this role.

**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, with prospective members attending panel as observers. The panel were invited to attend workshops with the adoption team. Recent training had included “Updates on the Implementation of the Adoption and Children’s Act 2002”, “Inter country Adoption”, and “Adopters attending Panel”. Further training was planned during the year covering various topics, such as Adoption, Support, Contact, and Guardianship Orders.

**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 is held every month, and extra panels have been diarised between scheduled meetings, in the past, to deal with extra demand where necessary. Panel papers were sent out in good time prior to panel. There was a need to ensure that all information in papers presented to panel was anonymised, and that papers were signed and dated by the workers involved. Although the reports presented, and those read during file tracking were, on the whole, reasonable, there were on some papers too many basic errors, which showed a lack of proof reading, and general quality assurance systems by managers. Changes and additions requested previously by panel on one report had not been carried out. The case came back to the panel observed for further decisions without the tasks being completed. During the inspector's observation, there was evidence that some cases were being approved "subject to " checks and medicals being completed. File reading showed that similar cases did not routinely come back to panel prior to the decision being made, and it was at times left to the team manager to sign off any further information gained. This lack of scrutiny on the process of reaching a recommendation must be rectified.

**Panel must satisfy itself that all checks are completed before confirming its recommendation.**

Managers should also ensure that foster carer's profiles on children are included in the paperwork for all best interests decisions, and that adoption support plans are presented to panel.

Training for social workers and managers on the process of moving children to adoption was being provided, and this should continue, and include information on the medical adviser's role.

The organisation and distribution of panel papers was dealt with by an administrator in the family placement service. This administrator was also the delegated minute taker. The draft minutes were checked by the chair, and team manager. The panel chair was not aware of any delays in this system, or in the formalising of decisions, and the subsequent notifications. Efforts were made to ensure the recommendations of the panel were considered by the decision maker, within appropriate timescales. There was evidence, however, that some approval letters were taking too long to be sent out, and efforts should be made to improve timeliness on the administration process. Management should ensure that administrative support to the adoption team is sufficient to deal with the increasing number of social work staff and workload.

Three monthly updates were given to panel by the team manager, on cases that had previously been presented to panel.

**Standard 13 (13.1 – 13.3)**

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

**Key Findings and Evidence**

**Standard met?**

**2**

The timescales are discussed in Standard 12. Although the quality in the standard of completed Form Fs was reasonable, the standard of Form E assessments seen were variable. In addition, the lack of “gate keeping” on the quality of forms presented, and the lateness of checks and medicals on cases going to panel inhibits the evidence that the welfare of the child to be placed was consistently promoted. The chair and team manager informed the inspectors that cases were sent back for further work, if panel did not feel they could make a decision on the information provided.

**However, unnecessary delay must be prevented at an earlier stage through regular supervision, and the operation of effective quality assurance systems.**

Further training for social workers, and their managers, presenting cases to panel is recommended – see Standard 12.

The adoption agency had appropriate arrangements in place to ensure that agency decisions are confirmed in writing, although these were not always done within required timescales – see Standard 12

It was, however, to be commended that the department had prioritised resources into reducing delays in family finding and case planning, with the introduction of the integrated social workers pilot scheme, 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?

2

The nominated manager is the service manager for Looked After Children, Permanency and Placements. She has many years of relevant child care experience, a social work qualification, and held a Certificate in Management Studies. She had only been in post since January 2004, although had previously worked in the department as a manager for Safeguards, Strategy and Development.

The team manager was also qualified, and had a Certificate in Management Studies, and a practice teachers award. Staff with relevant qualifications, skills and knowledge therefore, managed the service. However, inspectors found evidence that the management of the team was not as effective and efficient as would be expected, particularly around quality control, the provision and up keep of good information systems, and the operation of clear lines of accountability.

Questionnaire and interview feedback from service users, regarding the delivery of the service, was mixed, ranging from satisfied to a number who were unhappy with the service provided.

**The adoption agency must be managed and staffed in a manner that delivers the best possible child care.**

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?**

**2**

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. Valid CRB checks had been obtained for both the service manager, and team manager. Details were kept on a computer record, as the checks themselves were destroyed. There was evidence that systems were in place for CRB checks to be renewed every three years. Other references were satisfactory. Human Resources had a policy for ensuring that line managers follow up any reference that suggested concerns, but there was no evidence of routine follow up phone calls on any references on files seen.

**Telephone enquiries must be made to verify all written references.**

Staff spoke highly of the commitment of the service manager, and the support and leadership she was providing.

## 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?**

1

The was insufficient evidence overall to show that this was a well run service. There were regular management meetings, but there appeared some confusion in the lines of management communication. The temporary assistant team manager did not have a job description, although senior managers thought this had been done. This resulted in a lack of clarity about who deputised in the team manager's absence. The adoption development manager had previously been the team manager, and played an important role in the service. Her knowledge and experience meant that staff often sought her views over various queries. The temporary team manager had only recently started, and clarity was needed on line management responsibilities amongst this expanding management group. However, staff were, on the whole, positive about the progress the team had made, and felt managers listened and were approachable.

**Clear roles, and lines of communication and accountability for managers and staff must be established.**

There was a recognition by senior management that although tracking measures had improved, information management systems needed improvement. The Care First system was used, and this was still in the process of being developed to include adoption information. Although basic management and data collection systems were in place, the team manager did not, on occasions, appear to be well informed on up to date statistical data. Some basic information required by inspectors did not appear to be easily available. The small questionnaire response received from service users on the service received was unsatisfactory. Issues that came up a number of times from adopters concerned the lack of communication about the progress of their applications, and what was perceived as constant changes of staff and managers.

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

4

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

X

**Standard 17 (17.1 – 17.3)**  
**There are clear written procedures for monitoring and controlling the activities of the adoption agency and ensuring quality performance.**

<b>Key Findings and Evidence</b>	<b>Standard met?</b>	<b>3</b>
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The council’s cabinet received written reports on the management and outcomes of the adoption service through annual Performance and Resource Reviews, a quarterly scrutiny of services at the Departmental Performance Review Board, annual scrutiny of Performance and Team Development for each service in children’s services, and monthly returns on caseloads and referrals. An interview with the Cabinet member with portfolio responsibility for Care Services, including adoption confirmed this. He reported that council members took their corporate parenting responsibilities seriously. He was new to his role, but was actively developing his knowledge on issues of health, education and housing for looked after children. The council were monitoring carefully the progress being made in the numbers of children being adopted, and the reasons for unnecessary delays in the process, and any further improvements needed. The Head of Children and Families met with the lead member every two weeks, and gave interim reports on progress. The member informed the inspector that the department’s performance had come a long way, but there was still a lot of work to do, and there was a commitment to improving the service provided in adoption. Appropriate information was provided on charges for adoption services for other agencies, and inter country adopters.

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

Monthly?	
Quarterly?	YES
Less than Quarterly?	

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

<b>Key Findings and Evidence</b>	<b>Standard met?</b>	<b>2</b>
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The agency has access to specialist advisers and services. However, the medical adviser had recently resigned and a temporary adviser was in post until a permanent adviser could be recruited. Staff feedback was that the quality of the medical advice they were given was good.

Legal advice, and attendance at panel was shared between two members of the legal services team. Written advice was provided to panel members at the panel observed. The quality of advice was said to be consistent by those staff and panel members interviewed, and those who returned questionnaires to the inspectors. Managers informed the inspectors that as the department contracted generally, the advisers were “not governed by specific procedures or agreements”, and therefore, separate written protocols governing the role of the medical and legal adviser were not provided.

**The agency must ensure that these contracts incorporate the basic expectations of panel advisers as set out in the Adoption Agencies and Children (Miscellaneous Amendments) Regulations 1997 (10.25) guidance.**

The agency had access to other specialists within the department, and was able to use independent consultants, if necessary. The overseas adoption helpline was used for issues associated with adopting from another country.

## Employment and management of staff

The intended outcome for the following set of standards is:

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

Standard 19 (19.1 – 19.14)

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

**Key Findings and Evidence**

**Standard met?**

2

There were good recruitment and selection procedures that ensured the employment of appropriately qualified and, where possible, experienced staff. The department had updated all police checks with current CRB checks for all staff employed in the adoption team. CRB checks were destroyed after information was logged onto the computer data system. Inspectors did not examine the computer records kept by the department, but small hand written notes kept on the inside of individual personnel files confirmed the date of the check. **However, the department must ensure that copies of CRB checks on new staff are maintained for inspection purposes.**

Written references had been obtained on all adoption staff, but there was no evidence of telephone follow up enquiries being made on references for new staff. Inspectors were informed that these were only carried out by request of the manager. Human Resources Recruitment and Selection procedures do not specifically state that telephone enquiries should be made to verify written references on prospective new staff.

**The agency must ensure that procedures and practice are updated to reflect the process of carrying out telephone enquiries.**

All staff were qualified, and three social workers had completed PQ awards. Staff confirmed that the annual appraisal system was carried out, and that regular supervision was received. The level of experience in family placement work in the team varied, but a number of staff had considerable experience in children's services. New workers received induction training and supervision in the areas of work covered, including Section 51 counselling. One locum worker dealt specifically in post adoption work, and offered support and advise in Section 51 counselling to other workers. All staff dealt with a small number of Section 51 cases. A training event had been commissioned from the Post Adoption Centre on birth records counselling for all workers.

Merton Children's Services are currently working on a social work competency framework to ensure that staff have appropriate skills, and that training and development opportunities support these.

There are regular professional forums between the children's services and CAMHS to ensure both sides keep abreast of developments.

**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?**

25

%

**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, but a more efficient electronic reporting system was being developed to oversee this procedure which was at the time of inspection carried out manually. There were structures for charting the progress of cases in line with the timeframes set out by the National Standards. Staff reported that due to pressure of work, and changes in workers, there had sometimes been a problem in allocating cases, which affected their ability to meet the targets set. The team also carried out assessments of relatives, where adoption was the plan, as well as support to permanent carers.

Inspectors were informed that the relevant manager, before presentation to panel, monitored the quality of assessments in supervision through case discussion, although evidence did not always support this.

Staff confirmed that they had access to relevant topical and professional training. However, some members of staff said that it was often hard to find the time to access courses of interest to them. They confirmed that there was good access to medical and legal advice. Managers reported that they had sufficient administrative support recently, but limitations of space and cramped conditions within the offices affected the efficiency of the administration of the service, and at the time of inspection, one of the administrative staff was about to leave. Although the office accommodation situation was hopefully to be resolved by the end of the year, the pressure on administrative staff was likely to increase.

**Managers must ensure that the administrative support is adequate to support the team at all times.**

Enquiries were generally dealt with promptly, as a duty system operated for the adoption and permanency team, and a social worker was always available. The duty system tried to ensure a same day initial response whenever possible.

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?**

1

The agency has increased the number of social work posts in the team over recent years. This was felt by senior managers to be adequate to meet the needs of the agency at present, but the situation was under constant review. The Head of Children’s Services reported that the department was operating a “mixed economy”, and the present situation of approximately 50% permanent staff and 50% agency staff across Children’s Services was considered appropriate by senior management to meet the demands of the service. 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, but the inspectors were informed that the staffing situation had stabilised, and the agency had managed to retain a low turnover of locum staff. Cabinet members were said to be satisfied with the present situation. However, feedback from service users and some staff, as well as file reading carried out by inspectors, did not support the view that staff changes had not impacted on the service provided.

**Where a shortfall or changes in staffing levels occurs, management must operate appropriate contingency plans to provide and maintain consistency in the service offered.**

Internal transfers within Children and Families had been encouraged, and staff retention packages were in place. All adoption team members are suitably qualified and experienced.

<b>Total number of social work staff of the adoption service</b>	10	<b>Number of staff who have left the adoption service in the past 12 months</b>	X
<b>Number of social work posts vacant In the adoption service.</b>	0		

**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?**

3

There was evidence that the department was a fair and sound employer. Staff confirmed that they were made aware of the agency’s whistle blowing policy during their induction process, and that this policy was available to all staff on the council’s intranet. 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. The manager reported that the training section regularly evaluated all training, and work was being undertaken to develop and improve the training programme. Information on identified training needs was fed back to the training section. Each worker was appraised annually, and supervision agreements were reviewed annually. There is an annual team development plan aimed to meet the individual and team training needs. The inspectors were shown a copy of the current team training plan, which included Updates on the Children's Act, Contact and Working with Difference. Staff spoken to felt access to training was available, but pressure of work restricted their take up of these opportunities. Access to internal training, and training arranged through the South West London Adoption Consortium was reported to be good. Information is circulated to staff regularly regarding legal changes, and there are opportunities for discussion on these issues at team meetings, and workshops.

## 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?	1
<p>Appropriate case records were kept for adopters, but no separate adoption files for children were seen by the inspectors. Staff kept what was called a “shadow” file, when there was active family finding. These files could not be considered adoption files. A number contained confidential details of other families considered during the matching process.</p> <p><b>Separate adoption files must be established on each child following a best interests decision, as required under the Adoption Agencies Regulations 1983 7(2).</b></p> <p>Written policies were contained in the “Records Management Policy”, and included sections on content and house style. Archived files were kept at an unoccupied building a short distance away, and file retrieval was achieved within 48 hours from this depot. There were restrictions on who could access these files, and requests could only be made via the adoption team manager.</p> <p>Generally the standard of recording seen was satisfactory, and files were well ordered. A record that all enquiries and checks have been carried out was maintained on adopters’ files. However, recording of outcomes of CRB’s was found to be inconsistent, and there was no clear process for checks to be signed off by the manager. CRB checks were destroyed, and a form completed, giving the disclosure number, and whether clear. (See Standard 19)One form had been signed off as clear, when assessment notes clearly showed that an applicant had a criminal conviction. On seeking clarification, there was evidence that this conviction had been discussed, and would not prevent the applicant from adopting, but the recording on the form was not accurate, and panel had not been given the relevant information. Also recording of notes taken during assessment interviews, were not always kept, so the backup information available in this case, may not always be available.</p> <p>It is recommended that notes made during assessment visits are kept.</p> <p>Records systems have been integrated with the LAC electronic system. The new IT system was not yet providing all the information needed related to adoption, but the system was being developed to achieve this. All adoption staff were due to receive training on the new system, and all file notes were to be recorded electronically. The written policy outlines the requirement for supervisors to record, date and sign decisions made during supervision. There was evidence this was happening.</p> <p>All current cases were kept in suitable lockable cabinets.</p>		



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

Key Findings and Evidence	Standard met?	3
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There was evidence from files and discussion with staff that relevant information was shared appropriately with other agencies, working together with Merton in the placement of children for adoption. Written policy and procedural instructions on access to records were available, and took into account the requirements of the Data Protection Act 1998, and the Human Rights Act 1998. The procedures should be clearer on the need to obtain a signed confidentiality agreement form from other agencies, and persons not employed by the adoption agency, before disclosing information about a child, or adopted person.

**Standard 27 (27.1 – 27.6)**  
 There is a written policy on case recording which establishes the purpose, format, confidentiality and contents of files, including secure storage and access to case files in line with regulations.

Key Findings and Evidence	Standard met?	2
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The recording policy had been updated. There was a policy that quarterly file audits should be carried out by senior managers, and this was in operation. However, a regular auditing of files to be carried out by the team manager was not taking place. The records examined were of a reasonable standard, but greater use of typed reports should be encouraged.

**The system to monitor the quality and adequacy of records must be carried out on a regular basis by management.**

Staff files were kept separately by Human Resources, and the adoption team manager kept supervision files on each staff member. Complaints were held within the complaints section, and copies are held on individual children or adopter files. The customer services officer prepares an annual report on complaints data.

All confidential records are stored securely in lockable cabinets, with agreed restricted access. The archives were held on a separate site. One of the inspectors visited the site, and although had some reservations about its location, and the fact that it was not staffed, the building was felt to be secure. Records were appropriately kept in water and fire proof cabinets.

**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**

Up to date personal files were maintained on all members of staff, and included copies of qualifications. CRB checks were seen, the response was recorded, and the check then destroyed. Although the inspectors did not examine the Human Resources computer record, which was located on a separate site, they were told that it showed evidence of up to date checks on all members of staff employed in the adoption team. The issue date and number on CRB checks is retained within the payroll database, and is monitored for the three yearly renewal date. The team manager kept separate files for members of the adoption panel. These did not cover all the required information as listed in Schedule 3, and were inadequate. CRB checks were still in the process of being completed on all panel members See Standard 11.

It was recognised by the manager that **the agency must ensure that all listed areas under NMS 28.2 and Schedule 3 regarding panel members are maintained on file.**

## 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 premises were considered generally suitable for the purpose, but space had become severely limited by the growth in the numbers of staff in the adoption team. The team urgently needed larger office accommodation to improve their working conditions, as this was becoming a real issue for staff, and was having a detrimental effect on their moral. Some staff did not have their own desks, and working conditions were noisy. The building was in need of internal redecoration. Management were very aware of the situation, and had been trying to resolve alternative arrangements. No definite timescales on achieving change, however, were available for staff. However, the looked after children service was situated in the same building, and this provided good links and opportunities for ongoing communication, between the adoption team and the placing social workers. There were facilities for holding training in other locations in the borough.

Security measures were adequate, with a coded entry system, and a staffed reception area at the main door. There was a twenty four hour electronic security system in place. Administration systems were satisfactory. The council's IT system was networked, and was password protected. There were sufficient safeguards built into the system to ensure security of access. All electronic records were backed up daily. Each member of staff with a desk had their own PC. The IT system did not yet provide the information required for adoption, but it was hoped some of this would be in place by January.

The premises were covered by the council's insurance. There is a departmental Disaster Recovery Plan. Old adoption records were now kept in a secure central archive.

**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 16<sup>th</sup> August 2004 and any factual inaccuracies:

Please limit your comments to one side of A4 if possible

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

Amendments to the report were necessary

YES

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 7<sup>th</sup> February 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

YES

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 Merton confirm that the contents of this report are a fair and accurate representation of the facts relating to the inspection conducted on the above date(s) and that I agree with the statutory requirements made and will seek to comply with these.**

**Print Name** \_\_\_\_\_  
**Signature** \_\_\_\_\_  
**Designation** \_\_\_\_\_  
**Date** \_\_\_\_\_

**Or**

**D.3.2 I \_\_\_\_\_ of \_\_\_\_\_ am unable to confirm that the contents of this report are a fair and accurate representation of the facts relating to the inspection conducted on the above date(s) for the following reasons:**

**Print Name** \_\_\_\_\_  
**Signature** \_\_\_\_\_  
**Designation** \_\_\_\_\_  
**Date** \_\_\_\_\_

**Note:** In instance where there is a profound difference of view between the Inspector and the Registered Provider both views will be reported. Please attach any extra pages, as applicable.

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S0000057813.V180988.R01

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