



Making Social Care
Better for People

inspection report

Local Authority Adoption Services

Wandsworth Council Adoption Service

Welbeck House, Adop & Permanence

43-55 Wandsworth High Street

London

SW18 2PS

27 October, 9-11th November 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

Wandsworth Council Adoption Service

Headquarters Address

Welbeck House, Adop & Permanence, 43-55 Wandsworth
Hight Street, London, SW18 2PS

Adoption Service Manager

Ray Wright

Tel No:

020 8871 7187

Address

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Hight Street, London, SW18 2PS

Fax No:**Email Address**

jroyle@wandsworth.gov.uk

Certificate number of this adoption service**Date of last inspection**

NA

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

15.05.01

Date of Inspection Visit		9th November 2004	ID Code
Time of Inspection Visit		10:00 am	
Name of Inspector	1	Sue Nott	124902
Name of Inspector	2	Maureen Moore	
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			

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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 Wandsworth 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.

Wandsworth is a local authority adoption service covering an inner city area, with a high demand for adoptive placements.

Eighteen months previously, the permanency team became part of the resources sector, splitting from the fostering teams. It consisted of the team manager, nine social workers, including an adoption adviser, plus a team administrator and a panel administrator. Some of the staff were part time. Seven experienced independent workers were also employed sessionally, to assist the team. These workers mainly carried out intercountry assessments, and support tasks to these adopters.

The service was a member of the South London adoption consortium, established to share resources, including adoptive families. Post adoption work was dealt with by team members, and managed by the adoption adviser. The service was also responsible for recruiting, and assessing permanent foster carers. These carers were transferred to the fostering team three months after children were placed.

At the time of inspection there were forty-nine children waiting for permanent placements, twenty children placed for adoption, and four families approved and waiting to be matched. There were also eight intercountry adopters awaiting placements.

PART A SUMMARY OF INSPECTION FINDINGS

INSPECTOR'S SUMMARY

(This is an overview of the inspector's findings, which includes good practice, quality issues, areas to be addressed or developed and any other concerns.)

Adoption agencies are being inspected for the first time against the National Minimum Standards introduced from the 1st of April 2003. As a result the report may contain a substantial number of recommendations and requirements. If so, the number of these should fall significantly at the next inspection, when providers will have time to take account of the new legislation and standards, and take action to meet them. Any breaches posing an immediate risk to service users would be highlighted for urgent action.

The inspection of Wandsworth Social Services Adoption Service was carried out over three days, plus observation of the adoption panel and an interview with the panel chair on a separate day. Staff were accommodating and efficient in facilitating the inspection timetable. The pre inspection documentation provided was extremely well organised and thorough. There was a committed staff and team manager with a range of experience and skills. Wandsworth has traditionally only placed small numbers of children for adoption, and there was an emphasis on long term fostering as a means of achieving permanence which was reflected in many of the discussions with inspectors, and the documentation provided. Whilst this avenue may be appropriate for a number of the children needing permanent families, there was a continued need to ensure the profile of adoption is increased in planning for all children, and to ensure it is highlighted in all relevant procedures.

Questionnaires were returned from thirteen adopters, four placing social workers, one adviser, and one birth family.

Overall the inspectors found a service, meeting or partially meeting most of the standards required.

Statement of Purpose (Standard1)

This standard was met. The agency had a clearly written Statement of Purpose, which accurately reflected the aims and objectives, and all of the areas expected in Schedule 1. It was annually reviewed. The Children's guide should be developed further to provide a guide that described Wandsworth's own adoption service, and to ensure access by all children. There was evidence of good policies and procedures in operation.

Securing and Promoting Children's Welfare (Standard 2)

This standard was partially met. The agency has written plans identifying its strategy for the recruitment of adopters to meet its needs, and planned to increase their community based recruitment initiatives. The service was some way from recruiting the numbers of adopters it needed, This was particularly the case for children of African Caribbean and dual heritage, where there had been a significant increase in the numbers of children requiring placement over recent years. Timely case planning decisions were being made on newer cases. Full and thorough assessments of attachment issues on siblings were, however, not being routinely done within appropriate timescales.

Prospective and Approved Adopters (Standards 3-6)

Three standards were met; One was partially met. There was evidence that the agency was, on the whole, thorough in its assessments of adopters, and offered a good standard of preparation training. Although the initial response to enquirers was welcoming, the length of the assessment process was an issue for some adopters. Adopters interviewed were reasonably positive about the ongoing post placement support they and their children received, but staff turn over was felt to have had an impact on the service provided. Specialist advice was available to support the children and their families, if needed.

Birth parents and Families (Standards 7-9)

These standards were met. There was evidence of some good work being carried out with birth parents. Management, staff and panel were keen to demonstrate their commitment to ensuring as much information as possible was available to the children and their adoptive family about the children's birth families. Where possible some form of contact between the child and their birth family was maintained, and encouraged.

Adoption Panels and agency decisions (Standards 10-13)

One standard was met; three standards were partially met. Due to the volume of work, the agency had two panels meeting regularly. These panels were properly constituted and meetings were held regularly. Some independent members were employed by the authority, although not directly involved in the child care planning process. Panel members received papers sufficiently in advance. Minutes of the meetings were good, and there was a very efficient minute taker. This ensured that recommendations from the panel were presented to the decision maker, and the follow up letters were done within appropriate timescales. Regular training for panels took place, and prospective adopters were encouraged to attend panel.

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

One standard was met; one was partially met. The manager was appropriately qualified and had relevant professional childcare experience. He had enrolled on a management course. He and senior managers demonstrated good leadership and organisational skills.

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

Two standards were met; one standard was partially met. There was evidence of improving management information systems to monitor the activities of the adoption agency. However, there was some confusion over the decision making process of the permanency planning meetings which needed to be clarified.

Employment and management of staff (Standards 19-23)

These standards were met. There were generally good recruitment and selection procedures to ensure the employment of appropriately qualified and experienced staff. However, recruiting permanent staff had been a problem, and three out of four new team members were agency staff.

Records (Standard 25-28)

Two standards were met; two were partially met. Records seen were of a reasonable

quality, and were secured and stored appropriately. File auditing was not routinely carried out. Also panel member's information was not kept in separate files, and did not contain all information required.

Fitness of premises (Standard 29)

This standard was partially met. The offices were appropriately laid out for the space available, but space was limited. There was a satisfactory level of security provided. The building was fully insured. The disaster recovery plan was not completed.

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	AAR 1983 10 (3)	LA2	Thorough assessments of sibling attachment issues must be completed within reasonable timescales.	31 st May 2005
2	AAR 1983 8(2)	LA4	The agency must ensure that full information on significant members of a prospective adopter's network is provided before panel approval.	31 st May 2005
3	AAR 1983 6(1)	LA10	Panel procedures must include dealing with ineffective or disruptive panel members.	30 th September 2005
4	AAR 1983 5(4)	LA11	Up to date CRB checks and references must be obtained on all panel members.	31 st May 2005
5	LAARS 2003 (6)	LA15	Telephone enquiries must be made to verify all written references, and the outcome recorded.	31 st May 2005
6	LAASR 2003 8 (1)	LA16	Clear roles, and lines of communication and accountability for managers making permanency decisions for children must be made clear for all staff involved in this work.	31 st May 2005
7	AAR 1983 14 (2)	LA25	The system to monitor the quality and adequacy of records must be carried out on a regular basis by management.	31 st September 2005

8	LAASR 2003 15(1)	LA28	The agency must ensure that all listed areas under NMS 28.2 and Schedule 3 regarding all panel members are maintained on separate files.	31 st September 2005
9	AAR 1983 14(3)	LA29	A full departmental Disaster Recovery Plan, which specifically covers adoption must be finalised.	31 st September 2005

GOOD PRACTICE RECOMMENDATIONS FROM THIS INSPECTION

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

No.	Refer to Standard *	Recommendation Action
1	LA1	The children's guide should be developed further to provide a guide that describes Wandsworth's own adoption service. This should include all areas covered in Schedule 2 LAASR2003.
2	LA3	Information meetings specifically for enquirers interested in adoption should be considered.
3	LA3	The number of preparation groups provided annually should be reviewed.
4	LA4	Adopters' career histories should be more detailed, and include months as well as years, where possible.
5	LA5	Managers should ensure that every effort is made to facilitate life story work with children being placed for adoption.
6	LA5	It is recommended that adopters are also asked to sign that they agree to notify the agency of the death of the child, in response to the discussion held in the "introductory conferences".
7	LA7	More guidance should be provided to all social workers on the importance of completing thorough Form E's.
8	LA8	Training should continue to be provided for new social workers, alongside the provision of clear, up to date procedures, on moving children towards adoption. This should include all the necessary paperwork to be completed.
9	LA9	Efforts should be made to ensure that birth parents are provided with information on relevant support groups and organisations.
10	LA10	The process for receiving progress reports on individual cases should be reviewed.

11	LA11	Consideration should be given to increasing the independent membership of panel.
12	LA12	All information in papers presented should be signed and dated by the workers involved, and the agency should ensure that general quality assurance systems are in place before papers are presented to panel.
13	LA16	It is recommended that a forum where joint practice issues can be discussed is established for staff in fostering and adoption teams.
14	LA16	The management structure of the team should be reviewed to ensure suitable arrangements are in place to deal with the resulting increase in workload for the team manager, with the departure of a member of staff, who had carried out some of the supervision of staff.
15	LA20	The amount of administrative support to the team should be reviewed to ensure that it is adequate at all times.
16	LA25	Evidence should be available on adopters files that supervisors record, date and sign decisions made during supervision
17	LA25	Recording of notes taken during assessment interviews should be kept on file during the process.
18	LA27	File indexes should be reviewed to ensure they cover all areas necessary for information regarding adoptive parents.
19	LA28	Staff files should be better organised, and the appointee checklist should be updated to include follow up telephone calls on references.
20	LA29	It is recommended that the present location for holding panels is reviewed to provide a suitable waiting area.
21	LA29	The archived adoption records should be kept in fireproof cabinets.

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

PART B**INSPECTION METHODS & FINDINGS**

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

Placing authority survey	YES
Placing social worker survey	YES
Prospective adopter survey	YES
Approved adopter survey	YES
Birth parent / birth family member survey	YES
Checks with other organisations and Individuals	
• Directors of Social services	NO
• Specialist advisor (s)	YES
Tracking Individual welfare arrangements	YES
• Interview with children	NO
• Interview with adopters and prospective adopters	YES
• Interview with birth parents	YES
• Interview with birth family members	NO
• Contact with supervising social workers	YES
• Examination of files	YES
Individual interview with manager	YES
Information from provider	YES
Individual interviews with key staff	YES
Group discussion with staff	YES
Interview with panel chair	YES
Observation of adoption panel	YES
Inspection of policy/practice documents	YES
Inspection of records (personnel, adopter, child, complaints, allegations)	YES
Date of Inspection	23/10/04
Time of Inspection	13.00
Duration Of Inspection (hrs)	55
Number of Inspector days	7
Additional Inspection Questions:	
Certificate of Registration was displayed at time of inspection	NA
The certificate of registration accurately reflected the situation in the service at the time of inspection	NA
Total Number of staff employed (excluding managers)	8

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

Wandsworth's Statement of Purpose was clearly written, and accurately reflected the aims and objectives of the adoption service. The document covered all areas expected, including its' organisational structure. It had been formally reviewed and re-approved in July 2004 by the authority's Social Services Committee. All members of the adoption team had seen a copy of the Statement of Purpose, and were aware of its contents.

The agency at the time of inspection, used the British Association for Adoption and Fostering brochure "Adoption what it is and what it means" as their Children's Guide. This gives good information on adoption, but should be developed further to provide a guide that described Wandsworth's own adoption service. A summary of Wandsworth's statement of purpose should be included in the guide, as well as providing details on the process of making a complaint, and how to contact the Commission.

The manager confirmed that arrangements would be made to help children of different age groups, and children with specific needs, with reading, translating or explaining the information, where necessary.

There was evidence of good policies and procedures in operation.

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?

2

The agency has written plans identifying its strategy for the recruitment of adopters to meet its needs. Staff recognised that the service is currently some way from recruiting the numbers of adopters it needed, particularly for children of African Caribbean and dual heritage, and that the strategy could be improved. Managers were positive that more active targeted recruitment campaigns would be developed.

The business plan identified a target of 65 adoption orders to be achieved between April 2003 and March 2006. This would be a significant increase on previous years. The plan included increasing the numbers of foster carers for children aged 6 to 10, who would be encouraged to consider adoption for the children in their care. A member of staff had recently moved to the fostering team to do support work with permanent fostering carers. There was a tradition of long term fostering and kinship in placing children within the department, and there was evidence that the adoption team needed to continue to raise its profile to achieve the placement targets.

There were no information meetings organised for prospective adopters to attend, but members of the team attended monthly information meetings for applicants interested in fostering, to provide information on children requiring permanent placements. Information meetings specifically for enquirers interested in adoption should be considered.

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

There were timely decisions being made on newer cases, but the system of permanency monitoring group meetings and permanency planning meetings should be reviewed. Some staff reported confusion over where childcare decisions were being made, and there was a perception that the individual needs of children were sometimes lost in the aim of meeting targets. Placement planning meetings were also reported to go ahead at times without valuable input from carers. Placing social workers reported that there was at times a limited choice of families for some children, although no evidence was found that this had resulted in inappropriate matches being made.

There was evidence from case files and observation of panel that full assessments of attachment issues on siblings were not being routinely done.

Thorough assessments of sibling attachment issues must be completed within reasonable timescales.

In the last 12 months:

How many children were identified as needing adoptive families?

28

How many children were matched with adopters?

9

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

8

How many children were placed with other services' adopters?

12

How many children were referred to the Adoption Register?
In the last 12 months, how many children were matched with families which reflected their ethnic origin, cultural background, religion and language?
What percentage of children matched with the adoption service's adopters does this represent?
How many sibling groups were matched in the last 12 months?
How many allegations of abuse or neglect were made about adopters approved by this adoption service?
On the date this form was completed, how many children were waiting for a match to be identified?

9	
19	
95	%
4	
0	
49	

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

Written information was provided in a pack to prospective applicants regarding the assessment process. The eligibility criteria were made clear, and stated that age and marital status were not a bar to adopting. It highlighted the team's need to approve adopters who would best meet the needs of the children waiting for new families in the borough, which at the time of the inspection, was African Caribbean and dual heritage adopters, and families who could take children over six. The average length of time each step of the process would take was made clear. Group information sessions are not provided specifically for prospective applicants. Inspectors were told that information is given in an initial individual "screening" session.

Applicants were expected to attend preparation groups, but at the time of inspection, the agency had only run one set of groups in a year. There was no rolling programme of groups. This was not made clear in the pack, and could mean a long wait for some prospective adopters. The aim, however, was to run two groups a year. The inspectors recommend that this proposed increase in the number of groups provided annually, or the contracted use of another agency's preparation groups take place.

Adopters interviewed confirmed that the programme for preparation groups had included the opportunity to talk with adopters, who had already been through the process, about their experience. Information is given to prospective adopters during these meetings about children waiting for adoption, both locally and nationally, as well as details about BAAF and Adopt UK.

Applicants wishing to adopt from another country are sent a separate document titled "The assessment process for applicants to adopt a child from abroad". These enquirers were contacted by the adoption adviser, who had specific experience in overseas adoption.

Applicants were given contact details of the Overseas Adoption Helpline. The details of specific countries were discussed with prospective adopters after the initial enquiry stage. The cost of attendance at Overseas Adoption Helpline preparation groups was included in the home study fee.

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?

2

Examination of files, panel attendance, adopter questionnaires, and interviews with adopters gave evidence of a generally thorough assessment process. However, inspectors saw one assessment of a single carer, where insufficient information had not been provided on the applicant's partner, who did not live with her. Panel approved the carer, but asked for this information to be provided. It was not obtained for six months. There was no evidence on file that this further information had been shared with the panel or chair.

The agency must ensure that full information on significant members of a carer's network is provided before panel approval.

Inspectors were told that the team were looking at ways of improving their systems for verification of information given by prospective applicants. Adopters career histories were not always detailed enough on files seen, and it is recommended that these should include months as well as years, where possible. There was little evidence of notes taken during the assessment process. However, the standard of F forms was on the whole reasonable, and statutory checks were seen to be carried out appropriately.

There was a set programme used for running preparation groups. Some adopters felt the timings of the groups and home visits were, at times, too inflexible, but on the whole adopters were satisfied with the content of the groups. The inspectors were told the programme was reviewed on a regular basis. Existing foster carers who were planning to adopt could attend adoption preparation groups, although this was not compulsory. Inter country applicants were referred to specialist groups run by the Overseas Adoption Helpline.

A number of prospective adopters, both intercountry and domestic, commented in their questionnaires that the approval process took too long, and that staff turnover had been an issue for some adopters in the progress of their applications.

However, other comments included "An excellent service right from the initial phone call, and "We could not fault Wandsworth in anyway".

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 was evidence that efforts were made to give the family clear and up to date written information about the child. Adopters signed a form, which listed all the information they could expect, to confirm they were in receipt of these documents This was also evidenced in the social worker’s matching report to panel. Good examples of these reports were seen. There was evidence that life story work was not being done consistently to help children understand the reasons for decisions being made, and why they should not return to their birth family. Inspectors were, however, told by both staff and managers that good training was available in this area of practice. Managers should ensure that every effort is made to facilitate life story work with children being placed for adoption.

The BAAF interagency form H was used for all placements providing a written and signed record of the arrangements. The agency covered the issue of adopters being asked to notify the agency of the death of the child in their “introductory conferences” held to plan proposed matches, and the inspectors saw an example of the minutes where this discussion was recorded. However, it is recommended that adopters are also asked to sign to this effect. A system of planning meetings for family finding and matching was in place, and adopters were advised of the matching process and the Adoption Register at the last session of the preparation groups. Written information was available for adopters on the matching, introduction and placement process.

Adopters were encouraged to prepare a photo album or video of themselves and family to share with the child or young person when a match takes place.

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

The adoption service had a developing strategy for working with and supporting adopters, and there was evidence of new initiatives in becoming responsive to individual need. The procedures were in place to ensure the agency considered adoption support assessments, in all cases, at the time that best interests decisions were made. These were confirmed at the time of matching a child with a family. This practice was beginning to be established, and packages of support were assessed as part of the adoption support plan. Inspectors were informed that the child's social worker may stay involved with adoptive families for up to 3 years, but it was the expectation that the newly formed Family Plus team will take over support at an early stage. This team will assist in accessing local resources, if adopters approach the department for support. This service had only recently been established, and it was too early to assess its effectiveness. The Family Plus team also planned to provide support groups for adopters and their families.

With the introduction of these new procedures, there was more flexibility in the provision of financial support packages, including for sibling groups.

The agency paid for membership of Adoption UK for its approved adopters.

The adoption adviser remained in contact with ICA adopters, and they were encouraged to link with other overseas adopters.

There had been no disruptions of placements over the last year. The manager reported that disruption conferences would be held in such a situation, and that that the agency would use the meeting to explore the decision making that had taken place, and to make recommendations for future practice and plans for the child.

The importance of keeping children's background information safe was explained to adopters during the preparation groups and assessment process.

The team manager and staff reported that the agency took seriously the need for adopters to understand and deal with racism and discrimination directed at their child.

Number of adopter applications started in the last 12 months

14

Number of adopters approved in the last 12 months

3

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

8

Number of adopters approved but not matched

12

Number of adopters referred to the Adoption Register

0

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?

3

Where possible, the adoption agency worked with birth parents to enable effective plans to be made and implemented for their children. There was evidence that the views of birth parents had been sought and recorded on case files examined. The manager confirmed that procedures state that birth parents see and have the opportunity to comment on what is written about them before details are shared with the panel or adopters. However, this was not routinely happening. This was noted on cases being heard at the adoption panel observed, where a social worker reported that the birth family were not aware that the case was being discussed in panel. There was also evidence from file reading and cases discussed at panel that more guidance was needed for all social workers, especially the Children in Need teams on the importance of completing thorough Form E's.

Access to a support worker independent of the child's social worker, is offered to birth parents who are contesting the agency's plan for their child. The agency had an agreement through the South London Consortium with independent adoption counsellors in the South London Adoption Counselling and Consultation Service to provide this service. Birth parents could also access the services of the Post Adoption Centre.

A service to relinquishing mothers is also available through this contract.

Although only one birth family questionnaire was returned, included was the comment that the service was "very good and professional".

Standard 8 (8.1 – 8.2)

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

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

Inspectors were informed that birth parents were encouraged, where possible, to contribute to providing information about themselves and their child's life prior to the plans for adoption being made. A letterbox exchange system was in place. This was a growing area of work, and was now being operated by the Family Plus team. It is an extremely sensitive area of work, and the new system needs to be carefully monitored by managers to the development of a quality service, and ensure good liaison between both teams.

The Contact Agreement also formed a basis for encouraging birth families to contribute to the maintenance of their child's heritage. Discussion with staff showed that they were clear about the planning and counselling needed, to enable a birth family to share and provide information about a child's birth and early life.

Adopters were encouraged in training and in visits by supervising social workers, to meet with birth family members where possible, and to gather as much information as they were able regarding the child's early history, to share with the child in the future according to their age and understanding.

Managers reported that they tried to ensure that a life letter was completed for each child. Training should continue to be provided for new social workers, alongside the provision of clear, up to date procedures, on moving children towards adoption. This should include all the necessary paperwork to be completed.

Standard 9 (9.1)

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

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

There was evidence from discussion with staff and managers, from case files and panel observation that the agency provided support to birth parents and families before and after adoption. Wandsworth had a contract with the Post Adoption Centre in North London, and the manager confirmed that they were able to fund counselling, where appropriate, for adult adoptee and their birth families on a case-by-case basis. Information is available about local and national support groups to provide to birth parents, but the manager could not confirm that this was provided to all birth families. Efforts should be made to ensure this practice guidance is carried through. The agency subscribes to the Natural Parent Network, and have contacts with local Adoption UK representatives.

The development of the service, including the Family Support team is positive, and the agency should ensure that the service to birth families continues to improve and develop.

Adoption Panels and Agency decisions

The intended outcomes for the following set of standards are:

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

Standard 10 (10.1 – 10.3)

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

Key Findings and Evidence	Standard met?	2
<p>The policies and procedures for panel members and staff had been revised, and covered most of the relevant areas required in the National Minimum Standards. However, the procedures did not cover dealing with ineffective or disruptive panel members. This must be remedied.</p> <p>The procedures include a section on “practice monitoring”.</p> <p>Wandsworth has two panels with separate memberships to deal with the volume of work. Both make recommendations on adoption and permanent fostering cases. Only one panel was observed, but both panel chairs were interviewed, and panel minutes were inspected for both panels.</p> <p>The panel observed was handled effectively, and discussion was thorough, with all members being given the opportunity to contribute. The panel chair was encouraging and supportive to workers attending panel. Adopters also attended this panel, and were encouraged to participate. Panel members were comfortable with this aspect, as this had been a longstanding practice in Wandsworth. Adopters were provided with guidance notes on attending panel. This provided the names, but no details of the backgrounds of panel members. There was an opportunity for adopters to meet the chair before entering the meeting. Adopters interviewed, and questionnaire feedback was generally positive about panel, although some found it daunting, others commented on the welcoming and encouraging approach of the panel chairs.</p> <p>Meetings were held between the panel chairs, vice chairs, social work managers, sector manager and panel executives every three months to review permanency issues and to provide an opportunity to discuss practice issues in relation to panel, and provided a formal mechanism for panel to feedback on the quality of both the reports presented, and the childcare planning involved. However, there was little evidence of the role of panel itself in monitoring the progress of cases, and two cases discussed at the panel observed had taken two years to return for updates. The process for receiving progress reports on individual cases should be reviewed.</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

The panels were properly constituted, and the panel chairs and members had relevant qualifications and expertise. A legal adviser is always present, and written legal advice is provided, and information concerning overseas adoption is clarified as appropriate. There was a good understanding by panel members in the panel observed, evidenced by the level of discussion, of the implications of both inter-country and domestic adoption.

Both chairs and vice chairs were child protection coordinators appointed from within the Independent Practice Standards Unit for Social Services. It was a tradition to appoint from this service. In addition there were two looked after children social workers plus a member of the adoption and fostering unit on each panel. This limited the agency's independent element to the statutory minimum. Managers and chairs felt that the continuity and experience of the membership of both panels had been positive. However, this appointment practice may restrict the agency's abilities to broaden the range of backgrounds, and ethnic origins of panel members to reflect the wide service user base that the service dealt with, and might also restrict the degree of external challenge, which may add further rigour to the panel process. It is, therefore, recommended, that consideration should be given to increasing the independent membership of panel.

One of the panel chairs said that the membership of his panel would also benefit from input from a psychologist.

There is an induction process for new members, with prospective members attending panel as observers. The panels had had recent training concerning on the role and responsibilities of panels. Another day was planned which would cover contact issues. The panel has also attended training on ICA, and further training was planned during the year on changes in adoption legislation. There was no formal appraisal system for panel members.

Up to date CRB checks and references were not available on all panel files examined. These must be obtained.

Is the panel a joint panel with other local authorities?

NO

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

YES

Standard 12 (12.1 – 12.3)

Adoption panels are efficiently organised and conducted and are convened regularly to avoid delays in the consideration of prospective adopters and matching children and adopters.

Key Findings and Evidence**Standard met?**

2

A monthly panel planning meeting was held with the sector manager social work and social work managers to prioritise panel bookings to ensure efficient use of panel time. The individual panels meet monthly, so there is one panel held every two weeks. In recent years additional panels have been diarised when there is a fifth Wednesday in the month to deal with any extra demand. Papers are sent out approximately a week in advance. During observation, panel members expressed concerns over cases presented, where there had been delays. A system has been implemented to monitor timescales, and should lessen such cases in future.

A delegated panel administrator dealt with the administration of panel. Inspectors found her extremely conscientious, and in spite of a heavy workload minutes were produced promptly, and were clear and accurate. However, inspectors would recommend that minutes list the names of panel members present, as well as those attending panel to present cases. Efforts were made to ensure the decision maker, within appropriate timescales, considered the recommendations of the panel. Any cases requiring an urgent decision are prioritised by the decision maker. There was evidence that approval letters were sent out within timescales. The quality of reports presented and those read during file tracking was variable. There was a need to ensure that all information in papers presented to panel was signed and dated by the workers involved. Panel chairs said they picked up on basic errors, and those which did not provide sufficient detail, but this showed a lack of proof reading by workers and managers in some cases, and the agency should ensure that general quality assurance systems are in place before papers are presented to panel. Further training for social workers, and their managers, on writing Form E's and presenting cases to panel is recommended see Standard 7.

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

Although the quality in the standard of completed Form Fs was reasonable, the standard of Form E assessments seen were variable, but the acknowledged role of the chairs in monitoring the standard of assessments, and the evidence of this and the discussion observed at the panel contribute to the evidence that the welfare of the child to be placed was promoted. The adoption agency had appropriate arrangements in place to ensure that agency decisions are confirmed in writing within required timescales.

The chairs and team manager informed the inspectors that cases were sent back for further work, if panel did not feel they could make a decision on the information provided.

It was, however, to be commended that the department had prioritised systems to monitor timescales in family finding and case planning, and the number of children being placed for adoption was increasing.

Fitness to provide or manage an adoption agency

The intended outcomes for the following set of standards are:

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

Standard 14 (14.1 – 14.3 and 14.5 – 14.6)

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

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

Key Findings and Evidence

Standard met?

3

The service was managed by staff with relevant qualifications, skills and knowledge. The manager had many years of relevant child care experience, and a social work qualification. Although he did not yet hold a management qualification, he was due to start an NVQ level 4 qualification in November 2004.

There was evidence of effective leadership, and positive feedback from staff. Service users confirmed during interviews, and through completed questionnaires that they were generally satisfied with the service provided. There were clear lines of financial accountability, and monthly budget meetings at service manager level.

There were satisfactory systems in place to monitor quality control, and the provision and up keep of good information systems, and the operation of clear lines of accountability in these areas.

Does the manager have Management NVQ4 or equivalent?

NO

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

YES

Standard 15 (15.1 – 15.4)

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

Key Findings and Evidence

Standard met?

2

The agency is part of a much wider department concerned with the welfare of children. The system of appointing staff is administrated by the Human Resources team. Valid CRB checks and references were available for the manager, and were satisfactory. Staff spoke of the commitment of the team manager, and the support and leadership he provided.

There was evidence that systems were in place for CRB checks to be renewed every three years. Other references were satisfactory. Inspectors were informed that Human Resources/personnel have issued an instruction that routine follow up telephone calls on references should be made, but there was no evidence of this on records examined.

Telephone enquiries must be made to verify all written references, and the outcome recorded.

Provision and management of the adoption agency

The intended outcomes for the following set of standards are:

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

Standard 16 (16.1 – 16.7)

The adoption agency is managed effectively and efficiently.

Key Findings and Evidence

Standard met?

2

Line management responsibilities between the adoption and fostering section had been separated eighteen months prior to the inspection. Staff in the permanence team were still adjusting to this change, and spoke of difficulties in maintaining ongoing communication with the fostering teams. Opportunities for management and staff, of the two services, to meet to discuss common issues were now limited. Although inspectors found no direct evidence that this had effected the operation of the adoption service, it is recommended that a forum where joint practice issues can be discussed is established.

There were regular team and management meetings, and staff confirmed they received monthly supervision.

As discussed under Standard 2, there appeared some confusion and concern within the staff group regarding a perceived lack of clarity on where decisions on permanency were now made. The roles and responsibilities of managers and staff in permanency planning meetings should be made clear. However, staff were on the whole positive about the progress the team had made, and felt that their direct line managers listened and were approachable.

A very experienced member of staff, who had carried out some of the supervision of staff was due to leave shortly. In the team manager's absence, she had dealt with most issues arising, in consultation with the service manager. She also played a lead role in post adoption and intercountry work. The management structure needed to be reviewed with her departure, as the resulting increase in workload would be considerable for the team manager. A job evaluation of the manager's workload had commenced, and needed to be completed.

However, there was evidence that this was a satisfactorily run service, and that adequate management and data collection systems were in place. Information required by inspectors was easily available, and up to date. Staff and service user feedback was on the whole positive.

There were clear procedures for the use of services provided by the Adoption Register.

Clear roles, and lines of communication and accountability for managers making permanency decisions for children must be made clear to all staff involved in this work.

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

1

Number of the above complaints which were substantiated

0

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

Key Findings and Evidence	Standard met?	3
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There were satisfactory written procedures for monitoring and controlling the activities of the adoption service.
 Appropriate information was provided on charges for its services. For example, regarding charges for intercountry assessments.
 The council’s executive regularly received written reports on the management and outcomes of the service, and there are monthly management information reports. Progress concerning the improvements needed in achieving the target numbers of children to be placed is reported to committee regularly. Managers monitored the reasons for unnecessary delays in the process. The Assistant Director for Children’s Services chairs the permanency monitoring group. There was a commitment to improving the service provided in adoption.

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

Monthly?	YES
Quarterly?	
Less than Quarterly?	

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?	3
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The agency has access to specialist advisers and services. Legal advice, and attendance at panel was shared within the legal services team, but was said by managers and chair to be effective, and of a high standard. Written advice was provided to panel members at the panel observed.
 The medical adviser had an office base, and was easily accessible to staff. The quality of advice was said to be consistent by those staff and panel members interviewed, and those who returned questionnaires to the inspectors.
 Managers could use independent consultants, when necessary.
 There was a document on the role and expectations of the medical adviser.

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?

3

There were good recruitment and selection procedures that ensured the employment of appropriately qualified and, where possible, experienced staff. The department had updated all police checks with current CRB checks for all staff employed in the adoption team, and details of these checks were up to date on all files examined, along with written references. Inspectors were informed that the practice of making telephone enquiries to verify written references was now being implemented.

All staff were qualified, with a least two years post qualifying experience, and three had completed the PQ Child Care Award. Staff confirmed that the annual appraisal system was carried out, and that regular supervision was received. The level of experience of workers in the team varied. It was a requirement for all new workers to receive induction, and all staff to attend training on diversity, keeping safe and safe caring. Section 51 counselling was only undertaken by staff under the supervision of the adoption adviser, who was very experienced in this work. However, she was leaving shortly, and there was no one yet identified to continue this work.

Equality and diversity issues were taken seriously.

Quality of staff was evidenced by interviews, examination of files, and observing staff presenting cases to panel. The medical adviser was very experienced, and had an office base in the fostering and adoption service, and was accessible to staff for informal discussion.

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?

38

%

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**

The agency had systems in place to prioritise and monitor workloads, including unallocated cases. There were structures for charting the progress of cases in line with the timeframes set out by the National Standards. Inspectors were informed that the manager or supervisor, before presentation to panel, monitored the quality of assessments in supervision through case discussion.

Staff were also involved in recruiting and assessing permanent foster carers. This obviously had an impact on progressing ongoing adoption work.

Staff confirmed that they were encouraged to attend training, and that they had access to relevant topical and professional training. They confirmed that there was access to a range of medical, educational and legal advice. Performance related pay had been operating for about 18 months, but staff felt there was a lack of career development and progression in the adoption and fostering team. There had been a recent high turn over of staff in the children in need teams.

There was a recognition that the administrative staff had been under pressure with the volume of work. This should be reviewed to ensure that the administrative support is adequate to support the team at all times.

All staff were provided with appropriate contracts of employment, and had access to employment policies. Staff were given copies of employment policies on joining the department, and had access to these policies on the council's intranet. A number of sessional workers were regularly used. A number had worked for Wandsworth for some years.

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

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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The number of social work posts in the team was ten. This was felt to be adequate to meet the needs of the agency at present, but the situation was under constant review by managers. The general shortage of qualified social workers in London was felt by managers to affect the department’s ability to recruit and maintain staff, and out of four new staff in the team, three were employed via an agency. There was some concern expressed amongst staff that salaries were no longer competitive with other inner London boroughs. Also although principal social worker posts had been created in other child care teams, this had not happened in adoption and fostering. Some staff felt undervalued, and management should ensure there are sufficient forums in place for staff to express their views on staffing issues, particularly relating to staff retention and operational changes. There was a social work trainee scheme in place.

All adoption team members were suitably qualified and experienced, and sessional workers used to carry out intercountry adoption were experienced and knowledgeable in this work.

Total number of social work staff of the adoption service	10	Number of staff who have left the adoption service in the past 12 months	2
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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There was evidence that the department was a fair and sound employer. Staff confirmed that they were made aware of the agency’s whistle blowing policy during their induction process, and that this policy was available to all staff on the council’s intranet. The agency was covered by the council’s public liability and professional indemnity insurance, and had all relevant employment policies in place.

Standard 23 (23.1 – 23.6)		
There is a good quality training programme to enhance individual skills and to keep staff up-to-date with professional and legal developments.		
Key Findings and Evidence	Standard met?	3
<p>Staff are encouraged through supervision and the annual staff development system to increase their skills and knowledge through training. The manager reported that the children and families training section regularly evaluated all training, and work was being undertaken to develop and improve the training programme. There were mixed views from staff on the quality of the induction programme.</p> <p>Information is circulated to staff regularly regarding legal changes, and there are opportunities for discussion on these issues at team meetings.</p> <p>There was an annual Children and Families Training programme, which included Planning for Children, Attachment Theory and Equality and Diversities issues. Staff spoken to felt access to training was available, but pressure of work sometimes restricted their take up of these opportunities.</p>		

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?	2
<p>Appropriate case records were kept for children and adopters, and written policies reflected this, and highlighted issues of confidentiality. A record that all enquiries and checks have been carried out was maintained on adopters' files. However, recording of notes taken during assessment interviews, were not always kept during the process. These should be available. All case recording for applicants undergoing assessment was planned to go live on the electronic record system within the next six months. There was no evidence that records were inspected by team managers, or of supervision decisions being recorded on adopters' file. Further work should be done to ensure that this expectation is carried out.</p> <p>The system to monitor the quality and adequacy of records must be carried out on a regular basis by management.</p> <p>However, the general standard of recording seen was satisfactory, and files were well ordered.</p> <p>Written policies were contained in the "Recording Procedures and Guidelines" document, and included sections on content and house style. All current cases were kept in suitable lockable cabinets. Archived files were in a lockable room in the same building, so file retrieval was easily achieved. There were restrictions on who could access these files, and requests could only be made via the adoption team manager or adoption adviser.</p>		

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

Key Findings and Evidence	Standard met?	3
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There was evidence from files and discussion with staff that relevant information was shared appropriately with other agencies working together with Wandsworth in the placement of children for adoption. Written policy and procedural instructions took into account the requirements of the Data Protection Act 1998, and the Human Rights Act 1998. Procedures for authorising access to case files were in place, and were followed appropriately. The department required a confidentiality agreement form to be signed before disclosing information about a child to other agencies, and persons not employed by the adoption agency.

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?	3
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There are satisfactory written policies and guidance on case recording. The records examined were generally well ordered and of a reasonable standard, but file indexes were geared towards foster carers rather than adopters. This should be reviewed. Staff files were kept separately by the personnel department. The adoption team manager kept supervision files on each staff member. Allegation records were co-ordinated centrally. Complaints were held within the complaints section, and copies held on individual children or adopter files. All confidential records were stored securely in lockable cabinets. Archived adoption files were stored in a secure room, with agreed restricted access.

Standard 28 (28.1 – 28.2)
Up-to-date, comprehensive personnel files are maintained for each member of staff and member of the adoption panel.

Key Findings and Evidence	Standard met?	2
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Up to date personal files are maintained on all members of staff. There was no CRB on one file, although inspectors were assured it had been received. The files should be better organised, and the appointee checklist should be updated to include follow up telephone calls on references.

However, examination of files showed that separate files for members of the adoption panel were not kept, and that there were no details of CRB checks for internal panel members recorded with panel members' information.

The agency must ensure that all listed areas under NMS 28.2 and Schedule 3 regarding all panel members are maintained on separate files.

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 premises were generally suitable for the purpose, although staff found the space cramped and limited. The children and families division was situated in the same building, and provided good links with the placing social workers, and opportunities for ongoing communication and joint working.

Security measures were satisfactory, with coded entry systems on each floor, and a manned reception area on the ground floor. There were facilities for holding training in other locations in the borough. Panels were held in a meeting room in this building, but there was no waiting area for adopters, apart from the general reception area, or in the adoption team rooms. It is recommended that the present location for holding panels is reviewed to provide a suitable waiting area.

Administration systems were satisfactory. The council's IT system was networked, and was password protected. There were sufficient safeguards built into the system to ensure security of access. All electronic records were backed up daily. Each member of staff with a desk had their own PC

The premises were covered by the council's insurance.

A full departmental Disaster Recovery Plan, which specifically covered adoption files was not yet published. This must be finalised.

Old adoption records were kept in a locked central filing room on the premises. Although records were secure, it was not certain if the cabinets were fire proof. This should be investigated.

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 27th October and 9th- 11th November 2004 and any factual inaccuracies:

Please limit your comments to one side of A4 if possible

These are available on request.

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

Amendments to the report were necessary	<input type="checkbox"/>
Comments were received from the provider	<input type="checkbox"/>
Provider comments/factual amendments were incorporated into the final inspection report	<input type="checkbox"/>
Provider comments are available on file at the Area Office but have not been incorporated into the final inspection report. The inspector believes the report to be factually accurate	<input type="checkbox"/>

Note:

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

D.2 Please provide the Commission with a written Action Plan by 2nd June 2005, which indicates how statutory requirements and recommendations are to be addressed and stating a clear timescale for completion. This will be kept on file and made available on request.

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

Action plan was required	<input type="checkbox"/>
Action plan was received at the point of publication	<input type="checkbox"/>
Action plan covers all the statutory requirements in a timely fashion	<input type="checkbox"/>
Action plan did not cover all the statutory requirements and required further discussion	<input type="checkbox"/>
Provider has declined to provide an action plan	<input type="checkbox"/>
Other: <enter details here>	<input type="checkbox"/>

Public reports

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

D.3 PROVIDER'S AGREEMENT

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

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

Print Name _____
Signature _____
Designation _____
Date _____

Or

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

Print Name _____
Signature _____
Designation _____
Date _____

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

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