



*Making Social Care
Better for People*

inspection report

Local Authority Adoption Services

North Tyneside Council Adoption Service

Camden House
Camden Street
North Shields
NE30 1NW

6th September 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

North Tyneside Council Adoption Service

Headquarters Address

Camden House, Camden Street, North Shields, NE30
1NW

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Andrea Rawson

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Certificate number of this adoption service

Date of last inspection

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

Date of Inspection Visit		6th September 2004	ID Code
Time of Inspection Visit		09:30 am	
Name of Inspector	1	Maureen Moore	125773
Name of Inspector	2	Jayne Ivory	
Name of Inspector	3		
Name of Inspector	4		
Name of Lay Assessor (if applicable) Lay assessors are members of the public independent of the CSCI. They accompany inspectors on some inspections and bring a different perspective to the inspection process.			
Name of Specialist (e.g. Interpreter/Signer) (if applicable)			
Name of Establishment Representative at the time of inspection		Andrea Rawson	

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INTRODUCTION TO REPORT AND INSPECTION

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

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

The Adoption Agencies Regulations 1983 and the Local Authority Adoption Service (England) Regulations 2003 are secondary legislation, with which a service provider must comply. Service providers are expected to comply fully with the National Minimum Standards. The National Minimum standards will form the basis for judgements by the CSCI regarding notices to the local authority and reports to the Secretary of State under section 47 of the Care Standards Act 2000.

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

The report will show the following:

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

This report is a public document.

INSPECTION VISITS

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

BRIEF DESCRIPTION OF THE SERVICES PROVIDED.

North Tyneside Council's adoption service is based in North Shields in the Northeast of England. The service falls within the remit of the Children's Services Directorate, which is part of the council's wider social services department.

The adoption service had until some months prior to the inspection, worked as a joint provision with the agency's fostering service. It now stands alone and has a team manager in charge of the day to day business. The service manager oversees the work of the adoption and fostering teams, as well other services for children who are looked after. At the time of the inspection the adoption team employed 4 full time social workers (including the senior practitioner); two part time social workers and one full time administrator.

The adoption service is a member of the Northeast regional consortium.

The adoption team offers the following services:

- Recruitment, preparation and assessment of adoptive parents
- Matching adoptive parents to children
- Inter-country adoption assessments
- Approval of non-agency adopters
- Support and supervision for prospective adopters
- Counselling for birth parents
- Support for children for whom adoption is the plan
- Post adoption contact
- Support and counselling for adults who have been adopted.

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.)

This inspection took place in September 2004. It was the first time that North Tyneside Council had had been measured against the National Minimum Standards and the Adoption Agencies Regulations (2003). As a consequence there are some statutory requirements and several good practice recommendations.

In the months prior to the inspection the agency had split its fostering and adoption functions into two separate teams (although the adoption team has since assumed responsibility for the assessment of "family and friends" for children who are looked after, where residence, or very occasionally, adoption is the plan).

It was evident throughout the inspection that the service had made considerable progress in its work; illustrated by the marked increase in adoptive placements. In the five months April – August 2004 14 children had been placed with families, as opposed to 16 for the twelve months up to April 2004.

The inspection found that the service was child-focused and both the service and team managers demonstrated clear leadership, enthusiasm and ambition for the adoption service. The adoption social workers proved to be highly skilled and knowledgeable of their work. 50% of the team hold the Advanced Child Care Award.

If the adoption service is to be seen as a whole system, the quality of the placing social workers' input must be evaluated. On the evidence seen, the inspection found that the agency needs to invest in quality training and ongoing development for its child care social workers in most areas of adoption work, as there was found to mixed practice in these areas. However, it is understood that North Tyneside has suffered from the national shortage of social workers, leading to a relatively high turnover of staff as well as the appointment of relatively inexperienced or agency workers.

The above notwithstanding, the inspectors believe that the adoption service as it stood at the time of the inspection, had the foundations of what could develop into an excellent service.

The following is a brief summary of how the agency fared against the National Minimum Standards and Adoption Agencies Regulations:

Statement of Purpose (Standard met)

The adoption service has a statement of purpose that is clearly written and reflective of the work of the service. The agency uses the BAAF children's guide with more localised information appended as appropriate; there are plans to develop further guides more suitable for different age-ranges and abilities.

Securing and Promoting Children's Welfare (Standard met)

The inspectors found evidence that the adoption process is essentially child-centred. Staff and managers were aware of the needs of children awaiting placements. There was some excellent practice with regard to matching children with suitable adopters which highlighted good joint work between the child care and adoption social workers.

Prospective and Approved Adopters (2 standards met; 2 almost met)

The inspection revealed that all applicants are welcomed without prejudice and that appropriate information was received promptly, and follow-up visits were arranged in a timely manner. There is a thorough and comprehensive assessment, preparation and approval process. Assessments of potential adopters were found to contain good, insightful analysis, and were competency based. There are policies and procedures for working with adopters from approval through to an adoption order being granted, and evidence of some excellent practice regarding adoptive parents being helped and supported prior to a child being placed with them. However, The adoption service should develop a system of monitoring the existence and quality of life-story work for children who have adoption as their plan.

Birth Parents and Families (3 standards almost met)

The agency has a service level agreement with "After Adoption" to provide support for birth parents and families. It is recommended that this is evaluated in terms of the take-up and quality of the services provided. Adopters had been appropriately prepared in the understanding of the life-long implications of adoption from the birth parents' point of view. It was found that agency's placing social workers would benefit from further development of their work with birth parents, which is discussed more fully within the main body of the report.

Adoption Panels and Agency Decisions (2 standards met; 2 almost met)

The service has clearly written policies and procedures relating to the functions of the panel. All prospective adopters are given the opportunity to attend the panel, which comprises relevantly qualified and experienced people. The panel was seen to function well and is administered efficiently. Agency decisions are based on all information surrounding the cases, and are made without delay. There was some inconsistency regarding the written confirmation of agency decisions which needs to be addressed.

Fitness to Provide or Manage an Adoption Agency (1 standard met; 1 almost met)

The adoption team manager is professionally qualified and holds the Practice Teaching Award. The manager exercises effective leadership of the adoption team, is very child-focused and is committed to ensuring that the service produces the best possible outcomes for children.

Provision and Management of the Adoption Agency (2 standards met; 1 almost met)

The adoption service is managed efficiently and effectively. Roles are clearly defined, communication within the service is good, and accountability clear. The service has developed some good internal mechanisms for collecting relevant management information. The elected mayor demonstrated clear understanding of the needs of looked after children and of issues related to adoption. The adoption service has access to good legal and medical advisers; staff confirmed that they were approachable and always available for advice and consultation.

Employment and Management of Staff (3 standards met; 2 almost met)

The agency has clear recruitment and selection procedures in which all staff who conduct interviews are trained. Some inconsistency was found in the taking up of references, particularly in relation to the appointment of internal staff. This is discussed more fully within the main body of the report. It is commendable that the service currently exceeds the standard due to be met in 2006 in relation to post-qualifying awards. All employees are provided with appropriate written contracts, job descriptions and conditions of employment. It is understood that the agency has recently introduced policies which include flexible working and professional development with study leave. The adoption service views training issues seriously. Training “pathways” are developed for all staff which are service specific and staff are encouraged to take up appropriate training opportunities, both in-house and externally.

Records (1 standard met; 1 almost met; 2 not met)

The adoption service has a written policy regarding case recording for the wider children’s services. This should be adapted to include specific references to the adoption process, including guidance on setting up a child’s adoption file. The adopters’ files seen were generally well ordered but there were some inconsistencies in their contents. The adoption service has an appropriate policy and attendant procedures governing the access to records which take into account the requirements of the Data Protection and Human Rights legislation. The service has an appropriate statutory complaints procedure. . All personnel files must be updated to ensure that they comply with Regulations 6 and 15 of the Adoption Agencies Regulations.

Fitness of Premises (Standard met)

The premises that house the adoption service are fit for purpose. The administrative systems appear to be efficient and the building is adequately protected and insured.

Reports and Notifications to the Local Authority and Secretary of State

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

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

NA

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

NA

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

NA

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

NA

The grounds for the above Report or Notice are:

N/A

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

Requirements from last Inspection visit fully actioned?

NA

If No please list below

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

Action is being taken by the Commission for Social Care Inspection to monitor compliance with the above requirements.

STATUTORY REQUIREMENTS IDENTIFIED DURING THIS INSPECTION

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

STATUTORY REQUIREMENTS

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

No.	Regulation	Standard *	Requirement	
1	6 & 15 Schedules 3 & 4 2003	LA28LA19 LA15LA11	They agency must ensure that all staff and panel members' files are updated to comply with these regulations.	January 2005
2	2 (1983)	LA25	All of the agency's children's adoption files must be reviewed to ensure the comply with this regulation.	January 2005

GOOD PRACTICE RECOMMENDATIONS FROM THIS INSPECTION

Identified below are areas addressed in the main body of the report which relate to the National Minimum Standards and are seen as good practice issues which should be considered for implementation by the Authority or Registered Person(s).

No.	Refer to Standard *	Recommendation Action
1	LA2	The adoption service should include in its an annual plan a system that enables the team to identify priorities and evaluate their strategy in terms of targeted recruitment.
2	LA4	The quality assurance system should ensure that all necessary details of applicants' personal circumstances are included in the Forms F. Social workers should retain copies of the notes collected during the assessment visits on adopters' files.
3	LA25LA23 LA19LA11 LA8LA7 LA6LA5	Consideration should be given as to how best some placing social workers within the agency might be equipped with the necessary skills and knowledge in order to bring them up to the standard to which the agency aspires.
4	LA6	The agency should develop a post-placement strategy that sets out its full range of services.
5	LA7	All service level agreements should be evaluated in terms of the take-up and quality of the services provided.
6	LA9	The agency should evaluate the take-up of support services offered to birth parents and families, and elicit their views on the quality of support offered.
7	LA13	The agency should develop an additional checking mechanism to ensure all agency decisions are confirmed in writing to the relevant parties. The letter to confirm approval should be redrafted.
8	LA19LA15	The Human Resources department should review their current recruitment checklist to ensure that practice complies with the NMS and regulations.
9	LA17	The agency should consider whether the current rate of reporting to the executive side of the council, specifically on adoption work, is sufficient.

10	LA18	The agency should produce procedures regarding the access to other specialist advisers and develop a written protocol governing the role of such advisers.
11	LA20	<p>Any workload review of the placing social workers within the service should take into account the complexity and diversity of cases, so that life-story work and work with birth families are given appropriate weighting.</p> <p>The service should review the adequacy of administrative staffing complement not only in light of the current workload, but also with regard to the anticipated increase as the service continues to develop.</p>
12	LA25	<p>The service manager should undertake random file audits.</p> <p>The team manager should develop a pro-forma to be kept on files as evidence of auditing.</p> <p>All case decisions taken during supervision should also be recorded on the relevant file.</p> <p>The disaster recovery plan should be amended to include the protection of the archived records.</p>
13	LA27	A system should be set up that tracks complaints, records any action taken and its outcome. Cross referencing with the adopters' primary file should also be monitored.
14	LA28	<p>Interviewers should keep notes of a successful interview on the employee's file.</p> <p>Photographs of employees should not be photocopied from passports as they are very often indistinguishable.</p>

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

PART B**INSPECTION METHODS & FINDINGS**

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

Placing authority survey	NO
Placing social worker survey	YES
Prospective adopter survey	YES
Approved adopter survey	YES
Birth parent / birth family member survey	YES
Checks with other organisations and Individuals	
• Directors of Social services	NO
• Specialist advisor (s)	YES
Tracking Individual welfare arrangements	YES
• Interview with children	NO
• Interview with adopters and prospective adopters	YES
• Interview with birth parents	NO
• Interview with birth family members	NO
• Contact with supervising social workers	YES
• Examination of files	YES
Individual interview with manager	YES
Information from provider	YES
Individual interviews with key staff	YES
Group discussion with staff	YES
Interview with panel chair	YES
Observation of adoption panel	YES
Inspection of policy/practice documents	YES
Inspection of records (personnel, adopter, child, complaints, allegations)	YES
Date of Inspection	07/09/04
Time of Inspection	09.30
Duration Of Inspection (hrs)	93
Number of Inspector days	8
Additional Inspection Questions:	
Certificate of Registration was displayed at time of inspection	NA
The certificate of registration accurately reflected the situation in the service at the time of inspection	NA
Total Number of staff employed (excluding managers)	7

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

The scale ranges from:

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

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

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

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

Statement of Purpose

The intended outcome for the following standard is:

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

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

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

Key Findings and Evidence

Standard met?

3

The adoption service has a statement of purpose that is clearly written and which meets the National Minimum Standard (NMS) and the Adoption Agencies Regulations (the regulations). Not all stakeholders had copies of the document and although the statement is available on the intranet, the service should consider “launching” it, particularly to the child care teams, as it represents the range of adoption services supplied by the adoption team.

At the time of the inspection, the service used the BAAF children’s guide with more localised information appended as appropriate. It is recommended that the agency considers producing a guide that is more reflective of the services of North Tyneside. It is understood that the agency is currently developing a guide that will be more suitable to younger children. It would be advisable for the service to consult with children and young people who receive the service to assist in its production.

The adoption service has been in discussion with their colleagues from the children with disabilities team with a view to adapting their guides for children who have learning and or communication difficulties.

The service has draft statements of purpose and children’s guides written in the predominant minority languages of the area; it is understood that these would be available within the six months following the inspection. The service already uses appropriate translation services as necessary.

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?

YES

Securing and promoting children's welfare

The intended outcome for the following set of standards is:

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

Standard 2 (2.1 - 2.3)

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

Key Findings and Evidence	Standard met?	3
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The inspectors found evidence that the adoption process is essentially child-centred. Observation of the adoption panel and discussion with the panel chair as well as discussion with, and questionnaires from, adoptive parents and placing social workers would support this view.

The adoption team managers and staff were all aware of the needs of children who are waiting for placement and there are good mechanisms in place for the placing of children with adoptive families.

The adoption service has developed a system of intense "distance" assessments when seeking families for children for whom it has been difficult to place. This means that adopters are recruited outside of the North East and prioritised if, after initial screening, it is apparent that they might prove a suitable match for particular children.

Although general recruitment is discussed at adoption team days twice a year, as well as the monthly team meetings, it is recommended that the service's annual plan includes a system that enables the team to identify priorities and evaluate their strategy in terms of targeted recruitment.

The inspection found some excellent practice with regard to matching children with suitable adopters. Adoption and child care social workers felt that this aspect of the service had benefited from its split with the fostering team. The matching reports seen during the inspection were of a high standard and highlighted good joint work between the child care and adoption social workers.

See Recommendation 1

In the last 12 months:

How many children were identified as needing adoptive families?

25

How many children were matched with adopters?

37

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

28

How many children were placed with other services' adopters?

9

How many children were referred to the Adoption Register?

3

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

37

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

100

%

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

6

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

0

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

25

Prospective and approved adopters

The intended outcome for the following set of standards is:

- **The adoption agency recruits and supports sufficient adopters from diverse backgrounds, who can offer children a stable and permanent home to achieve a successful and lasting placement.**

Standard 3. (3.1 – 3.3 and 3.5 - 3.6)

Plans for recruitment will specify that people who are interested in becoming adoptive parents will be welcomed without prejudice, will be given clear written information about the preparation, assessment and approval procedure and that they will be treated fairly, openly and with respect throughout the adoption process.

Key Findings and Evidence

Standard met?

3

Discussion with approved adopters and social workers during the inspection revealed that applicants are welcomed without prejudice to North Tyneside. The service has an information pack that is sent out to prospective adopters. Discussion with, and questionnaires from adopters indicated that appropriate information was received promptly and that follow-up visits were arranged in a timely manner. Comments included: “Very positive people; prompt response”; “info quickly sent”; “quick response, within a few days” and “ very pleasant people, very helpful; never too busy to answer questions”.

Adopters further reported that they felt very well informed throughout the process and that during preparation they had been given access to other adopters, which was found to be very helpful and informative.

North Tyneside facilitated one inter-country assessment in the year prior to the inspection. There is one member of staff for whom this is a specialist area. Although other members of the adoption team demonstrated that they knew how to access information regarding this work; the service should be mindful of the void that might result should the “specialist” be absent for any length of time or if he were to leave the service.

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

North Tyneside has a thorough and comprehensive assessment, preparation and approval process. The procedure was reported as being structured and professional; with the social workers being viewed as "...flexible; information re referees was quickly sought..."; "excellent [we had] good communication with her"; "...very encouraging".

The agency uses the BAAF Forms F system of assessing the suitability of potential adopters. The Forms F seen during the course of the inspection contained good, insightful analysis, and were competency based. There were, however, some inconsistencies regarding the completion of applicants' financial details and the inclusion of health and safety checklists. These issues should be considered during the quality assurance process relating to Forms F. Also, it is recommended that social workers retain copies of the notes collected during the assessment visits on file, so that judgements made can be evidenced.

Adopters spoke well of the preparation training and there was evidence on files that the courses formed part of the assessment process, and that the contribution made by the participants was evaluated appropriately.

The agency has a relatively high number of adopters returning for second-time adoptions (seven in the previous year) and so were able to provide separate preparation groups for such applicants.

The service has appropriate policies and procedures for foster carers who wish to adopt.

The adopters' files examined during the inspection revealed that appropriate checks were undertaken on applicants and relevant members of their households.

See Recommendation 2

Standard 5 (5.1 – 5.4)

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

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

The preparation groups include sessions on the matching, introduction and placement processes, and handouts to supplement the verbal information are given to adopters. These include details on the role of the national adoption register.

There was evidence from the files seen, discussion with adopters and the returned questionnaires, that the agency endeavours to ensure that prospective parents are given adequate information on any child being considered as a potential match. This was done initially through the provision of a Form E; and subsequently via discussion with relevant parties, including if necessary, access to specialist advisers. However, the inspectors found inconsistency in some cases regarding the quality of information in the Forms E. Discussion with the agency's placing social workers indicated that they would welcome training in this area of work. It is recommended that North Tyneside give consideration to such training, coupled with ongoing support to social workers who are charged with this task.

Adopters are expected and assisted to produce appropriate information about themselves and their homes and family for any child that they are matched with. An excellent example of this work was seen during the inspection.

The service has produced a clearly set out pro-forma agreement which cover the points set out in 5.3 of the NMS and which is signed at the time of the introduction meeting.

See Recommendation 3

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

YES

Standard 6 (6.1 – 6.7)

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

Key findings and evidence**Standard met?**

2

The service has in place appropriate written policies and procedures for working with adopters from approval through to an adoption order being granted. There was evidence of some excellent practice regarding adoptive parents being helped and supported prior to a child being placed with them. However, some adopters indicated that sometimes there was not sufficient contact from the agency once adopters had been approved and were awaiting placement. Nevertheless, it is accepted that these issues were largely resolved following the division of the fostering and adoption work.

Although the agency has a service level agreement with “After Adoption”, the inspectors believe that the service should develop a post-placement strategy that sets out its full range of support services following a child’s adoption. This should include evaluation not only of their own service provision but that of any commissioned to other agencies.

The importance of keeping safe any information supplied by a child’s birth family is covered in the preparation groups, and further emphasised during “Life Appreciation Days” for children. Discussion with placing and adoption social workers revealed that the agency takes seriously this aspect of the work, and of the production of life-story work; however, it was found that in reality, life-story work was sometimes delayed, and when it was completed, the quality was variable. The adoption service should develop a system of monitoring the existence and quality of life-story work for children who have adoption as their plan.

The assessment process and subsequent “buddying” system addresses the need for adopters to understand the necessity of helping a child develop strategies to deal with all forms of discrimination. Diversity issues were found to be covered very well throughout the adoption service.

There had been no disruption of placements in the twelve months prior to the inspection and the service has appropriate policies and procedures in place, should the need arise.

See Recommendations 3 & 4

Number of adopter applications started in the last 12 months	27	
Number of adopters approved in the last 12 months	24	
Number of children matched with the local authority’s adopters in the last 12 months	28	
Number of adopters approved but not matched	13	
Number of adopters referred to the Adoption Register	3	
How many placements disrupted, between placement and adoption, in the last 12 months?	0	

Birth Parents and Birth Families

The intended outcomes for the following set of standards are:

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

Standard 7 (7.1 – 7.5)

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

Key Findings and Evidence	Standard met?	2
<p>Two agencies, “After Adoption” and “Families in Care” provide support to birth parents and families. The agency has a service level agreements with the former, and is considering setting up another with the latter. It is recommended that all service level agreements are evaluated in terms of the take-up and quality of the services provided.</p> <p>No birth parents or families were interviewed as a part of this inspection. One questionnaire from a birth family member was returned. This person was clearly distressed and did not feel that they had been listened to. Neither did they appear to be aware of any support services: “...I don’t get any support with what I have lost ...”.</p> <p>The inspection found that adopters had been prepared well and were able to understand the adoption process, and its life-long implications, from the birth parents’ point of view. Adopters said that this made them more sympathetic regarding contact issues.</p> <p>The inspectors found that the child care social workers would benefit from further development in this area; particularly when engaging with birth parents and their families at the beginning of the process; it is found that skilled working at this early stage tends to reap benefits regarding the quality of information for the child in later life – as well as increasing the likelihood of the birth families feeling able to seek support.</p> <p>As alluded to earlier in this report, the quality of information contained in the Forms E was variable, and there was mixed practice regarding the birth parents’ views being recorded. It is noted that the panel chair saw one of the panel’s functions as ensuring that Forms E are signed by birth parents. It is recommended however, that this stage of the procedure is subject to scrutiny earlier in the quality assurance process.</p> <p>See Recommendations 3 & 5</p>		

Standard 8 (8.1 – 8.2)		
Birth parents and birth families are enabled to contribute to the maintenance of their child's heritage.		
Key Findings and Evidence	Standard met?	2
<p>The adoption service operates a post-box system of contact between adopted children and their birth parents and families. Social workers reported that this system works smoothly and it is well co-ordinated. The social worker responsible for organizing this arrangement holds weekly surgeries for advice and consultation.</p> <p>As mentioned previously in this report, life-story work for children needs to be seen to be a priority; and serious consideration should be given to the training and development of those involved in its implementation.</p> <p>See Recommendation 3</p>		

Standard 9 (9.1)		
The adoption agency has a clear strategy for working with and supporting birth parents and birth families (including siblings) both before and after adoption. This includes providing information about local and national support groups and services and helping birth parents to fulfil agreed plans for contact.		
Key Findings and Evidence	Standard met?	2
<p>Although the agency has a service level agreement with "After Adoption" to provide support to birth parents and families, it is recommended that the adoption service develops a written strategy for its work in this area (in addition to the particulars on the service level agreement), that sets out clearly the service's aims and objectives. The service should not just inform families of what is available, but evaluate their take-up and elicit their views on the quality of support offered.</p> <p>It is noted that there are draft procedures to deal with post adoption support, including that for birth relatives, which should help tighten up practice in this area of the service.</p> <p>See Recommendation 6</p>		

Adoption Panels and Agency decisions

The intended outcomes for the following set of standards are:

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

Standard 10 (10.1 – 10.3)

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

Key Findings and Evidence	Standard met?	3
<p>The adoption panel was observed and the chair was interviewed as part of the inspection process. The service has clearly written policies and procedures relating to the functions of the panel; which cover all points under 10.2 of the National Minimum Standards.</p> <p>All prospective adopters are given the opportunity to attend the panel; it is commendable that the chair and vice chair attend one session of the preparation training in order to introduce themselves and allay any apprehension applicants might have regarding panel procedures. (This was set up in response to previous low take-up of the invitation to attend.) It was said that more applicants attend panel as a result of this intervention. The agency also sends out questionnaires to approved adopters to elicit their views and to better inform the panel's performance.</p> <p>Although the panel chair reports on quality issues to the panel's agency adviser, it was recommended during the inspection that the panel chair should meet with the agency decision maker regularly to discuss the quality of cases presented to the panel. This would provide independent overview of any practice issues. The agency agreed to do this without undue delay.</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.

Key Findings and Evidence**Standard met?**

2

North Tyneside's adoption panel is properly constituted and comprises relevantly qualified and experienced people.

All panel members receive induction training and have the opportunity observe panel prior to commencement. The panel also receives at least two full days' training per year; additional training is available as appropriate. Observation of the panel revealed that members consider training issues seriously and notice was given of a forthcoming training event.

Whilst adoption team social workers attend training events with panel members as appropriate, it is recommended that the service gives consideration to facilitating events that are open to members of the child care teams also; as placing social workers expressed mixed views as to the role and functions of the panel.

It is stated that all members of the panel have CRB clearance; however, examination of the panel members' files revealed that the documentary evidence was not available on one file; and on another, a copy of the certificate indicated that it was standard and not enhanced clearance.

Although proper discrete files are kept on all panel members, there were further inconsistencies as to the information kept on them, for example, not all had written references.

All panel members had signed confidentiality agreements.

The service must ensure that the panel members' files contain all information required under Regulation 15 and Schedule 4 of the Adoption Agencies Regulations (2003).

See Requirement 1

See Recommendation 3

Is the panel a joint panel with other local authorities?

NO

Does the adoption panel membership meet all of the statutory requirements?

YES

Standard 12 (12.1 – 12.3)		
Adoption panels are efficiently organised and conducted and are convened regularly to avoid delays in the consideration of prospective adopters and matching children and adopters.		
Key Findings and Evidence	Standard met?	3
<p>The inspection revealed some excellent practice in relation to this standard.</p> <p>Panels are held on the last Friday of every month and panel members receive the papers ten days prior to the panel date. This was borne out during the inspection. The panel has clearly set out administration procedures which appear to work very well.</p> <p>The panel agenda is structured very well with the first part dealing with panel “business” such as updates on previous cases and training issues. The panel also considers, every three months, management information relating to the adoption service.</p> <p>The panel attended by the inspector was extremely well chaired and very clearly focused. It was clear from observation of the panel that all papers had been carefully considered by each panel member. Discussion was heard to be child focused and very sensitive to all involved. Questions were insightful and carefully put. The legal and medical advice was thorough and informed.</p> <p>The minute taking was seen to be accurate, informative and of a high quality. The inspectors noted particularly the way in which the panel administrator sought to take ownership of the panel work, which no doubt contributes to its efficient operation.</p>		

Standard 13 (13.1 – 13.3)		
The adoption agency’s decision is made without delay after taking into account the recommendation of the adoption panel and promotes and safeguards the welfare of the child.		
Key Findings and Evidence	Standard met?	2
<p>The agency decision maker was seen to take the role very seriously and to be very well informed. Decisions are based on all information surrounding the cases and the panel’s recommendations, and are made without delay.</p> <p>The inspection found some inconsistency regarding the written confirmation of agency decisions; it is recommended that the service produces a checklist for each case in order to track those who should have been informed have received appropriate notice. It is further recommended that all such letters be redrafted to make them more personal; ensure they are properly dated and are signed by the agency decision maker.</p> <p>See Recommendation 7</p>		

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 adoption team manager has held this post since July 2003. She is professionally qualified with many years' experience in child care and adoption work. The manager also holds the Practice Teaching Award. She expects to begin to study for an appropriate management qualification in October 2004. The commission should be informed when this course of study is successfully completed.

There was substantial evidence throughout the inspection that the manager exercises effective leadership of the adoption team, is very child-focused and is committed to ensuring that the service produces the best possible outcomes for children.

It is commendable that North Tyneside's adoption figures for April – August 2004 stood at 14; whilst the figure for the whole of 2003 was 16.

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

There was evidence on the manager's personnel file of qualifications and enhanced CRB clearance. There was only one written reference held on file and no evidence of telephone call follow-up. This is in contravention to the regulations.

It is recommended that the Human Resources department review their current recruitment checklist to ensure that practice complies with the NMS and regulations.

See Requirement 1

See Recommendation 8

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 was considerable evidence throughout the inspection that the adoption service is managed efficiently and effectively – and in accordance with its statement of purpose.

Adoption social workers said they felt supported by their manager and that she is well informed on day to day issues affecting the service.

Roles are clearly defined, communication within the service is good, and accountability clear. Discussion with staff confirmed this. North Tyneside has a clearly set out equal opportunities policy within which all services are expected to operate; this provides the structure for the anti-discriminatory practice within which the service operates.

The service has referred cases to the National Adoption Register, and guidance is available to staff on its usage.

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

2

Number of the above complaints which were substantiated

0

Standard 17 (17.1 – 17.3)

There are clear written procedures for monitoring and controlling the activities of the adoption agency and ensuring quality performance.

Key Findings and Evidence

Standard met?

3

The service has developed some good internal mechanisms for collecting relevant management information. It has a monitoring and evaluation policy that outlines the sources of required information on the activities of the adoption service. It is the team manager's responsibility to collate and analyse data gathered, and to produce a six monthly evaluation of the service for the directorate and the executive side of the council.

The adoption team send out questionnaires to approved adopters regarding their views on the service they received. This information is gathered and included in the above reports.

The panel chair contributes to the adoption service's annual report on the throughput and outcomes of cases considered by the panel. This report includes an action plan for the forthcoming year.

The Permanence Initiative Group, which comprises all relevant children's services managers and the panel's legal adviser, meets monthly. The minutes for August 04, recorded a good statistical breakdown of children awaiting placement with a view to identifying and resolving issues that might contribute to delay. This group also oversees the provision in relation to the NMS, regulations and incoming legislation.

The director of social services meets with the council's portfolio holder weekly. The inspectors met with the elected mayor and the (newly appointed) portfolio holder during the inspection. The mayor demonstrated clear understanding of the needs of looked after children and of issues related to adoption. She said she endeavoured to raise the profile of the adoption service whenever possible with the local media and in the wider community. She has also held workshops for fellow elected members. The mayor also confirmed that she held meetings with leaders of the other major parties to ensure that party political issues do not cloud their responsibilities as corporate parents.

The inspectors believe that the service should consider whether the current rate of reporting to the executive side of the council, specifically on adoption work, is sufficient currently.

See Recommendation 9

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

Monthly?	<input type="checkbox"/>
Quarterly?	<input type="checkbox"/>
Less than Quarterly?	<input checked="" type="checkbox"/> YES

Standard 18 (18.1 – 18.5)

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

Key Findings and Evidence**Standard met?**

2

The adoption service has access to good legal and medical advisers. Observation of the panel demonstrated positive contributions from both; staff confirmed that they were approachable and always available for advice and consultation.

Although the service would have access to other specialist advice, there are no written policies and procedures for staff to follow. It is recommended that this be corrected.

The adoption service must set out a written protocol governing the roles of specialist advisers.

See Recommendation 10

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 which all staff who conduct interviews are trained. All staff in the team at the time of the inspection had enhanced CRB clearance, and documentary evidence of qualifications on file.

It was noted that in the personnel files seen during the inspection, two references had been taken up for external candidates, but only one was acquired in the case of one internal promotion; and in the case of another internal appointment, although two references were provided; none was from the previous team manager.

Although the recruitment checklists in the personnel files seen indicated that follow-up telephone enquiries in relation to references had been made; there was no evidence of their outcomes.

The service must ensure that in the case of all (including internal) appointments, Schedules 3 & 4 of the regulations are adhered to.

There was evidence throughout the inspection that the social workers in the adoption team are highly skilled and very knowledgeable of their work. They are all professionally qualified and 50% of the team hold the Advanced Child Care Award, which means that the service currently exceeds the standard due to be met in 2006. Two members of the team have commenced PQ1 training.

Section 51 counselling is undertaken by all social workers for which they are appropriately trained. One worker recently undertook a two day refresher course which was imparted to the rest of the team via a presentation and practical exercises.

As mentioned elsewhere in the report, the inspectors found that in order for the adoption service to function as a whole system, consideration should be given to addressing the training and developmental needs of placing social workers within the agency. There was evidence of variable standards of knowledge and practice in relation to adoption work.

See Requirement 1

See Recommendations 3 & 8

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

YES

What % of the adoption service's social workers have a PQ award?	50	%
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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?	3
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There was evidence throughout the inspection that the adoption team is organised and managed in a way that delivers an efficient and effective service.

The team holds monthly practice meetings and two team days a year. The adoption team social workers and their manager confirmed that regular, recorded supervision occurs throughout the service. The team manager monitors workloads monthly and tracks the progress of all cases. At the time of the inspection there were no social work vacancies and all of the cases were allocated.

The adoption team workers have recently assumed responsibility for “family and friends” assessments for children who are looked after, and for whom permanence through residency, or occasionally adoption, is the plan. Although the team feel they have the workload capacity for this work, the adoption team manager confirmed that she will be monitoring this closely to ensure that it does not detract from the good adoption service outcomes to date.

It is recommended that any workload review of the placing social workers within the service takes into account the complexity and diversity of cases, so that life-story work and work with birth families are given appropriate weighting.

The level of management delegation and responsibilities are clear and communication appears to be open and effective.

Training and development was seen to be important to the adoption service. Staff have access to regular external and internal courses and all staff were able to take part in the recent DfES consultancy days throughout the country.

The adoption service currently has one full time administrative worker, who was seen to be highly skilled and proficient. However, it is recommended that the service reviews the adequacy of this provision, not only in light of the current workload, but also with regard to the anticipated increase as the service continues to develop.

All employees are provided with appropriate written contracts, job descriptions and conditions of employment. The adoption team has access to all items listed under item 20.12 of the NMS via the department's intranet service.

See Recommendation 11

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

Key Findings and Evidence	Standard met?	3
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At the time of the inspection, there appeared to be an adequate number of social workers in the adoption team, which with the close monitoring of workloads should be kept under regular review. There are contingency plans in place should a shortfall in the staffing occur.

The Children’s Services Business Plan 2004 –2007 states that “investment in [staff] is core to improving services”. It goes on to say that work is underway on the development of a recruitment and retention strategy “that will focus upon a review of salaries, the development of staff and wider workforce issues”. It is understood that the agency has recently introduced policies which include flexible working and professional development with study leave.

The elected mayor demonstrated awareness of this issue by saying that the agency needs to “make sure staff [throughout children’s services] are nurtured and don’t burn out”.

Total number of social work staff of the adoption service	9	Number of staff who have left the adoption service in the past 12 months	0
Number of social work posts vacant In the adoption service.	0		

Standard 22 (22.1 and 22.3)
The adoption agency is a fair and competent employer, with sound employment practices and good support for its staff.

Key Findings and Evidence	Standard met?	3
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North Tyneside Council has apparently sound employment policies and practices. Staff reported that they were supported well by the management structure. The council has a whistleblowing policy of which staff confirmed they are aware.

The council has appropriate public liability and professional indemnity insurance. The certificate is displayed in the Town Hall.

Standard 23 (23.1 – 23.6)

There is a good quality training programme to enhance individual skills and to keep staff up-to-date with professional and legal developments.

Key Findings and Evidence**Standard met?**

3

As mentioned elsewhere in this report, the adoption service views training issues seriously. Training “pathways” are developed for all staff which are service specific and which emanate from personal development plans and reviews.

Induction training is available for all new staff; it is recommended that an adoption work element is built into the programme for all new placing social workers.

Staff are encouraged to take up appropriate training opportunities, both in-house and externally.

All staff are subject to annual appraisals and at the time of the inspection, the adoption teams workers’ appraisals were seen to be all up to date.

Staff are apprised of relevant legislative and policy changes via regular team and practice meetings as well as attendance at external events, both local and national.

See Recommendation 3

Records

The intended outcome for the following set of standards is:

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

Standard 25 (25.1 – 25.5)

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

Key Findings and Evidence	Standard met?	1
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The adoption service has a written policy regarding case recording for the wider children's services. It is recommended that this be adapted to include specific references to the adoption process, including guidance on setting up a child's adoption file.

The children's adoption file that was seen during the inspection must be reviewed in terms of the appropriateness of content; gaps in recording sheets and handwritten notes being difficult to read; as well as its compliance with the regulations. It is recommended that other such files not seen during the inspection are subject to similar review.

The adopters' files seen were generally well ordered but there were some inconsistencies in their contents. For example, some had the letter confirming the agency decision, others did not; some included evidence of adoption applicants' finances, others did not. Again, there were handwritten notes which were difficult to read. It is recommended that the service considers the computerisation of all case notes.

Although the adoption team manager stated that regular auditing of files occurred, and staff confirmed this; there was little evidence recorded on the files, other than when cases were due to be closed. It is recommended that the service manager undertakes random file audits. All case decisions taken during supervision should also be recorded on the relevant file.

It is further recommended that a separate sheet is kept at the front of files that records management inspection; any action required, and its outcome.

There was evidence on files regarding appropriate CRB checks, enquiries and written references obtained on adopters and other adult members of the household, and their outcomes.

All current files are stored in lockable cabinets; archived records are kept at a different site. The disaster recovery plan states that archived file are stored under a contract with Gateshead MBC and Newcastle City Council. It is unclear whether these records are housed in containers which will protect them from fire or water damage. Although the safekeeping of these files has been commissioned to another body; North Tyneside retains responsibility for them. Therefore the disaster recovery plan should be amended to include the protection of the archived records.

See Requirement 2

See Recommendations 3 & 12

Standard 26 (26.1 – 26.2)

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

Key Findings and Evidence**Standard met?**

3

The adoption service has an appropriate policy and attendant procedures governing the access to records which take into account the requirements of the Data Protection and Human Rights legislation.

The adoption team social workers co-ordinate the sending of relevant information from its case files regarding family finding for children; there was no evidence to suggest it was done in anything but a timely manner.

Standard 27 (27.1 – 27.6)

There is a written policy on case recording which establishes the purpose, format, confidentiality and contents of files, including secure storage and access to case files in line with regulations.

Key Findings and Evidence**Standard met?**

2

There are separate files kept in respect of staff (stored by personnel department), complaints and allegations (kept by the adoption team manager).

The service has an appropriate statutory complaints procedure. The records of the complaints received by the service were seen as part of the inspection. There was evidence that the complaints were dealt with in a timely manner and apparently without prejudice. It is recommended that a system be set up that tracks complaints, records any action taken, and its outcome. Cross referencing with the adopters' primary file should also be monitored.

Reference has been made elsewhere in this report regarding the quality and adequacy of records.

See Recommendation 13

Standard 28 (28.1 – 28.2)

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

Key Findings and Evidence

Standard met?

1

Staff and panel members' personnel records did not meet this standard. All personnel files must be updated to ensure that they comply with Regulations 6 and 15 of the Adoption Agencies Regulations.

It should also be noted that interviewers should keep notes of a successful interview on the employee's file and that photographs of employees should not be photocopied from passports as they are very often indistinguishable.

It was noted that some equal opportunities monitoring forms were kept on individual personnel files. These forms are filled in anonymously, and should not be retained in this way.

See Requirement 1

See recommendation 14

Fitness of Premises

The intended outcome for the following standard is:

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

Standard 29 (29.1 – 29.5)

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

Key Findings and Evidence	Standard met?	3
The premises that house the adoption service are fit for purpose. The administrative systems appear to be efficient and all records are kept in a lockable room. There are lockable facilities for records in place and IT systems are protected by passwords and ant-virus arrangements. The building is adequately protected and insured and the adoption service falls within the remit of North Tyneside's disaster recovery plan (See standard 25).		

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 6 September 2004 and any factual inaccuracies:

Please limit your comments to one side of A4 if possible

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

Amendments to the report were necessary

YES

Comments were received from the provider

YES

Provider comments/factual amendments were incorporated into the final inspection report

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

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 12th January 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

YES

Action plan was received at the point of publication

YES

Action plan covers all the statutory requirements in a timely fashion

YES

Action plan did not cover all the statutory requirements and required further discussion

NO

Provider has declined to provide an action plan

NO

Other: <enter details here>

Public reports

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

D.3 PROVIDER'S AGREEMENT

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

D.3.1 I _____ of North Tyneside Council Adoption Service confirm that the contents of this report are a fair and accurate representation of the facts relating to the inspection conducted on the above date(s) and that I agree with the statutory requirements made and will seek to comply with these.

Print Name _____
Signature _____
Designation _____
Date _____

Or

D.3.2 I _____ of _____ 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.

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