



*Making Social Care  
Better for People*

# inspection report

Local Authority Adoption Services

## **Luton Borough Council Adoption Service**

Unity House  
111 Stuart Street  
Luton  
LU1 5NP

18th January 2005

## **Commission for Social Care Inspection**

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

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

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

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

## **Inspection Methods & Findings**

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

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

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

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

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

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

**ADOPTION SERVICE INFORMATION**

**Name of Local Authority**

Luton Borough Council Adoption Service

**Headquarters Address**

Unity House, 111 Stuart Street, Luton, LU1 5NP

**Adoption Service Manager**

Jenny Coles

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DunnachieH@luton.gov.uk

**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>		18th January 2005	<b>ID Code</b>
<b>Time of Inspection Visit</b>		10:00 am	
<b>Name of Inspector</b>	<b>1</b>	Lynn Smith	094143
<b>Name of Inspector</b>	<b>2</b>	Ros Chapman	
<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>		Jenny Coles	

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## INTRODUCTION TO REPORT AND INSPECTION

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

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

The Adoption Agencies Regulations 1983 and the Local Authority Adoption Service (England) Regulations 2003 are secondary legislation, with which a service provider must comply. Service providers are expected to comply fully with the National Minimum Standards. The National Minimum standards will form the basis for judgements by the 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.**

Luton is one of the largest towns in the East of England; it is a densely populated area and has a high level of deprivation. The Borough has a large ethnic minority population and rich cultural diversity.

Luton has an above average percentage of children within the population, 41.5% whom are from ethnic backgrounds.

Luton is responsible for approximately 400 looked after children.

The adoption team is located in the same office as the looked after children's teams and other social work teams at Unity House.

The adoption team consisted of two acting team managers, one senior practitioner and two social workers.

## **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.)

The inspectors inspected the agency over four days in January 2005.

The main impact on the agency was the lack of a permanent manager. This has been addressed and consideration to post and job description has been well thought-out with a view to taking the fostering and adoption service into the future.

The inspector sent out questionnaires to adopters and prospective adopters, social workers, placing authorities, birth relatives and advisors. Nineteen were returned.

Adopters overall stated the service was very good however, delays through shortages and absent social workers was an issue.

Placing authorities did feel that Luton gave a good service but were concerned regarding the distance of adopters from Luton and how these would be supported.

#### **Statement of purpose (standard 1)**

##### **Part met**

The agency does have a statement of purpose but it has not been before the elected members. At the time of the inspection, the manager's post was vacant. Once a new manager is appointed, the name and adoption agency's address needs to be included. The agency does have good monitoring systems but not all were mentioned in the statement of purpose.

Overall the statement of purpose was in-depth and well presented.

The children's guide is produced by the British Association for Adoption and Fostering (BAAF). Additional information and a need to reflect Luton's statement of purpose are required.

#### **Securing and promoting children's welfare (standard 2)**

##### **Met**

The consortium is the main provider of placements for Luton children. Luton does produce sufficient adoption placements through adoption week, the local press, yellow pages and word of mouth. The consortium also refers prospective adopters to each other.

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

##### **All met**

The information packs sent to prospective adopters are clear and contain a variety of information. The booklets clearly address the multi-cultural population of the city, being written in English but also including contact addresses and telephone numbers in several other languages. The booklet can be re-produced in other languages as well as in Braille and audiotapes.



Adopters are informed at the initial interview of the processes. The preparation groups fit within a framework of equal opportunities; anti-discriminatory practice and adopters feel that the times were convenient.

Adopters stated that prior to approval, contact with social workers was very good but after approval did produce mixed views. Many felt that they would have preferred regular contact. Adopters felt that good information was given about children.

A support service for adopters is a developing service in Luton. The agency has a contract with 'After adoption' who offer post placement support, training and support groups. The adoption agency regularly monitors this provision.

### **Birth parents and birth families (standards 7-9)**

#### **2 met, 1 part met**

The agency has a service level agreement with 'After Adoption' to provide helpline services, searching facilities, 'parent without children' support, and intermediary services for birth parents. Birth parent groups have recently been set up. This service is regularly monitored but confidentiality is not broken.

One birth parent spoken to confirmed that the support she has received through 'After Adoption' is very good.

The forms E viewed from previous panels did not have any parents' signatures. No explanation was given as to why they were not signed.

The agency is at present looking to recruit a senior member of staff to oversee the support services of the adoption agency. This would complement the existing provision provided by 'After Adoption'.

### **Adoption panels and agency decisions (standards 10 –13)**

#### **2 part met, 2 not met**

The panel is made up of a very good cross-section of people involved in adoption and childcare.

Panel procedures are evident but need to be reviewed to address the Adoption Minimum Standard 10.

Not all interests were declared. During the observation it was clear some adopters knew members of the panel. It was not clear in what capacity.

No evidence was viewed of induction training or observations of panel taking place before a panel member sits for the first time.

Panel members' personnel files did contain references, qualifications where relevant, job descriptions, contracts and one training course.

No evidence was viewed of confidentiality agreements or supervision/appraisals.

The recording of CRB checks was not suitable. One panel member's file did not contain any evidence of a CRB check.

The inspector observing the panel did raise issues around all necessary information not being presented to the panel members.

### **Fitness to provide or manage an adoption agency (standards 14 &15)**

#### **1 part met, 1 not met**

At the time of the inspection the agency was in the process of advertising for a service development fostering and adoption manager. The agency has carefully reviewed what management skills are required to take the adoption agency into the future.

At present two senior practitioners are fulfilling the role within the adoption service temporarily. Both senior practitioners are qualified and experienced social workers. This has left an evidential gap in the monitoring of files and case supervision.

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

#### **2 met, 1 part met**

Staff informed the inspectors that the whole of the management team is very supportive and approachable. Placing social workers informed the inspectors of the excellent knowledge and support the adoption team give them. Communication is very good within the adoption and childcare teams. The shared office system does promote this.

The agency is at present reviewing all the adoption policies and procedures including the adoption register.

The Councillor responsible is new to the post and holds a large portfolio. The inspectors were informed that he reviews service plans including adoption quarterly. He also attends monthly meetings with the Assistant Director to review the written performance summaries. Staff informed the inspectors that the advisors are accessible and helpful.

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

#### **3 met, 1 part met & 1 not met**

Staff are qualified and have a good understanding of adoption issues including new legislation.

Section 51 training is given and supported by 'After Adoption'.

The lack of permanent management structures has impacted on the service.

The personnel staff informed the inspector that the recruitment policy is being up-dated at present to include telephone references and confidentiality agreements.

Administration support is felt by all to be insufficient. At the time of the inspection only one part-time post was filled. One temporary member of staff was employed.

Overall at the time of the inspection the vacancies were one social worker, one manager, one administration support and one adoption support senior practitioner. Inspectors were aware that the adoption support post had been advertised but failed to recruit. The service manager informed the inspectors that advertisements of the vacancies are being addressed.

During interviews with staff members, inspectors were told that Luton is a good council to work for. Two staff members had worked in other authorities but returned to Luton.

Training is well publicised via the email system and leaflets. Staff feel training is very good and can make suggestions for specific training.

External training is readily available and accessible.

### **Records (standards 25-28)**

#### **Not met**

Recording needs to be addressed urgently. No files were set up for children with a 'best interest decision'. The inspector found personnel files needed to address all information in schedule 3 and 4, and file monitoring needs to take place.

Although the council has a 'service users access to records' policy statement, the adoption agency needs to have in place one that addresses the specialist arrangements regarding adoption.

### **Fitness of premises (standard 29)**

#### **Part met**

The office is not identifiable for adoption as it is used for many children's services including fostering, education and the looked after teams. The offices are accessible during office hours.

Good IT systems are in place and at time of the inspection, adoption was being updated to enable timescales to be monitored more efficiently.

Records are secured in lockable filing cabinets, but space is becoming an issue. The rooms are not locked, however the main building is always locked.

## 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	3	LA1	The children's guide must have a summary of the statement of purpose and complaints procedure.	5 <sup>th</sup> April 2005
2	11	LA28 LA25 LA19 LA15 LA11	All staff and panel members must have all information required in Schedule 3 and 4 of The Local Authority Adoption Service Regulations 2003	5 <sup>th</sup> April 2005
3	Adoption Agencies Regulations 1983 (11)	LA12	All relevant and accurate information must be passed to panel members in a timely way.	Immediate
4	Adoption Agencies Regulations (7)	LA25	Adoption files for children must be in place from the 'best interest decision'	5 <sup>th</sup> April 2005
5	Adoption Agencies Regulations 1983 (14)	LA25	Confidentiality and secure placement of adoption files must be addressed.	Immediate
6	Adoption Agencies Regulations 1983 (15)	LA26	Access to adoption records policy must be set up.	5 <sup>th</sup> April 2005

7	17	LA27	A complaints record must be in place.	5 <sup>th</sup> April 2005
8	10	LA20	The adoption agency must have sufficient administration staff.	1st June 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 statement of purpose should be formally approved.
2	LA1	The adoption agency's policies should reflect the statement of purpose.
3	LA5	The adoption agency should have a system in place to record the adopter's views of notifying the agency if an adopted child dies.
4	LA7	Forms E should be completed with signatures of birth parents or reasons why there is not a signature.
5	LA10	Panel procedures should be reviewed.
6	LA11	All new panel members should have an induction including observation of a panel.
7	LA13	The panel minute taker should be given sufficient training.
8	LA14	A manager should be appointed as soon as possible.
9	LA25	Policies and procedures need to be updated.
10	LA27	A recording policy should be in place, including separate records for staff, complaints and allegations.
11	LA29	All rooms that contain adoption files should be lockable.

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

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

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

Placing authority survey	YES
Placing social worker survey	YES
Prospective adopter survey	YES
Approved adopter survey	YES
Birth parent / birth family member survey	YES
Checks with other organisations and Individuals	
• Directors of Social services	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	YES
• Interview with birth family members	NO
• Contact with supervising social workers	YES
• Examination of files	YES
Individual interview with manager	YES
Information from provider	YES
Individual interviews with key staff	YES
Group discussion with staff	YES
Interview with panel chair	YES
Observation of adoption panel	YES
Inspection of policy/practice documents	YES
Inspection of records (personnel, adopter, child, complaints, allegations)	YES
Date of Inspection	18/1/05
Time of Inspection	09:00
Duration Of Inspection (hrs)	64
Number of Inspector days	7
Additional Inspection Questions:	
Certificate of Registration was displayed at time of inspection	NA
The certificate of registration accurately reflected the situation in the service at the time of inspection	NA
Total Number of staff employed (excluding managers)	6



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

The agency does have a statement of purpose however, it has not been before the elected members. At the time of the inspection, the manager's post was vacant. Once a new manager is appointed, the name and adoption agency's address needs to be included. The agency does have good monitoring systems but not all were mentioned in the statement of purpose.

Overall the statement of purpose was in-depth and well presented.

The children's guide is produced by the British Association for Adoption and Fostering (BAAF). Additional information and a need to reflect Luton's statement of purpose are required.

The adoption agency's policies viewed were in need of up-dating to reflect current practice and the statement of purpose.

See requirement number 1

See recommendation numbers 1 & 2

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

NA

Has the Statement been formally approved by the 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?

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 agency does not have a written recruitment of adopters policy, however Luton is a small unitary borough where in-house placements have limited use.  
 The consortium is the main provider of placements for Luton children. Luton does produce sufficient adoption placements through adoption week, the local press, yellow pages and word of mouth. The consortium also refers prospective adopters to each other.  
 The agency has matched 100 % sibling groups in the last 12 months.  
 67% of placements matched in all aspects of ethnic origin, culture, religion and language.  
 The management team informed the inspectors that all children have been matched as close as possible to ethnic origin, culture, religion and language however, may not have met all aspects.  
 Staff informed the inspectors that where possible, children’s views are sought.

### In the last 12 months:

How many children were identified as needing adoptive families?

19

How many children were matched with adopters?

21

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

9

How many children were placed with other services’ adopters?

14

How many children were referred to the Adoption Register?

28

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

14

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

X

%

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

5

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?

20

## 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>3</b>
<p>Luton adoption agency sends information packs to prospective adopters. Adopters confirmed this. The information pack is clear and contains a variety of information. The booklets clearly address the multi-cultural population of the city, being written in English but also containing contact addresses and telephone numbers in several other languages. The booklet can be re-produced in other languages as well as in Braille and audiotapes. The inspectors were informed about two couples whose first language is not English. A specialist service is being provided to enable them to undertake the adoption process. The agency does have a system of prioritising adopters. This is usually needs based considering children waiting for placements or adopters with specialisms, for example wanting to be considered for large sibling groups or children with disabilities.</p>	<p>3</p>	<p>3</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>3</b>
<p>Adopters are informed at the initial interview of the processes. The preparation groups fit within a framework of equal opportunities and anti-discriminatory practice and adopters feel that the times were convenient. The adoption agency have commissioned that all inter-country adoption assessments are undertaken by PACT. The preparation groups are regularly reviewed. At the time of the inspection matching and legal processes had been reviewed and were going to be piloted at the next training session. Adopters stated information given at the sessions was clear and informative, overall they felt the sessions were very good. Foster carers doing the adoption assessment process informed the inspectors that they were not offered the opportunity of attending a preparation group. They were however told about the support groups. Adopters stated that prior to approval, contact with social workers was very good but after approval did produce mixed views. Many felt that they would have preferred regular contact. Adopters felt that good information was given about children.</p>	<p>3</p>	<p>3</p>

**Standard 5 (5.1 – 5.4)**

Approved adopters are given clear written information about the matching, introduction and placement process, as well as any support to facilitate this they may need. This will include the role of the Adoption Register for England and Wales.

Key Findings and Evidence	Standard met?	3
<p>Adopters said that their social workers gave clear information about the matching process. Evidence was viewed in files of matching forms including the support for all parties. Adopters are given full information about the child who may be matched with them and this includes the child's social worker and present carer having a face-to face discussion if appropriate.</p> <p>The management team informed the inspectors that an agreement form would be introduced to clarify that adopters are aware of informing social services of a death of any child placed with them.</p> <p>An inspector was shown a very good book prepared by adopters for a child that had been matched with them.</p> <p><b>See recommendation number 3</b></p>		
<b>Does the local authority have written procedures for the use of the Adoption Register?</b>	NO	

**Standard 6 (6.1 – 6.7)**

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

Key findings and evidence	Standard met?	3
<p>A support service for adopters is a developing service in Luton. The agency has a contract with 'After adoption' who offer post placement support, training and support groups. The adoption agency regularly monitors this provision.</p> <p>At the time of the inspection, the agency did have a vacant senior post for adoption support. Adopters spoken to were clearly aware of the need to safeguard life story information for children. This was addressed in depth during the preparation groups.</p> <p>Luton adoption agency has had two children's placements disrupt. Evidence was viewed that disruption meetings had taken place. These were inter-agency placements. There were no placement disruptions with Luton adopters</p>		
<b>Number of adopter applications started in the last 12 months</b>	18	
<b>Number of adopters approved in the last 12 months</b>	21	
<b>Number of children matched with the local authority's adopters in the last 12 months</b>	8	
<b>Number of adopters approved but not matched</b>	14	
<b>Number of adopters referred to the Adoption Register</b>	20	
<b>How many placements disrupted, between placement and adoption, in the last 12 months?</b>	X	

## 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**

The agency has a service level agreement with 'After Adoption' to provide helpline services, searching facilities, 'parent without children' support, and intermediary services for birth parents. Birth parent groups have recently been set up. This service is regularly monitored but confidentiality is not broken.

One birth parent spoken to confirmed that the support she has received through 'After Adoption' is very good.

The forms E viewed from previous panels did not have any parents' signatures. No explanation was given as to why they were not signed.

**See recommendation number 4**

**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**

Staff said that they do try to get as much information from birth parents as possible.

One birth parent confirmed that they were asked to contribute to life story information.

**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

The agency is at present looking to recruit a senior member of staff to oversee the support services of the adoption agency. This would complement the existing provision provided by 'After Adoption' and field social workers. 'After Adoption' offers an independent counselling service as well as support groups. The service level agreement for this service was viewed as well as the monitoring information for the last year. The identity of people accessing this service is not disclosed.

## 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>2</b>
<p>The panel is made up of a very good cross- section of people involved in adoption and childcare.</p> <p>Panel procedures are evident but need to be reviewed to address the Adoption Minimum Standard 10.</p> <p>During the inspector's observation, a prospective adoptive couple did attend the panel however, another adoptive couple stated they were not invited.</p> <p>Not all interests were declared. During the observation it was clear some adopters knew members of the panel. It was not clear in what capacity.</p> <p>Staff shortages have impacted on the panel. It was observed the panel advisor presenting a case. This left the panel without an advisor and also could have influenced the decision.</p> <p><b>See recommendation number 5</b></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>	1
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No evidence was viewed of induction training or observations of panel taking place before a panel member sits for the first time.  
 Panel members' personnel files did contain references, qualifications where relevant; job descriptions, contracts and one training course.  
 No evidence was viewed of confidentiality agreements or supervision/appraisals.  
 The recording of CRB checks was not suitable. One panel member's file did not contain any evidence of a CRB check.  
**See requirement number 2**  
**See recommendation number 6**

<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>	1
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The inspector observing the panel did raise issues around all necessary information not being presented to the panel members, for example health and safety checks.  
 Important information was inaccurate, for example employment history stated with the dates that one prospective adopter was in two countries at the same time.  
 The monitoring role of the panel needs to be more thorough.  
 From observing the panel, it was not clear if all members were agreeing with the decisions made. The chair did not check with each panel member to ensure that they agreed.  
**See requirement number 3**

**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

Consideration to the decision maker's role of attending every panel needs to be addressed regarding the positives of this but also the negatives.

Within the agency's procedures, it states the decision maker meets with the panel advisor. This should be the chair as the panel advisor's role is to advise panel on adoption and agency matters.

Minutes need to clearly reflect the decision and how the recommendation was reached. The panel minute taker has had very little training in this area.

The decision maker should view the minutes before making a decision.

**See recommendation number 7**

## 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
<p>At the time of the inspection the agency was in the process of advertising for a service development fostering and adoption manager. The agency has carefully reviewed what management skills are required to take the adoption agency into the future. At present two senior practitioners are fulfilling the role within the adoption service temporarily. Both senior practitioners are qualified and experienced social workers. This has left an evidential gap in the monitoring of files and case supervision. A job description was in place for the prospective manager. Both temporary managers had a description of their role whilst in the temporary manager job. <b>See recommendation number 8</b></p>		
Does the manager have Management NVQ4 or equivalent?	NO	
Does the manager have at least 2 years experience of working in a childcare setting in last 5 years?	YES	

Standard 15 (15.1 – 15.4)

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

Key Findings and Evidence	Standard met?	1
<p>Luton is at present reviewing their recruitment procedures to include telephone references. At the time of the inspection this was not the agency's practice. One of the temporary manager's personnel file was viewed. It did not have a CRB check. <b>See requirement number 2</b></p>		

## 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 agency is run well considering the staff shortages.

The agency is in a state of flux at present, awaiting a new permanent manager. Clear arrangements are in place at present however, the acting up of senior practitioners does impact on the service. The two staff members in question work part-time. They have the very difficult task of family finding, assessments including forms F, supervising, supporting and monitoring a relatively inexperienced staff group as well as all other management tasks. Some areas were understandably lacking in management input.

Staff informed the inspectors that the whole of the management team is very supportive and approachable. Placing social workers informed the inspectors of the excellent knowledge and support the adoption team give them. Communication is very good within the adoption and childcare teams. The shared office system does promote this.

The agency is at present reviewing all the adoption policies and procedures including the adoption register.

**See recommendation number 8**

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

1

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

0

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

<b>Key Findings and Evidence</b>	<b>Standard met?</b>	<b>3</b>
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The Councillor responsible is new to the post and holds a large portfolio. The inspectors were informed that he reviews service plans including adoption quarterly. He also attends monthly meetings with the Assistant Director to review the written performance summaries. Monthly performance monitoring is being developed via IT systems. Confidentiality was addressed throughout these systems and links could not be made between children, adopters and addresses.  
 The agency charges are in line with the BAAF recommendations.

**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>3</b>
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Staff informed the inspectors that the advisors are accessible and helpful. The management team state that the adoption agency has good working relationships with child and mental health (CAMH), BAAF, After Adoption and PACT. The legal service is about to change to bring it to a council provision. The medical advisor's protocol was viewed.

## Employment and management of staff

The intended outcome for the following set of standards is:

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

**Standard 19 (19.1 – 19.14)**

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

**Key Findings and Evidence**

**Standard met?**

1

The personnel staff informed the inspector that the recruitment policy is being up-dated at present to include telephone references and confidentiality agreements. Issues around the way CRB checks are recorded on staff and adopters files was addressed with the managers. At present letters are placed on these files. On many it does not identify the date of the CRB check, the level of the check, the number of the CRB check or in some cases where things have been disclosed, the type or number of disclosures. Staff are qualified and have a good understanding of adoption issues including new legislation. Section 51 training is given and supported by 'After Adoption'. Staff stated that advisors are approachable although there is some apprehensions about the provision for legal advice changing in the near future.  
**See requirement number 2**

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

YES

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

0

%

**Standard 20 (20.1 – 20.12)**

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

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

The lack of permanent management structures has impacted on the service. The targets set by the Local Public Service Agreement are being achieved but file management and the attention to detail could be improved. The overall monitoring needs to be addressed.

Supervision and training does take place regularly. All staff files viewed contained contract and job descriptions. Staff informed inspectors that they had registered with the General Social Care Council (GSCC). Staff received information on equal opportunities, complaints, health and safety etc.

Administration support is felt by all to be insufficient. At the time of the inspection only one part-time post was filled. One temporary member of staff was employed.

Office space has impacted on the purchasing of new equipment. The service manager is addressing this.

**See requirement number 8**

**See recommendation number 8**

**Standard 21 (21.1 – 21.4)**

**There is an adequate number of sufficiently experienced and qualified staff to meet the needs of the adoption agency and they are appropriately supported and assisted in providing a service.**

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

Overall at the time of the inspection the vacancies were one social worker, one manager, one administration support and one adoption support senior practitioner. Inspectors were aware that the adoption support post had been advertised but failed to recruit. The service manager informed the inspectors that advertisements of the vacancies are being addressed. During interviews with staff members, inspectors were told that Luton is a good council to work for. Two staff members had worked in other authorities but returned to Luton. Management and the executive members are positively addressing staff recruitment and retention.

<b>Total number of social work staff of the adoption service</b>	7	<b>Number of staff who have left the adoption service in the past 12 months</b>	2
<b>Number of social work posts vacant In the adoption service.</b>	3		

**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

Luton Borough Council is a fair employer with appropriate employment practices and procedures including whistle blowing.

**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

Training is well publicised via the email system and leaflets. Staff feel training is very good and can make suggestions for specific training.  
 External training is readily available and accessible.  
 Personal development plans (PDP) are in place for staff. These indicate that the agency as a whole is aware and ready to embrace the forth-coming developments in adoption.



## 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?	
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Adoption files for children need to be set up at the point of 'best interest decision'.

Policies and procedures need to be updated regarding records.

See standard 19 regarding CRB checks.

A system needs to be put in place to ensure staff know where files are. The inspector asked to see a children's file but as it was not available, staff assumed the placing social worker was working on it at home.

Luton is in the process of having all files electronic. The inspector was informed of the confidentiality arrangements for these files that have been put in place.

**See requirement numbers 4, 2 & 5**

**See recommendation number 9**

### 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?	
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Although the council has a 'service users access to records' policy statement, the adoption agency needs to have in place one that addresses the specialist arrangements regarding adoption.

**See requirement number 6**

**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?**

1

Inspectors viewed staff supervision files that contained case supervision including decisions made. The decision should also be evident on case files.  
 Adopters' files contained good evidence of running records and were signed and dated.  
 A case recording policy needs to be put in place, which includes complaint and allegations, both needing to be recorded separately.  
 File monitoring needs to be addressed. The inspectors found adopters' files to be in disarray.  
**See requirement numbers 7**  
**See recommendation 10**

**Standard 28 (28.1 – 28.2)**

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

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

1

Staff and panel members files did not contain all the information required in Schedule 3 and 4 of The Local Authority Adoption Service Regulations 2003  
 CRB checks need to be addressed in staff and panel members' files, see Standard 19.  
 No photos were present on panel members files and there was no evidence of training on staff files apart from information contained in the PDP. This information only addressed he last twelve months.  
**See requirement number 2**

## Fitness of Premises

The intended outcome for the following standard is:

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

Standard 29 (29.1 – 29.5)

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

Key Findings and Evidence	Standard met?	2
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The office is not identifiable for adoption as it is used for many children's services including fostering, education and the looked after teams. The offices are accessible during office hours.

Good IT systems are in place and at time of the inspection adoption was being updated to enable timescales to be monitored more efficiently.

Records are secured in lockable filing cabinets, but space is becoming an issue. The rooms are not locked, however the main building is always locked.

Prior to Local Government Reorganisation, archived documents were secured in Bedford. All archived files are now placed through a purchased service that offered fire and waterproof secure storage. Policies and procedures need to be updated to reflect this system.

As the building is always locked, access is through reception or via identity passes.

Luton Borough Council is responsible for the insurance of the premises and contents. The Assistant Director informed the inspectors that insurance is in place.

The council have a general disaster recovery plan in place, which adequately addresses the needs of the adoption service.

**See recommendation numbers 9 & 11**

**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 18<sup>th</sup> January 2005 of inspection of Luton Borough Council Adoption agency 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	<input type="checkbox"/> NO
Comments were received from the provider	<input type="checkbox"/> NO
Provider comments/factual amendments were incorporated into the final inspection report	<input type="checkbox"/>
Provider comments are available on file at the Area Office but have not been incorporated into the final inspection report. The inspector believes the report to be factually accurate	<input type="checkbox"/>

**Note:**

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

**D.2 Please provide the Commission with a written Action Plan by 2nd March 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	<input type="checkbox"/> YES
Action plan was received at the point of publication	<input type="checkbox"/> NO
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 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 Luton Borough Council Adoption Service confirm that the contents of this report are a fair and accurate representation of the facts relating to the inspection conducted on the above date(s) and that I agree with the statutory requirements made and will seek to comply with these.**

**Print Name** \_\_\_\_\_  
**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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