



Champions for  
Social Care  
Improvement

# inspection report

Local Authority Adoption Services

## **Coventry City Council Adoption Service**

Stoke House

Lloyd Crescent

Wyken

Coventry

CV2 5NY

15th March 2004

## Commission for Social Care Inspection

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

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

### The role of CSCI is to:

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

## Inspection Methods & Findings

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

### The 4-point scale ranges from:

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

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

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

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

**ADOPTION SERVICE INFORMATION**

**Name of Local Authority**

Coventry City Council Adoption Service

**Headquarters Address**

Stoke House, Lloyd Crescent, Wyken, Coventry, CV2 5NY

**Adoption Service Manager**

Jack McConnochie

**Tel No:**

0247 665 9009

**Address**

Stoke House, Lloyd Crescent, Wyken, Coventry, CV2 5NY

**Fax No:**

**Email Address**

**Certificate number of this adoption service**

**Date of last inspection**

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

<b>Date of Inspection Visit</b>		15th March 2004	<b>ID Code</b>
<b>Time of Inspection Visit</b>		10:00 am	
<b>Name of Inspector</b>	<b>1</b>	Rosemary Chapman	075198
<b>Name of Inspector</b>	<b>2</b>	Sally Woodget	
<b>Name of Inspector</b>	<b>3</b>		
<b>Name of Inspector</b>	<b>4</b>		
<b>Name of Lay Assessor (if applicable)</b> Lay assessors are members of the public independent of the NCSC. They accompany inspectors on some inspections and bring a different perspective to the inspection process.			
<b>Name of Specialist (e.g. Interpreter/Signer) (if applicable)</b>			
<b>Name of Establishment Representative at the time of inspection</b>		Jack McConnochie	

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## INTRODUCTION TO REPORT AND INSPECTION

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

This document summarises the inspection findings of the NCSC in respect of Coventry City 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 NCSC regarding notices to the local authority and reports to the Secretary of State under section 47 of the Care Standards Act 2000.

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

The report will show the following:

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

This report is a public document.

## INSPECTION VISITS

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

## BRIEF DESCRIPTION OF THE SERVICES PROVIDED.

Coventry City Council is a unitary Local Authority. It provides an adoption service which includes recruiting and approving prospective adopters, identifying adoption as being in the best interests of children and matching those children with appropriate adopters. It offers birth records counselling for adopted adults and is developing support for birth parents. Post adoption support is also offered, and again, this is a developing service. The agency is part of the West Midlands Consortium.

The adoption agency is based at Stoke House on the outskirts of Coventry. There is a recruitment team, with a team manager, who recruit both foster carers and adopters. There is an adoption team, currently with 2 team managers, who deal with assessments, matching and support prior to and after placement. The permanence team hold the cases for children for whom adoption is the plan but they are not managed by the adoption agency manager, although clearly play an important role in relation to the agency. This team is not based at Stoke House.

## **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 inspection fieldwork took place over 3 days in March and in addition, a number of questionnaires were received from specialist advisers, approved adopters, birth families, placing social workers and placing authorities. Many documents were received in advance and read as part of the inspection.

The majority of questionnaires from adopters indicated an overall satisfaction with the service, with a few suggestions of where improvements could be made. The questionnaires from birth families indicated a mixed response and those from social workers and other authorities were very positive about the professionalism of the service.

The inspection overall was very positive and there was evidence that shortfalls had already been identified and measures to improve these were either underway already or were to be implemented in the near future. The service is developing to meet the National Minimum Standards and no major shortfalls were identified.

### **Statement of Purpose (Standard 1)**

#### **The 1 standard assessed was not met.**

This standard was not met, as the statement of purpose must be made available to adopters, birth parents and adopted children and the format and content should be more “user friendly” for this audience. The Children’s Guide does not contain all the information required in Schedule 2 and Standard 1.4 and needs further additions.

### **Securing and promoting children’s welfare (Standard 2)**

#### **The 1 standard assessed was met.**

There is evidence that the recruitment of prospective adopters is appropriate and there are good matching procedures in place. Individual efforts are made to find suitable families to ensure siblings can stay together and that families match with the culture, religion and ethnicity of children.

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

#### **4 of the 4 standards assessed were met.**

Prospective adopters receive a prompt response from the agency and they commented on this very positively. There is comprehensive written information, which covers all aspects of the adoption process, and specific information for intercountry adoptions. This is sent out within a few days of an enquiry. Assessments and training are thorough and adopters are given good information about children with whom they may be matched. The importance of keeping information about a child’s past is stressed.

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

#### **3 of the 3 standards assessed were met.**

The agency is developing its services for birth families, having recognised this as a shortfall and there is a newly established service level agreement with 2 voluntary organisations to provide this. A lot of work is undertaken with birth families in relation to gathering information about their heritage for the child and in engaging birth families with plans where possible.

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

#### **3 of the 4 standards assessed were met.**

There is no evidence of panel member status checks being undertaken, other than the Criminal Records Bureau check. Panel members receive training, although the induction training should be formalised. The panel is thorough and well organised and applicants are made welcome. The decision is made without delay and communicated appropriately to the child and the adopters.

### **Fitness to provide or manage an adoption agency (Standards 14-15)**

#### **1 of the 2 standards assessed was met.**

The manager is qualified and experienced in all aspects of childcare including adoption and is undertaking a management qualification. There was no evidence of telephone calls to verify written references in his personnel file however and this must be rectified. Other checks, including an up to date enhanced Criminal Records Bureau check were in evidence.

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

#### **3 of the 3 standards assessed were met.**

The agency is well managed with systems in place to monitor how the work is progressing. The executive side of the Council is well informed and fully aware of its responsibility as corporate parent. The agency has access to appropriate legal, medical and psychological advice.

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

#### **2 of the 5 standards assessed were met.**

The staff employed by the agency are qualified, undertake regular training, are supervised and supported. Appropriate employment policies and procedures are in place. Further training on child protection and assessments must be undertaken and recording of training

on staff files is needed, in addition to a formal appraisal system being implemented.

**Records (Standards 25-28)**

**3 of the 4 standards assessed were met.**

Appropriate records are maintained and stored confidentially in fireproof cabinets. A system is in place for monitoring the quality and content of case files. Personnel files were not complete in all cases and there were gaps in relation to telephone references, proof of identity, photographs and qualifications in some instances. Panel member files need significantly more information, although all had up to date Criminal Records Bureau checks in place. This must be rectified.

**Fitness of premises (Standard 29).**

**The 1 standard assessed was not met.**

The adoption agency is located in suitable premises with appropriate security in place. A disaster recovery plan needs to be devised.

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

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

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

NO

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

YES

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

NO

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

NO

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

Minor shortfalls have been identified which the agency accepts and is able to address within an action plan.

**Implementation of Statutory Requirements from Last Inspection  
(Not relevant at first NCSC inspection)**

Requirements from last Inspection visit fully actioned?

NA

**If No please list below**

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

**Action is being taken by the National Care Standards Commission to monitor compliance with the above requirements.**

## STATUTORY REQUIREMENTS IDENTIFIED DURING THIS INSPECTION

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

### STATUTORY REQUIREMENTS

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

No.	Regulation	Standard *	Requirement	
1	2	LA1	The statement of purpose must be made available to adopters, adopted children and birth families.	30.9.04
2	3	LA1	The children's guide must include all the information required in schedule 2.	30.9.04
3	11	LA11	All panel members must have status checks, which are maintained, in their file (Schedule 3).	30.9.04
4	6	LA15	There must be evidence of telephone calls to verify references on the manager's personnel file.	30.9.04
5	15	LA19	Staff records must include details of any training undertaken.	30.9.04
6	12	LA19	Staff must have training in assessments and updated training in child protection.	30.9.04
7	12	LA20	Staff must have appraisals.	30.9.04
8	11,15	LA28	The files of panel members and all staff must contain all the information required in schedule 3 and 4.	30.9.04

### 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	LA4	Preparation training should be evaluated in a more formal way to assess how it has effected the prospective adopters' learning.
2	LA10	The panel procedures should include the procedure for dealing with any disagreements between the decision maker and the panel recommendation.
3	LA11	The induction training for panel members should be formalised and documented.
4	LA20	The agency should improve the level of administrative and clerical support and office equipment.
5	LA29	The agency should have a disaster recovery plan.

- 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	NO
• Interview with birth family members	NO
• Contact with supervising social workers	YES
• Examination of files	YES
Individual interview with manager	YES
Information from provider	YES
Individual interviews with key staff	YES
Group discussion with staff	YES
Interview with panel chair	YES
Observation of adoption panel	YES
Inspection of policy/practice documents	YES
Inspection of records (personnel, adopter, child, complaints, allegations)	YES
Date of Inspection	15/3/04
Time of Inspection	09.00
Duration Of Inspection (hrs)	80
Number of Inspector days	10.6
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)	17

The following pages summarise the key findings and evidence from this inspection, together with the NCSC assessment of the extent to which the National Minimum Standards have been met. The following scale is used to indicate the extent to which standards have been met or not met by placing the assessed level alongside the phrase "Standard met?"

The scale ranges from:

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

"0" in the "Standard met?" box denotes standard not assessed on this occasion.

"9" in the "Standard met?" box denotes standard not applicable on this occasion.

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

## Statement of Purpose

The intended outcome for the following standard is:

- There is clear written statement of the aims and objectives of the adoption agency and the adoption agency ensures that it meets those aims and objectives.

Standard 1 (1.1 - 1.2, 1.3 (partial) and 1.4 – 1.7)

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

### Key Findings and Evidence

Standard met?

2

The agency has devised a comprehensive statement of purpose which clearly sets out the aims and objectives of the agency and the services which they currently provide. The cabinet member for social services has approved this. This is the first statement of purpose which the agency has and it is planned for the executive side of the council to review this on an annual basis, along with the Adoption Service Annual Report.

The statement of purpose must be made available to adopters, birth parents and adopted children and the current format would benefit from being made more “user friendly” for this audience (Requirement 1).

The agency is using the West Midlands Child Care Consortium’s Children’s Guide to Adoption and this has recently been sent out to all children for whom adoption is the plan. The agency intends to improve on this by making it more accessible to children with differing needs. The Children’s Guide does not meet regulatory requirements. It must have information about advocacy, likely timescales for adoption, a summary of the statement of purpose, details of the complaints procedure and the National Care Standards Commission as required by schedule 2. (Requirement 2).

The agency has facilities available to translate any documents into different languages at short notice and for translators to aid communication. There was evidence in the files inspected of translators being made available.

There is a comprehensive set of policies and procedures, which were inspected and reflect the aims of the agency.

Staff have been provided with a copy of the statement of purpose and this has also been discussed at team meetings. Staff interviewed confirmed this.

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

YES

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

YES

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

YES

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

NO

## Securing and promoting children's welfare

The intended outcome for the following set of standards is:

- **The needs and wishes, welfare and safety of the child are at the centre of the adoption process.**

### Standard 2 (2.1 - 2.3)

The adoption agency has written plans for the implementation and evaluation of effective strategies to recruit sufficient adopters to meet the needs of the range of children waiting for adoption locally.

Key Findings and Evidence	Standard met?	3
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The agency has a written recruitment plan to enable sufficient and suitable adopters to be recruited. There is a system in place to enable the agency to be aware of which children are having adoption identified as their plan to enable them to recruit appropriately. The resources panel meets every 2 weeks, following the adoption panel, to look at which adopters have been approved and which children have adoption identified as being in their best interests.

The home finder is a member of the recruitment team and is able to provide feedback to this team in relation to children for whom adopters are needed. As she is dedicated to this role, she can provide focus and has regular meetings to monitor progress.

Neighbourhood Renewal Fund finance has helped to resource work with the black community, 2 of the workers in the team concentrate on this area and there are said to be good links with the media.

There was evidence in all the files inspected of good matching considerations taking place. Individual efforts are made to find a suitable family if there is not one readily available within the Council's own adopters or within the consortium. Siblings are usually placed together if this is in their best interests and there was evidence of the agency making strenuous efforts to place a sibling group of 6 children together. This has involved extensive advertising.

The majority of children are placed with a family that meets their cultural, ethnic and religious needs and this was evidenced in the files inspected, which showed that a high premium is placed on this.

There was evidence in the files and from interviews with the permanence team that the views of children are sought and recorded where possible.

**In the last 12 months:**

<b>How many children were identified as needing adoptive families?</b>	55	
<b>How many children were matched with adopters?</b>	52	
<b>How many children were placed with the service's own adopters?</b>	36	
<b>How many children were placed with other services' adopters?</b>	10	
<b>How many children were referred to the Adoption Register?</b>	1	
<b>In the last 12 months, how many children were matched with families which reflected their ethnic origin, cultural background, religion and language?</b>	53	
<b>What percentage of children matched with the adoption service's Adopters does this represent</b>	97	%
<b>How many sibling groups were matched in the last 12 months?</b>	8	
<b>How many allegations of abuse or neglect were made about adopters approved by this adoption service?</b>	0	
<b>On the date this form was completed, how many children were waiting for a match to be identified?</b>	44	

## 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>Adopters interviewed and those who responded to the questionnaires were full of praise for the way their initial enquiry was handled by the service. There is a written pack of information which is sent out to all enquirers and this is very clear about the eligibility criteria, the children needing adoption and the process and is non discriminatory. There was clear evidence that adopters were not discriminated against because of disability and this was confirmed by one adopter interviewed.</p> <p>The agency have also developed a good and comprehensive information pack about inter-country adoption.</p> <p>The agency can “fast track” adopters who could meet the needs of specific children through the use of independent social workers and this was in evidence in the files inspected.</p> <p>There is a series of preparation groups run for anyone interested in adopting and these groups include approved adopters. Everyone spoken with and the questionnaires received indicated that this was a very important and useful part of the process. These groups run 4 times a year. Some adopters felt there had been a delay in getting on a group, which held up the process.</p> <p>Adopters interviewed were made aware in the groups and in their home study of the range of children for whom an adoptive family is required.</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.**

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

The files inspected showed evidence of very thorough and comprehensive assessments. Prospective adopters attend 4 days of group preparation before they lodge their application to be approved as adopters. Inter country adopters are now being offered the opportunity of attending preparation groups specifically for them as it is felt to be more appropriate. This will be evaluated. The attendees evaluate each preparation session. However, there is no evidence of a formal evaluation of how the preparation groups affect prospective adopters learning, which may become evident during the home study. This is recommended – recommendation 1.

There was evidence of foster carers attending preparation groups when they wished to be considered to adopt their foster child.

The home study includes safe caring, health and safety checks and parenting capacity and this was clear in the form F's inspected. Adopters interviewed were happy with the way their home study was conducted and felt it had been a valuable and useful process.

All files inspected had evidence of appropriate checks, references and Criminal Records Bureau checks in place. Adopters felt well informed up to approval but some commented that once they had been approved, contact and information had "tailed off".

**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

There is clear information about the matching procedure and adopters interviewed were aware of the adoption register.

There was clear evidence in the files inspected of good matching taking place, which included a pro forma document and meetings with the child's social worker. Adopters interviewed confirmed that this had taken place and they felt they had been given sufficient written information and had the opportunity to meet foster carers and social workers to ask for further details.

There is a contract form, which is signed by adopters, which includes the notification of the death of an adopted child to the agency. The importance of this has been discussed with them and birth parents also have a contract, which includes whether they wish to have this information.

Adopters prepare books and videos about their family to show to the child and the adopters interviewed confirmed this.

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

YES

**Standard 6 (6.1 – 6.7)**

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

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

3

Social workers in the adoption team visit approved adopters on a monthly basis prior to a match being identified. An adopter interviewed confirmed this. The social worker who specifically deals with overseas adoptions provides support to those adopters who receive a match with a child from overseas. This support then continues following placement, which was confirmed by adopters interviewed.

Two workers specifically concentrate on post adoption support work and they develop a plan each year, based on what adopters have indicated they need. This includes individual work with adopters and children, support groups which operate jointly with another 2 adjacent local authority agencies, Coventry's own support group which operates on a 2 monthly basis, coffee mornings and the "Piece of Cake" training. Training can also be booked on external courses if this is highlighted as a need. All approved adopters receive a mailing 4 times a year. Post adoption support plans are being developed and adopters are put in touch with other agencies that may be able to assist.

Post approval training has covered parenting, managing behaviour, separation and loss and child development. Training planned for the coming year includes attachment, psychology, explaining adoption, a piece of cake, behaviour management, attachment, loss and separation, child development and life story work. Two staff members have attended a post adoption counselling course and there are a number of books and videos available to loan out.

Other, more tangible support can be made available through the provision of settling in grants, house extension grants and funds to purchase larger vehicles. Adopters are also given a year's free membership of Adoption UK, a National self-help agency.

Psychological input can be accessed through CAMHS and play therapy is also available. There is a lot of emphasis placed on the importance of a child's heritage and adopters are aware of the importance of keeping information safe.

Anti discriminatory practice is covered during the preparation and home study.

The records of the disruptions were inspected and showed evidence of good support to the child following this and the use of the disruptions as a learning experience. The adopters concerned were from another agency and their support should come from that agency.

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

36

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

33

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

52

**Number of adopters approved but not matched**

23

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

28

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

2

## Birth Parents and Birth Families

The intended outcomes for the following set of standards are:

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

### Standard 7 (7.1 – 7.5)

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

<b>Key Findings and Evidence</b>	<b>Standard met?</b>	
<p>The permanence team do a lot of work with birth parents and during their interview it was clear that they recognise the importance of birth families in helping children to move on. They will try to involve them as much as possible in gathering information, family finding, writing letters for children to have in later life, arranging a meeting with the adopters and birth families and facilitating contacts. There was evidence seen of the recording of birth families views on the files inspected and a contract in relation to contact is signed.</p> <p>Currently, birth families have been offered counselling through an independent agency but this has been recognised as not fulfilling the needs of some birth parents, so a service level agreement has just been arranged with 2 other voluntary agencies to provide independent counselling and support.</p>	3	

### Standard 8 (8.1 – 8.2)

Birth parents and birth families are enabled to contribute to the maintenance of their child's heritage.

<b>Key Findings and Evidence</b>	<b>Standard met?</b>	
<p>The permanence team undertake life story work with children and try to gather as much information from a variety of sources as possible. There is a worker in that team who is employed to undertake direct work with children. One file inspected showed a chronology written by a family member and a poem written by the birth mother. Part of the contract will include sending a letter, card and photos at varying intervals, managed through the letterbox scheme.</p> <p>The agency undertook a very thorough assessment of members of a birth family who live in another country and made extensive enquires and arrangements to enable a child to be adopted with her birth family, which is very good practice.</p>	3	

**Standard 9 (9.1)**

The adoption agency has a clear strategy for working with and supporting birth parents and birth families (including siblings) both before and after adoption. This includes providing information about local and national support groups and services and helping birth parents to fulfil agreed plans for contact.

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

3

The agency has just entered into 2 service level agreements for the provision of a support service for birth families. Thus the effectiveness of this cannot be evaluated yet. Shortfalls in provision have been recognised and these service level agreements are a result of this. There is also a letterbox scheme and the social worker administering this scheme has plans to improve this, by highlighting when contact should have happened but has not, and develop a follow up system so that contact does not lapse by default. There are currently 150 letterbox files but some of these have lapsed. The worker copies, reads and records any contacts and there is written guidance for birth parents, adopters and social workers on the operation of the scheme. A contact agreement is in force.

## Adoption Panels and Agency decisions

The intended outcomes for the following set of standards are:

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

### Standard 10 (10.1 – 10.3)

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

<b>Key Findings and Evidence</b>	<b>Standard met?</b>	<b>3</b>
<p>There are clear policies and procedures in relation to the operation of the panel, which have recently been developed. Although the panel chair was not involved in their development, she said they were appropriate and are being implemented. They cover all the areas referred to in 10.2, but it is recommended that they address the procedure for dealing with any difference of opinion between the decision maker and the panel recommendation. (Recommendation 2). The decision maker has a clear procedure, which was relayed to the inspector, but this does not appear in the written procedures.</p> <p>Prospective adopters have recently been able to attend panel. This was observed. There is a pleasant waiting room, the chair and social worker greet them and show them into the panel room, introductions are made and they are made to feel welcome and dealt with in a sensitive manner. The social worker is asked, prior to the adopters attending, whether there are any areas which are too sensitive to ask direct questions of the adopters. There is written information about attending panel which is given to attendees in advance and they are also given this information verbally.</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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Panel members are chosen because of their experience and interest in adoption, their ability to assess information in an unbiased manner and form decisions. Inter country adoption is rare but panel members have been briefed on this in the past and will be updated on any relevant issues when a case is being considered.

Each new panel member observes a panel meeting before sitting for the first time. They also spend time with the panel adviser, but this is their only induction. It is therefore recommended that a more formal induction procedure be developed. (Recommendation 3).

Panel members have Criminal Records Bureau checks and sign a confidentiality agreement but no other checks were in evidence in their files. (Requirement 3).

Panel members have an annual training day with the adoption staff and they are offered the opportunity of attending other training events. If the panel business allows, there is often updates for members on changes in legislation and the social worker who deals with overseas adoption has briefed the panel on this aspect.

The panel has a chair and vice chair and members of both genders. The panel is properly constituted.

<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>	NO	

**Standard 12 (12.1 – 12.3)**  
 Adoption panels are efficiently organised and conducted and are convened regularly to avoid delays in the consideration of prospective adopters and matching children and adopters.

<b>Key Findings and Evidence</b>	<b>Standard met?</b>	3
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The panel administrator was interviewed and has a clear understanding of her role and responsibilities. Administrative systems are in place to ensure papers are received in time to be sent out to panel members and staff reminded of the necessity to do this.

The chair is an experienced adoption manager from another agency with considerable and sound professional knowledge. There are two panels held each month and this is considered sufficient to meet the needs of the agency. An extra panel can be held if necessary.

The panel members receive the papers a week in advance of the panel. The minutes are prepared within two days, for the chair's approval, and the minutes inspected were detailed, indicated the panel's discussion, reasons and the recommendations.

**Standard 13 (13.1 – 13.3)**

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

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

3

The agency decision is made in a timely and thoughtful manner. The decision maker is an experienced senior manager with considerable childcare experience. Both the decision maker and the chair of the panel confirmed this was not a "rubber stamping" exercise and there have been occasions when the recommendation of panel has been overturned. The decision maker receives all the appropriate paper work and considers all the issues fully, requesting more information if necessary. Any potentially contentious issue is raised with the service manager after panel and he will then alert the decision maker to this. The decision is conveyed to the child verbally by the social worker and in writing to birth parents and adopters.

## Fitness to provide or manage an adoption agency

The intended outcomes for the following set of standards are:

- The adoption agency is provided and managed by those with the appropriate skills and experience to do so efficiently and effectively and by those who are suitable to work with children.

Standard 14 (14.1 – 14.3 and 14.5 – 14.6)

The people involved in carrying on and managing the adoption agency:

- possess the necessary knowledge and experience of child care and adoption law and practice and
- have management skills and financial expertise to manage the work efficiently and effectively and
- ensure that it is run on a sound financial basis and in a professional manner.

**Key Findings and Evidence**

**Standard met?**

3

The manager has suitable experience and knowledge of childcare and adoption law and practice. He is also an experienced manager and is undertaking a management course at present. The business manager works with him in relation to budgetary matters. Evidence was seen of the manager's Certificate of Qualification in Social Work.

The manager was said by staff at all levels to be a good leader, accessible, approachable and sensitive to the needs of children and is clearly well thought of. His manager and an elected member also expressed a great deal of confidence in his ability and the changes he has managed thus far, saying he is a valuable asset to the service. He has a clear job description and the person to whom he is accountable is designated.

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

NO

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

YES

Standard 15 (15.1 – 15.4)

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

**Key Findings and Evidence**

**Standard met?**

2

The manager has appropriate written references on his personnel file but there was no evidence that telephone enquiries had been made to verify these. (Requirement 4). He has an up to date Criminal Records Bureau check at the enhanced level and this was seen.

## Provision and management of the adoption agency

The intended outcomes for the following set of standards are:

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

Standard 16 (16.1 – 16.7)

The adoption agency is managed effectively and efficiently.

**Key Findings and Evidence**

**Standard met?**

3

There are clearly defined roles in place and when the manager is absent, there is a designated person in charge. Communication channels are good and include team meetings and full staff meetings and management meetings. Staff are asked to declare conflicts of interest.

Training for staff includes anti discriminatory practice to ensure they take into account and respect race, culture religion, disability and so forth. The Adoption Panel, the review process and court proceedings also expect social workers to demonstrate that these areas have been taken account of for all children.

There are written procedures in place for the use of the National Adoption Register and staff and adopters interviewed were aware of this.

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

3

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

1

**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 inspection highlighted good procedures for monitoring. The service manager has developed data base systems to facilitate monitoring processes and receives copies of all reviews. The Assistant Director is involved in target planning in conjunction with elected members. The Adoption Panel also receives updates on children’s progress when there are difficulties in identifying a placement.

A quarterly monitoring report is prepared for the executive, which covers adoption amongst other aspects of childcare. A report, which focuses only on adoption, will be prepared on a 6 monthly basis. The Councillor with lead responsibility for social services has a clear understanding of the role of corporate parent and significant amounts of money have been given to improve adoption services. There is a weekly briefing with officers and an understanding that the elected members need to know what is happening. There is regular scrutiny by councillors with a specific interest in the provision of childcare services. There is clear written information about charges and payments made.

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

<b>Monthly?</b>	NO
<b>Quarterly?</b>	NO
<b>Less than Quarterly?</b>	YES

**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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The adoption agency has access to medical and legal advice. The medical adviser is a member of the adoption panel and the legal adviser attends in an advisory capacity. Both were said by staff to be approachable and accessible and the medical advisor is also said to be available to adopters to answer any queries they may have on the implications of a medical issue. One of the social workers employed by the agency has developed a specialism in dealing with inter country adoptions and has undergone appropriate training. External advice is also available to her through the Overseas Adoption Service to which the Agency subscribes. The agency has access to psychological input and advice on a regular basis. Written protocols are in place governing the role of specialist advisers.

## Employment and management of staff

The intended outcome for the following set of standards is:

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

Standard 19 (19.1 – 19.14)

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

**Key Findings and Evidence**

**Standard met?**

2

The agency has clear recruitment and selection procedures in place. There was evidence in personnel files inspected of interviews having taken place and written references being obtained but no evidence of telephone calls to verify the references. All personnel files inspected had enhanced Criminal Records Bureau checks, which were up to date. All the social workers are qualified and evidence of qualifications was in most of the files inspected. Staff have had some experience of family placements before working for this agency. Some staff are undertaking the post qualification award and one person has this already. The manager is aware of the target of 20% to achieve by 2006. Training is not recorded in an organised, formal manner and this must be recorded in their files. (Requirement 5). Staff have undertaken some training, including assessing mixed parentage families, adult attachments and the implications of Brighton and Hove. See also Standard 23 for further details of training for staff. However, not all staff have had training on assessments and refresher training in child protection should be given. (Requirement 6). The social worker who undertakes birth records counselling is very experienced and knowledgeable and was able to demonstrate this during her interview with the inspector. The manager said the professional advisers were suitably qualified and although had not seen evidence of those qualifications himself, based that on the fact that they worked for other agencies such as the Health Care Trust and Education Department, which would have checked these references as part of their procedures. There are no unqualified staff in social work posts within the adoption agency. The voluntary agencies which will be offering the support to birth parents only employ experienced and qualified workers to provide this service.

**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?**

14

%

**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 development of the permanence team to case hold the cases of children for whom adoption has been identified as the best interest plan was one strategy to improve the efficiency and effectiveness of the adoption service. This has taken some time to achieve, due to difficulties in transferring cases, but is now nearing completion. There is a close working relationship between the permanence team and the adoption team.

The team managers who supervise the social work staff are experienced and suitably skilled and experienced and are well thought of by their teams. There is a clear delegation of management responsibility, which is detailed in job descriptions.

There is no written system for the prioritisation of workloads but staff and team managers confirmed this was discussed in team meetings and during supervision and there was an acknowledgment that some cases are more complex than others, therefore requiring more time.

There is a monitoring system in place for approvals and assessments. Staff interviewed confirmed that the team manager was very thorough in her reading of their assessments and would always highlight if any further work was needed.

All staff interviewed confirmed they received regular supervision on a monthly basis. Their files indicated that this is recorded, a contract is in place and records are signed by both parties. Staff felt they were enabled to undertake training and professional development.

There is no appraisal system in place however and this must be developed. (Requirement 7).

Staff interviewed felt there was a lack of administrative and clerical support however and that there was a lack of IT equipment to enable them to do their jobs more efficiently. This was not a comment on any individuals, but an acknowledgement that these posts had been unable to be filled, agency staff had been doing some tasks, but there were vacancies. This should be addressed. (Recommendation 4).

There is a duty system which operates each day and prospective adopters valued this and commented on the very positive reception they received when they made their initial enquiry. There is a comprehensive package of support available for children and their adopters. This includes CAMHS, Cornerstone, a life story worker, play therapy, and a clinical psychologist in addition to medial and legal advice.

Staff have contracts and job descriptions seen on the personnel files. They confirmed they had a copy of the statement of purpose and the policies and procedures in 20.12.

**Standard 21 (21.1 – 21.4)**  
**There is an adequate number of sufficiently experienced and qualified staff to meet the needs of the adoption agency and they are appropriately supported and assisted in providing a service.**

<b>Key Findings and Evidence</b>	<b>Standard met?</b>	<b>3</b>
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There are 3 vacant posts at present but staff interviewed felt there would be sufficient staff when these posts are filled. Quality Protects funding has been used to increase the number of staff in the Adoption Team and a second team leader was appointed to enhance the management of the team and give proper support to staff. Staff interviewed said they feel well supported and speak highly of the team managers, so this strategy has clearly been effective. The permanence team are developing twin tracking and this will have resource implications for that team however. Independent social workers are employed to meet any shortfalls in service and there was evidence that this had been done. Retention of staff does not seem to be an issue and many staff employed by the agency have worked there for many years. Staff said work loads are managed, they are regularly supervised, are able to access training and felt well supported. There has been a recent influx of finance into the adoption service to provide more training and staff.

<b>Total number of social work staff of the adoption service</b>	14	<b>Number of staff who have left the adoption service in the past 12 months</b>	1
<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.**

<b>Key Findings and Evidence</b>	<b>Standard met?</b>	<b>3</b>
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The agency appears to be a good employer, with comprehensive employment policies and procedures. There is a whistle blowing policy, which was inspected.

<b>Standard 23 (23.1 – 23.6)</b>		
There is a good quality training programme to enhance individual skills and to keep staff up-to-date with professional and legal developments.		
<b>Key Findings and Evidence</b>	<b>Standard met?</b>	<b>2</b>
<p>Staff training for the team so far has included involving applicants, attachment, assessments, legal information, support and the Adoption and Children Act 2002. Individuals have covered areas such as early trauma, life story work, using interpreters and translators, disruptions, solution focused work, court procedures, report writing and recording. A training strategy has been developed for the coming year. Planned training for the Adoption and Permanence teams includes The Adoption and Children Act 2002 and the Adoption Support Regulations, contact, twin tracking and permanency planning, loss, separation and attachment, child development, equality and diversity, mental health issues, life story work, report writing, planning introductions, drug and substance misuse.</p> <p>As stated in standard 20, an appraisal system needs to be developed so training needs are identified in a more structured way, gaps highlighted and staff developed. (Requirement 7). The manager is planning to introduce a formal Personal and Professional Development process.</p> <p>New staff have an induction and the Employee Development section are undertaking further work on this to ensure it is linked to the TOPPS Induction Standards.</p> <p>Staff attend regular staff meetings and discuss changes in legislation in these forums as well as by undertaking external training. Briefing notes are produced and information circulated to staff but the manager is looking into ways of making this more systematic and developing access to a library and other resources.</p>		

## Records

The intended outcome for the following set of standards is:

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

<b>Standard 25 (25.1 – 25.5)</b>		
The adoption agency ensures comprehensive and accurate case records are maintained for each child, prospective and approved adopter with whom the agency has worked.		
<b>Key Findings and Evidence</b>	<b>Standard met?</b>	<b>3</b>
<p>The case records inspected for children and adopters were comprehensive and well organised. Staff interviewed were very clear about the issues of confidentiality and sign confidentiality agreements. Panel members have written information about confidentiality and also sign a confidentiality agreement. Records are stored securely in steel cabinets to minimise risk from fire and water.</p> <p>Records inspected showed evidence of status, health and Criminal Records Bureau checks. The Council uses the Looked After Children system for record keeping. Decisions made by team managers are recorded on a form, which has been developed for this purpose and placed on the file. This was seen on some of the files inspected.</p>		

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

<b>Key Findings and Evidence</b>	<b>Standard met?</b>	<b>3</b>
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There is a procedure for providing information to other agencies and local authorities and the questionnaires received from placing authorities indicate that information is provided in a timely manner. The policy and procedure addresses the Human Rights Act and the Data Protection Act and how access to adoption information can be authorised. A confidentiality agreement is signed by anyone other than the child or the adopter.

**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.**

<b>Key Findings and Evidence</b>	<b>Standard met?</b>	<b>3</b>
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There is a thorough and comprehensive policy on case recording. Separate records are maintained for complaints, allegations and staff. A file audit system is in place and this was seen during the inspection of case files. Files are stored securely and there is a written policy on access, and a system for booking out files. The files inspected had evidence of appropriate recording, which is signed and dated.

**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.**

<b>Key Findings and Evidence</b>	<b>Standard met?</b>	<b>1</b>
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A sample of personnel files were inspected, as were the panel members records. Staff and panel members have up to date Criminal Records Bureau checks in place and these will be renewed every years. The panel members' files need significantly more information on them than there is at present. These must include status checks and references, training, evidence of qualifications and details of any childcare experience. The staff files inspected did not all have documentary evidence of qualification, evidence of telephone enquiries to referees, proof of identity, a photograph and training undertaken. This must be rectified. (Requirement 8).

## 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

The adoption agency is based on a single site on the outskirts of the city. There is ample provision for car parking. A reorganisation of offices is planned in the near future, to enable the whole adoption service to be based in more spacious premises on the same site. There is an identifiable office base which is accessible to staff and others with a legitimate interest during the hours of 8.30 – 17.00. There is a secure, staffed reception area, signing in process and all visitors wear a badge whilst on the premises. Meeting rooms are available and the large meeting room is used for the adoption panel.

Records are stored securely in fireproof steel cabinets, which are locked. Rooms are locked at night. The building has an alarmed security system and IT systems are password protected. The IT system is said by the manager to be adequate but due to be upgraded. The manager informed the inspector that adequate insurance cover was in place, although this was not checked.

There is not a disaster recovery plan in place, although the City Council has alternative premises, which could be used in an emergency. (Recommendation 5). The manager is investigating ways of backing up records.

**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 15<sup>th</sup> March 2004 and any factual inaccuracies:

Please limit your comments to one side of A4 if possible

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

Amendments to the report were necessary	<input type="checkbox"/> YES
Comments were received from the provider	<input type="checkbox"/> YES
Provider comments/factual amendments were incorporated into the final inspection report	<input type="checkbox"/> NO
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"/> YES

**Note:**

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

**D.2 Please provide the Commission with a written Action Plan by 2 June 2004, which indicates how statutory requirements and recommendations are to be addressed and stating a clear timescale for completion. This will be kept on file and made available on request.**

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

Action plan was required	<input type="checkbox"/> YES
Action plan was received at the point of publication	<input type="checkbox"/> YES
Action plan covers all the statutory requirements in a timely fashion	<input type="checkbox"/> YES
Action plan did not cover all the statutory requirements and required further discussion	<input type="checkbox"/> NO
Provider has declined to provide an action plan	<input type="checkbox"/> NO
Other: <enter details here>	<input type="checkbox"/> NO

**Public reports**

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

**D.3 PROVIDER'S AGREEMENT**

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

**D.3.1 I Jack McConnochie of Coventry City 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 Jack McConnochie of Coventry City Council Adoption Service am unable to confirm that the contents of this report are a fair and accurate representation of the facts relating to the inspection conducted on the above date(s) for the following reasons:**

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

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