

inspection report

ADOPTION SERVICE

London Borough of Enfield

**Triangle House
305-313 Green Lanes
London
N13 4YB**

Lead Inspector
**Rosie
Dancer**

Announced
23rd August 2005 09:30

The Commission for Social Care Inspection aims to:

- Put the people who use social care first
- Improve services and stamp out bad practice
- Be an expert voice on social care
- Practise what we preach in our own organisation

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This is a report of an inspection to assess whether services are meeting the needs of people who use them. The legal basis for conducting inspections is the Care Standards Act 2000 and the relevant National Minimum Standards for this establishment are those for *Adoption*. They can be found at www.dh.gov.uk or obtained from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering: www.tso.co.uk/bookshop

Every Child Matters, outlined the government's vision for children's services and formed the basis of the Children Act 2004. It provides a framework for inspection so that children's services should be judged on their contribution to the outcomes considered essential to wellbeing in childhood and later life. Those outcomes are:

- Being healthy
- Staying safe
- Enjoying and achieving
- Making a contribution; and
- Achieving economic wellbeing.

In response, the Commission for Social Care Inspection has re-ordered the national minimum standards for children's services under the five outcomes, for reporting purposes. A further section has been created under 'Management' to cover those issues that will potentially impact on all the outcomes above.

Copies of *Every Child Matters* and *The Children Act 2004* are available from The Stationery Office as above.

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SERVICE INFORMATION

Name of service	London Borough of Enfield
Address	Triangle House, 305-313 Green Lanes, London, N13 4YB
Telephone number	0208 379 8480
Fax number	
Email address	
Name of registered provider(s)/company (if applicable)	London Borough of Enfield
Name of registered manager (if applicable)	Ingrid Perkins
Type of registration	LAA
No. of places registered (if applicable)	NA
Category(ies) of registration, with number of places	NA

SERVICE INFORMATION

Conditions of registration:

NA

Date of last inspection

This is the first inspection under The Local Authority (England) Regulations 2003.

Brief Description of the Service:

The adoption agency is part of the London Borough of Enfield's children and families division. The agency is constituted as a service under current legislation that requires local authorities to provide or make provision for adoption services. The agency is a member of the North London Consortium, which comprises of four other London Boroughs and two voluntary adoption agencies. Enfield adoption service recruits, prepares, assesses and approves adopters, provides post adoption support, places children with adoptive families and provides birth records counselling. The agency refers people who wish to adopt a child from another country to a voluntary adoption agency which specialises in this work.

SUMMARY

This is an overview of what the inspector found during the inspection.

This inspection was the first inspection of the adoption service provided by the London Borough of Enfield. The manager and her staff had prepared well for the inspection. The openness and cooperation of everyone involved meant that the inspection process could be carried out effectively and efficiently.

The inspection was carried out over three days by two inspectors. Senior personnel were interviewed, as were front-line workers and administrative staff; an elected member of the council was also interviewed. The lead inspector observed the adoption panel. One birth parent was interviewed over the telephone, four adoptive families were visited and their case files examined, children's adoption files were also inspected. Policies, procedures, professional practices and the department's recruitment procedures were inspected.

Completed questionnaires from adopters, prospective adopters, professional advisers and placing social workers also informed the inspection.

What the service does well:

For the past year and a half Enfield has employed a marketing and recruitment officer who works to recruit adopters and foster carers. This worker has developed, a comprehensive marketing strategy. This has allowed targeted recruitment of adopters to be undertaken.

The preparation courses run by Enfield for prospective adopters were of a good quality. Adopters' comments about the preparation courses included:

- "Training very good – good mix of educational and real life scenarios.
- "Meeting adopters who had been through the process was really positive."
- "Preparation course was very thorough"
- "Process explained clearly"
- "The preparation sessions were Saturdays which was very convenient."

The adoption team staff were well qualified and very skilful and experienced in adoption work. It was noted that staff worked well together, respected one another, were committed to achieving safe stable placements for children and were hard-working.

Placing social worker comments about the adoption social workers included:

- That the positive aspects of the adoption service included "Their (the adoption social workers) commitment to working in partnership across the board"

- "Workers friendly and approachable and also very knowledgeable about the process of permanency."
- "Co-worker very supportive, skilled and very professional in her approach both to clients and myself."
- "The quality of the adoption service was excellent."

Adopters' comments about the adoption team included:

- "We have nothing but praise for all the staff we have met/been involved with throughout the process to date"
- " Staff are highly trained and very professional"
- "Our experience was a very good one from the first visit...to the placement and after care support."

What has improved since the last inspection?

Not applicable as this is the first inspection under The Local Authority Adoption Service (England) Regulations 2003.

What they could do better:

Children's adoption files need to be audited and regularly monitored. The adoption files are poor and require some work to bring them in line with current legislation. An adopted child reading their file in later life would not have access to all the information they should have and may read things that are inappropriate and unhelpful.

An agreement about how medical information will be shared in a timely way needs to be made, with two local hospitals. This will ensure that as full a picture as possible is available prior to cases being presented to panel. This will allow the recommendation, decision making, matching and placement processes to be carried out in an informed way for every child.

The constitution of the panel requires some attention due to some members' tenure having been exceeded.

The arrangements for quality control, in some areas of adoption work need to be clearer and more rigorous.

Reporting to and monitoring by the executive side of the council, needs to be more thorough.

More attention needs to be given to issues of staff retention.

Please contact the provider for advice of actions taken in response to this inspection.

The report of this inspection is available from enquiries@csci.gsi.gov.uk or by contacting your local CSCI office.

DETAILS OF INSPECTOR FINDINGS

CONTENTS

Being Healthy - There are no NMS that map to this outcome

Staying Safe

Enjoying and Achieving

Making a Positive Contribution

Achieving Economic Wellbeing - There are no NMS that map to this outcome

Management

Scoring of Standards

Statutory Requirements identified during the inspection

Staying Safe

The intended outcomes for these standards are:

- The agency matches children with adopters (NMS 2)
- The agency assesses and prepares adopters (NMS 4)
- Adopters are given information about matching (NMS 5)
- The functions of the adoption panel are as specified (NMS 10)
- The constitution and membership of adoption panels are as specified (NMS 11)
- Adoption panels are timely (NMS 12)
- Adoption agency decision is made without delay and appropriately (NMS 13)
- The manager is suitable to carry on or manage an adoption agency (NMS 15)
- Staff are suitable to work with children (NMS 19)
- The agency has a robust complaints procedure (NMS 24 Voluntary Adoption Agency only)

JUDGEMENT – we looked at outcomes for standard(s) 2,4,5,10,11,12,13,15,19

The adoption teams arrangements for assessing and approving adopters ensured that children were placed safely within families best able to meet their needs. There were some areas of practice, children's assessments and quality control issues, that were not being sufficiently addressed within some teams. These issues could effect the future stability of some placements.

EVIDENCE:

Prospective adopters who wish to adopt from another country are referred to Norwood, a voluntary adoption agency, that specialises in inter country adoptions. Norwood carries out the preparation assessment and approval in these cases.

The agency has a written plan for the recruitment of adopters. The arrangements in respect of the implementation and evaluation of the recruitment plan are discussed in detail in the 'Management' section of this report.

Two workers carry out careful initial assessments to ensure that only those adopters who may be able to meet the complex needs of children waiting for adoption make applications.

All prospective adopters are expected to attend the preparation sessions, with a few exceptions such as second time adopters. The preparation sessions were noted as being well run and comprehensive in content. They are subject to evaluation and review. Experienced adoptive parents attend the preparation classes; this provides prospective adopters with an opportunity to speak with people who have first hand experience of adopting. To provide a rounded view of adoption it would be a positive move to also include a birth parent and an adoptee in the preparation sessions.

All prospective adopters go through a formal assessment process, a home study, and are expected to contribute to the assessment report. (Enfield uses the British Fostering and Adoption, BAAF, form F format) The quality of the form F assessments were noted as being good with adoption social workers carrying out detailed analysis of the information gathered.

Statutory checks are carried out and a detailed health and safety check is completed in each case.

Following completion of the assessment a second opinion visit is carried out, the adoption manager reads the report and adopters have the chance to comment on the content. These systems for quality assurance in respect of form F assessments seem to be effective, this being evidenced in the good quality of the assessment reports.

Enfield and other local authority placing social workers who completed questionnaires all stated that the form F's gave a full and accurate picture of adopters, with one stating:

- "Where there was a need to expand the text the worker was able to skilfully address, clarify and expand points."

The inspectors noted two areas where it would be of benefit for the adoption social workers to be provided with guidance to ensure consistency, these are:

- When overseas checks must be carried out where adopters have lived in another country.
- Clarity about contacting ex-partners

In both of the above cases where a decision has been made not to follow the guidance social workers should be clearly recording the reasons for this decision.

Adopters with whom the inspectors had contact with were very satisfied with the preparation they received and overall felt that they were well prepared to meet the complex needs of the children waiting for adoption. The placing social workers who completed questionnaires all felt that the adopters they had placed children with had been well prepared.

Most adopters reported that they were being kept informed about the progress of their application.

Adopters are informed about the matching introduction and placement processes verbally. Written information about the matching process was under development; this needs to be completed.

The agency works hard to place children with adopters who can best meet their assessed needs. A placing social worker commented that the adoption team had provided a 'good service in the matching and placing of this child'. However, it was noted that there had been some poor assessments, form E's, of children and a lack of medical information available in some cases. This is discussed in more detail further on in this section of the report.

Evidence was noted to show that a good level of support and training had been provided to an adopter where the child could not be matched with adopters who shared the same heritage. The training and support provided enabled the adopter to gain an understanding about the specific issues that may arise for this child.

Within the adoption consortium there are reciprocal arrangements in place which mean adopters who are assessed by one of the other member authorities can be used, at a reduced cost, by any of the consortium members. These arrangements mean a wider pool of adopters is available to each of the member agencies.

The agency medical adviser makes herself available to meet, with adopters considering a match, to discuss any health implications. Some adopters said that this and the opportunity to meet with foster carers, who had cared for the child, had been invaluable.

Adopters are encouraged to create a photograph album or video about themselves, their home and their family and pets, to assist in preparing the child to come and live with them.

It was noted that the quality of Form E assessments was variable. This information informs the care planning, panel process, decision making and matching process, and is one of the key documents the child will be able to access in the future. The poor quality of some are of concern and the manager must ensure that training in writing these documents is provided, on a rolling

basis, for children's social workers. A thorough system for quality assurance of these documents must be established.

It was also noted that for a number of children the agency had not been successful in gaining medical information in a timely way. While the difficulties were around the two local hospitals responding to requests from the agency and the medical adviser it is essential that these difficulties are addressed satisfactorily.

There are panel policies and procedures in place. These need to include:

- The policy and procedure for appointing the panel chair.
- The arrangements for dealing with the ineffective or disruptive behaviour of a panel member
- The method for panel to feedback to the agency any issues of concern or commendation.

The quality of some of the paperwork presented to panel was not good and this was a concern to the panel members and to the decision maker. This had resulted in a number of cases having been deferred over the four panel hearings preceding this inspection. It was noted a panel checklist for social workers and feedback sheets for panel members were about to be introduced. It is hoped that this more formal system of feedback to the agency will allow the panel's quality assurance role to further develop and lead to an improvement in the paperwork presented to panel.

There has been a system recently introduced whereby panel are provided with an update in respect to children for whom a best decision has been made but a placement has not been found after six months. Such a monitoring system should be established in respect of approved adopters.

There is an induction process for new panel members, including the opportunity to observe a panel prior to joining. Panel members are provided with additional training relevant to their role.

Adopters stated that while the experience of attending panel was daunting overall the experience was one they had felt well prepared for. It is pleasing to note that arrangements are being made for adopters to attend the matching panel as well as their approval panel.

Social workers felt that the panel process was necessarily thorough and stated that the panel took a sensitive approach to adopters in attendance. The constitution of the panel requires some attention due to some members' tenure having been exceeded; this had been recognised by the panel chair and the agency and there were plans in place to address this. These plans must be progressed as a matter of urgency as panel is operating in breach of legislation.

The adoption panels are well chaired by an experienced panel chair. The panel chair meets with the head of looked after services and the professional adviser on a quarterly basis. There are also six monthly panel business meetings and the panel chair produces an annual report.

Panel meetings are held on a monthly basis. The dates are set annually in advance.

There are minutes taken of each meeting. The minute taker is to attend the BAAF training session in September 2005; this should further enhance the minutes produced. One social worker commended the administrator for being 'most patient and supportive'.

The panel agenda should clearly identify individual children where a sibling group is being considered and the agenda and minutes should clearly state if the recommendation relates to adoption or long term fostering in every case. It was noted that the arrangements for delivering the panel papers to members prior to the meeting were efficient.

The agency decision making process seemed efficient and effective; it would be good practice for the decision maker to sign the letters written to inform the relevant people of the decision made.

The manager of the adoption service is suitably qualified and experienced in adoption work as are the two deputy managers who support her in the management of the agency. The manager has undertaken management training for middle managers delivered by Enfield Council; Enfield is currently seeking accreditation of this training. Should the training not be accredited the manager will need work towards a qualification which matches the competencies required. Evidence was noted to show that the manager has an up to date enhanced CRB check.

There are clear written staff recruitment procedures in place; these need to be amended to include the arrangements for verifying references and to refer to criminal bureau records checks (CRB). There is a useful form for interviewers in place to record the authenticity of documents seen as a part of the interview process.

However, checks of social workers, sessional workers, admin staff and panel members personnel files showed that not all contain information required by the regulations such as; proof of identity including a recent photograph, two written references, CRB checks undertaken by Enfield and documentary evidence of relevant qualifications. While it was stated that references are verified by a telephone call there was no evidence that this had occurred.

There needs to be a system put into place to ensure that CRB checks are updated on a three yearly basis.

Enjoying and Achieving

The intended outcomes for these standards are:

- The adoption agency provides support for adoptive parents (NMS 6)
- The agency has access to specialist advisers as appropriate (NMS 18)

JUDGEMENT – we looked at outcomes for standard(s) 6,18

Enfield has shown a commitment to developing a good quality support service to adopters and children. This service will help adopters meet the children's changing needs.

EVIDENCE:

This area of work within the agency is a developing service. The posts of deputy manager of adoption support services and a social work post dedicated to adoption support have been created. There is clearly a commitment from Enfield to developing a good service for all affected by adoption.

The deputy manager has been in post since 2004. He will be joined in September 2005 by a social worker employed specifically to undertake adoption support work. The deputy manager has undertaken a comprehensive range of post adoption support casework and continues to develop a range of services to all affected by adoption. Once the new worker is in place this will allow the deputy to move away from casework and concentrate on managing and implementing the planned developments. The deputy manager is to be commended on his tireless approach to providing and developing the service thus far.

The agency has a service level agreement with the Post Adoption Centre and a referral to this agency can be made where it is assessed that this would be more appropriate or beneficial.

The social workers who completed questionnaires felt that the adopters are well supported. Adopters who completed questionnaires and who were interviewed also felt that the post placement support from the adoption team was good.

The preparation and assessment processes provide adopters with a good basic knowledge about parenting a child from the care system. The training covers the importance of keeping information provided by birth families safe, and consideration of strategies to; combat discrimination and to help children develop a positive self-identity.

Each adopter has a link worker from the adoption team and this worker and the child's social worker carries out visits to the adoptive families. Social work visiting is key part of ensuring any difficulties are addressed in a timely way. There was little evidence noted of children's social workers visiting children in placement on the adoption files. There was evidence that showed that for some families these visits were not being carried out at the required frequency, this could lead to problems not being addressed and mean that placements could break down.

The introduction and placement processes appeared thorough. A placing social worker commented that the adoption team had provided 'good support through introductions' and an adopter waiting for a placement showed confidence in the adoption worker by stating, " We are waiting for our child... we know our social worker will be there every step of the journey"

All cases sampled showed evidence of adoption support plans. It was noted that when the adoption support social worker begins her employment in September 2005 it is intended that she will attend the first or second review of each child in order that the support plan can be reviewed. This will be a good development, which will ensure that plans are geared to meeting changing needs and provide adopters and children with the opportunity to meet this worker.

The disruption rate in this agency is low, with it being reported that there had been no disruptions of a child placed for adoption for over one year.

In the event of a disruption occurring there are policies and procedures in place; these include convening an independently chaired disruption meeting and presentation to the panel chair of the disruption report.

The agency has access to a range of specialist advisers. These include:

- A medical adviser
- A legal adviser
- A professional adviser (who is the adoption team manager)

All attend each panel.

In addition the agency has access to

- The Child and Adolescent Mental Health Service
- The British Fostering and Adoption Association
- The Post Adoption Centre.

The medical adviser visits the adoption team on a weekly basis and is available for consultation at other times during the working week. She will meet with adopters to discuss any specific medical issues relating to a child being considered for a match. She works hard to access medical information that has been requested and not provided by the local hospitals.

Adopters and social workers were of the view that the service of the medical adviser is invaluable.

Overall social workers felt that the legal advice and availability of this advice is good. It was stated that this can be variable depending on the solicitor available.

In house advisers include a multi agency team of professionals for looked after children from the education, health and resource services.

The agency needs to develop written protocols about the individual role each specialist adviser has in adoption work.

Making a Positive Contribution

The intended outcomes for these standards are:

- Birth parents and birth families are involved in adoption plans (NMS 7)
- Birth parents and birth families are involved in maintaining the child's heritage (NMS 8)
- The Adoption agency supports birth parents and families (NMS 9)

JUDGEMENT – we looked at outcomes for standard(s) 7,8,9

The agency provides some good work with birth parents but this needs to be developed further to ensure they every parent is enabled to make a positive contribution to the child's life.

EVIDENCE:

The developments in Enfield in respect to post adoption support provided by the agency's service has been stated at the beginning of previous section of this report.

The services available for supporting birth parents include support from the adoption team and independent support from the Post Adoption centre or After Adoption. It seemed that not all children's social workers were clear about the services available to birth parents. The deputy manager for post adoption support had recognised this and has planned a series of workshops, for children's social workers, which will include discussion of the full range of services available. It is planned that this will have occurred by December 2005. It is also planned that a leaflet detailing the post adoption services available will be completed by the end of 2005. Other ways the agency could consider promoting these services are through providing the details to children's guardians and local solicitors involved in care proceedings.

It was noted that parents' wishes are sought about issues such as to any religious following they have and would like their child to share. However, while it is stated that birth parents are encouraged to read and sign the form E report, there was little evidence noted that this was occurring.

It was noted that regular reviews are held for children placed for adoption. The independent reviewing officer, who has reviewed the child's case through the care planning process, chairs these reviews. It was noted that the relevant

worker was not always acting upon review decisions. For example in two cases sampled it was noted that life story work had not been carried out, at the next review it was further noted that this work had not commenced. Review decisions must be acted upon promptly to ensure the smooth progress of the placement.

In respect of information for the child about their birth family and early life it was noted that while some parents had been encouraged to provide relevant information there had been many missed opportunities. This was noted as being a significant issue in the case of relinquished or abandoned babies. For example, no photographs had been taken of the child directly after birth and hospital wristbands had been lost in some cases. The agency must ensure that the permanency planning procedures, which clearly state that the above should be done, are followed by all children's social workers. Careful monitoring will be needed to ensure the procedures are followed.

A birth father was spoken to over the telephone. He described how the agency had supported him in initiating letterbox contact with his now grown-up child. This contact had progressed to a meeting, between father and child. The meeting had been arranged and attended by a social worker he knew at the stage his child was adopted and the deputy manager for adoption support. This father praised the efforts and professionalism of both workers.

Post-adoption contact plans are developed and all parties are expected to sign the plans. For indirect contact there is a letterbox system in place. Birth parents and adopters are supported in writing letters if this is required and the deputy adoption support manager has devised useful guidance. In the event of a plan for direct contact the adoption support service will provide advice and support to birth family members and where necessary financial assistance. The post adoption centre can provide any of the above services where birth family members would prefer this.

Management

The intended outcomes for these standards are:

- There is a clear written statement of the aims and objectives of the adoption agency and the adoption agency ensures that it meets those aims and objectives (NMS 1)
- The agency provides clear written information for prospective adopters (NMS 3)
- The manager has skills to carry on or manage the adoption agency (NMS 14)
- The adoption agency is managed effectively and efficiently (NMS 16)
- The agency is monitored and controlled as specified (NMS 17)
- The staff are organised and managed effectively (NMS 20)
- The agency has sufficient staff with the right skills / experience (NMS 21)
- The agency is a fair and competent employer (NMS 22)
- The agency provides training for staff (NMS 23)
- Case records for children and prospective / approved adopters are comprehensive and accurate (NMS 25)
- The agency provides access to records as appropriate (NMS 26)
- The agency's administrative records processes are appropriate (NMS 27)
- The agency maintains personnel files for members of staff and members of adoption panels (NMS 28)
- The premises used by the adoption agency are suitable for purpose (NMS 29)
- The adoption agency is financially viable (NMS 30, Voluntary Adoption Agency only)
- The adoption agency has robust financial processes (NMS 31)

JUDGEMENT – we looked at outcomes for standard(s)

1,3,14,16,17,20,21,22,23,25,26,27,28,29

Overall the adoption team was well managed. However, a more shared approach to adoption, needs to be taken, in all teams and at all levels of the local authority, to ensure effective management is achieved at each stage of the adoption process.

EVIDENCE:

The service has a clear written statement of purpose; the professional experience of the social workers in the adoption team must be added to this. The statement had been approved by, the Cabinet Member and the Director for Education, Children's Services and Leisure. The statement is reviewed on an annual basis. The statement is made available to all staff and other interested people.

The service provides children with a copy of the BAAF children's guide to which has been added information about the service Enfield provides. Placing social workers said that the guides were useful.

One stated:

- 'It gives a comprehensive guide for the process of preparing a child for a successful adoption'

Another described it as:

- 'Very informative'

The manager had recognised that this guide is not suitable for children of all ages and abilities and one of the aims of the adoption team is to develop a guide that will be of more value to a wider range of children.

The CSCI address contained in the statement of purpose and children's guide needs to be amended from the local CSCI office to the adoption team, which is based in Manchester, so that any person who wishes to discuss an adoption issue is able to speak to an adoption inspector or manager.

The agency employs the services of a marketing and recruitment coordinator who works between the adoption and fostering services. Significant progress has been made in respect of the targeted recruitment of adopters. By March 2005 a detailed evaluation had been completed and clear recruitment plan was in place. One area of need identified was to recruit adopters from black and ethnic minority backgrounds. Targeted work is being carried out within this community and the adoption team social workers stated that the coordinator has made a 'huge improvement' in terms of recruitment. The enthusiasm and dedication of this worker was impressive.

Some of the staff working for the purposes of the adoption service were not aware of the work being carried out in terms of recruitment of adopters; the marketing and recruitment officer was arranging a series of workshops for all staff to promote the positive developments occurring in this area.

It was stated that in two cases due to housing issues prospective adopters from black and/or ethnic minority backgrounds had not been able to be progressed. This was discussed with the counsellor who agreed to explore, with the housing department, ways in which this type of situation could be addressed.

Where it seems that prospective adopters may be able to meet the needs of a specific child there are systems to prioritise these people. There is the option for prospective adopters to attend the preparation group of another consortium member where there would be a wait for an Enfield preparation group.

The manager has five years of management experience in adoption, prior to this she has nine years experience working within a children and families setting. She has an enhanced CRB check and evidence of her qualifications was noted on her personnel file, as was her G.S.C.C registration certificate.

The manager's responsibilities are clearly set out in her job description, a copy of which was viewed prior to the inspection.

The manager and her two deputy managers effectively manage the adoption team workers.

Some of the adoption social workers are also undertaking the role of support worker to foster carers. This work is not detailed in the statement of purpose nor contained in the adoption social workers job description. Furthermore this is a role that the workers do not feel adequately competent in carrying out and the plans to move this work to workers with appropriate skills and knowledge must be progressed as a matter of urgency.

The information for the use of the adoption register has been e-mailed to all workers; it would be good practice to incorporate this information in the agency adoption procedures.

The arrangements for monitoring and controlling and ensuring quality performance in all areas of the adoption process require further development.

Practice issues requiring specific attention include:

- The practice in terms of the use of the permanency procedures. These procedures are not consistently applied across all of the children's teams.
- The quality control arrangements for the children's form E reports.
- The stage at which the adoption team are made aware of a plan for permanency does not provide enough opportunity to influence the strategic recruitment of adopters at an early stage.
- Auditing of children's adoption files

There was evidence of senior managers and elected members being aware of the work of the service. However the arrangements for formal monitoring of its activities at a strategic level need to be improved. Reports about the activities of the adoption service should be provided to the executive on a six monthly basis. The annual report presented to the executive combines the fostering and adoption activities. It would raise the profile of the specialist nature and importance of adoption work if separate reports were produced.

There is a need for clearly written procedures regarding the quality assurance role at all levels of the service.

The adoption team demonstrated that they were appropriately qualified, and were a highly skilled and experienced group. They had a good insight into and knowledge of adoption and were up to date in their understanding and thinking. It was also evident that new, less experienced workers could be absorbed easily into the team which showed a mutually supportive approach to team working. In addition to the positive comments about the adoption social workers made by placing social workers and adopters, all who responded to questionnaires felt the workers to be knowledgeable with one placing social commenting:

"The worker was very informed and skilled in her knowledge of children and their needs. She was able to assist/recommend issues that were pertinent to the needs of LAC children."

A small number of five placing social workers were interviewed. The workers interviewed displayed a good insight and knowledge of adoption issues.

The social workers interviewed confirmed that there were good systems in place in respect to individual caseload management and that supervision, team meetings and other support systems were effective. The arrangements in respect to clerical support also appeared to be adequate.

The situation in the childcare teams in respect to staffing is not as favourable as for the adoption team. It was noted that over the past two years there had been some advances made in recruitment and retention to these teams. However the quality of some of the work, as identified through this report, indicate that there is significant training needs for some workers in adoption work. Requirements and recommendations have been made in respect to these issues.

The social workers interviewed felt that the training opportunities in Enfield were good. The development coordinator of the adoption consortium commissions a rolling programme of training, which is based on, need and changes in legislation. This is complimented by in-house training and external training opportunities from organisations such as BAAF.

Evidence was noted which showed that training needs are identified through the supervision and appraisal processes and an individual training plan is developed for each worker.

The training needs identified during the inspection were training for children's social workers in writing form E assessments and training in the permanency planning procedures. It was also noted that child protection training is not provided on a rolling basis and that some social workers and none of the clerical staff spoken to had ever been on such training. This must be addressed.

The social workers interviewed overall felt that Enfield was a fair and competent employer but identified some ongoing issues that are causing an increasing level of dissatisfaction. The two most significant issues are pay grading issues and mobile phone availability.

In respect to pay grading, at some levels, it seems that Enfield pay scales are among the lowest in London. Neighbouring boroughs are paying their workers significantly more. Within Enfield some retention bonuses have been paid and some regrading at the lower levels has occurred. This has meant there is a disparity between some individual workers and managers. Some staff reported concerns about progression and it was clear that the department does not presently have a consistent system of senior/expert practitioner grading. It is suggested that these issues are reviewed to consider whether changes are needed to assist in retaining experienced staff and managers.

Each team has a small number of mobile phones which social workers share. This situation is unsatisfactory on efficiency and health and safety grounds. In terms of efficiency sharing phones means that workers often receive calls for the person who used the phone last which can cause some confusion and inconvenience to the caller. In terms of health and safety issues social workers are often travelling to areas unknown to them, which can be far from the office, and they will not return until after hours. This can also cause difficulties in returning the phone for the next user. Some social workers use their own phones. This means that personal phone numbers can be given out to work related individuals. There does not seem to be a clear policy about these issues.

There is a whistleblowing policy in place; staff spoken to were aware of this.

The adopters' files were found to be well ordered and subject to regular audit. The manager should consider if notes made by social workers during the home assessment visits should be retained on files.

The children's adoption files are poor and require some work to bring them in line with current legislation.

The case recording policy is not adoption specific and the manager should consider developing such a policy in respect to adopters and children's files.

The complaints folder was viewed; this needs to contain a front sheet and detail all progress and the outcomes of all complaints made.

There are identifiable office premises used by the adoption team and some of the children's social workers. This is a recently refurbished office and is centrally located and had good public transport links. The social workers are pleased with the pleasant accommodation now provided and stated that benefits to sharing office accommodation with the looked after children's team include an enhancement of working relationships between the teams.

There are adequate arrangements in place for the back-up of electronic records and storage of working files. The council is working towards an electronic system of social care records and is looking to scan all existing documents, however the current archived adoption files were not safe or secure. The manager must ensure that the existing files are stored securely and that a risk assessment is carried out in respect to identify if there is any risk of damage from fire and water.

There was no written disaster plan specific to the adoption service. This needs to be developed to ensure that workers know the arrangements in the event of a major incident occurring.

SCORING OF OUTCOMES

This page summarises the assessment of the extent to which the National Minimum Standards for Adoption have been met and uses the following scale.

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

"X" in the standard met box denotes standard not assessed on this occasion

"N/A" in the standard met box denotes standard not applicable

BEING HEALTHY	
<i>Standard No</i>	<i>Score</i>
No NMS are mapped to this outcome	

MAKING A POSITIVE CONTRIBUTION	
<i>Standard No</i>	<i>Score</i>
7	3
8	1
9	3

STAYING SAFE	
<i>Standard No</i>	<i>Score</i>
2	3
4	2
5	1
10	2
11	1
12	3
13	3
15	2
19	2
24	N/A

ACHIEVING ECONOMIC WELLBEING	
<i>Standard No</i>	<i>Score</i>
No NMS are mapped to this outcome	

ENJOYING AND ACHIEVING	
<i>Standard No</i>	<i>Score</i>
6	4
18	3

MANAGEMENT	
<i>Standard No</i>	<i>Score</i>
1	2
3	3
14	3
16	2
17	2
20	3
21	2
22	3
23	2
25	1
26	3
27	2
28	2
29	2
30	N/A
31	N/A

Are there any outstanding requirements from the last inspection?

STATUTORY REQUIREMENTS

This section sets out the actions which must be taken so that the registered person/s meets the Care Standards Act 2000, Voluntary Adoption and the Adoption Agencies Regulations 2003 or Local Authority Adoption Service Regulations 2003 and the National Minimum Standards. The Registered Provider(s) must comply with the given timescales.

No.	Standard	Regulation	Requirement	Timescale for action
1.	5	AAR 1983 Regulation 2	The agency must ensure that the quality assurance systems in respect to the form E assessments are effective.	1/11/05
2.	5	AAR 1983 Regulations 2 and 12 (1)	The agency must develop a working protocol with the two hospitals in the area in respect of obtaining medical information about children waiting for adoption. This must ensure that information is obtained in a timely way.	1/12/05
3.	11	AAR 1983 Regulation 5A	The plans to replace panel members whose term of tenure have been exceeded must be progressed as a matter of urgency	1/12/05
4.	11, 15, 19	6 (2) (c) and 11 (3) (d) Schedule 3 and 15 (1) Schedule 4	The adoption agency must ensure that it obtains information required in schedules 3 and 4 for all staff working for the purpose of the adoption service (including all panel members and sessional staff) and that this is maintained on the individual's personnel file.	1/11/05
5.	8	AAR 1983 Regulation (3) Part VIII of the schedule	The agency must ensure that review decisions of children placed for adoption are acted upon in every case.	1/11/05
6.	1	2 (1)	The agency must amend its statement of purpose in line with Schedule 1 as detailed in the main body of the report.	1/11/05

7.	16	2 (3)	The agency must ensure that all long-term fostering cases held by adoption workers are to workers experienced and qualified to carry out this work	30/12/05
8.	23	12 (2) (a)	The agency must ensure that relevant staff are provided with training in the following areas, use of the permanency planning procedures, child protection training, form E writing.	25/11/05
9.	25	AAR 1983 Regulation (14)	The agency must ensure that adoption files contain any information obtained by virtue of this regulation.	30/12/05
10.	29	AAR 1983 Regulation (14)	The agency must ensure that the adoption files are stored securely and a that documented risk assessment is undertaken.	1/11/05

RECOMMENDATIONS

These recommendations relate to National Minimum Standards and are seen as good practice for the Registered Provider/s to consider carrying out.

No.	Refer to Standard	Good Practice Recommendations
1.	4	The manager should consider including an adoptee and a birth family member in the adopters preparation sessions if possible.
2.	4	The manager should produce guidance for social workers about when there is a need to carry out overseas checks on prospective adopters and about contacting ex-partners of prospective adopters.
3.	3 and 5	Written information for adopters about the support services available and the matching and placement processes need to be completed and circulated to the relevant adopters.
4.	10	The panel policies and procedures need to include all the issues stated in standard 10.2. and a system of monitoring approved adopters progress should be established.
5.	12	The panel agenda should clearly identify individual children where a sibling group is being considered and the agenda and minutes should clearly state if the recommendation relates to adoption or long term fostering in every case.
6.	13	The decision maker should consider signing the letters written to inform the relevant people of the decision he has made.
7.	19	The staff recruitment policy should include the arrangements for verifying references and be amended to refer to criminal bureau records checks (CRB)
8.	7	The agency should evidence that birth parents have had an opportunity to read and sign the form E report. Where parents decline this opportunity it should be clearly recorded.
9.	18	The agency needs to develop written protocols about the individual role each specialist adviser has in adoption work.
10.	16	The information for the use of the adoption register should be included in the agency adoption procedures.
11.	19	There should be a system put into place to ensure that CRB checks are updated on a three yearly basis.
12.	25	The manager should consider if notes made by social workers during the home assessment visits should be retained on files.
13.	17	Clearly written procedures regarding the quality assurance role at all levels of the service should be developed.
14.	21	It is strongly recommended that a review of the pay scales progression opportunities for all staff is carried out and that other retention issues, such as access to mobile phones be considered. Health and safety issues such as a clear lone working policy should also be developed.
15.	27	The complaints folder kept by the manager should have all the

		details of each complaint and its progress
16.	29	The manager should develop a written disaster plan specific to the adoption service.

Commission for Social Care Inspection

11TH Floor, West Point
501 Chester Road
Old Trafford, Manchester
M16 9HU

National Enquiry Line: 0845 015 0120

Email: enquiries@csci.gsi.gov.uk

Web: www.csci.org.uk

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