



*Making Social Care
Better for People*

inspection report

Local Authority Adoption Services

**Barnet London Borough Council
Adoption Service**

Barnet House
1255 High Road
Whetstone
London
N20 0EJ

2nd February, and 15 - 17th March 2004

Commission for Social Care Inspection

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

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

The role of CSCI is to:

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

Inspection Methods & Findings

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

The 4-point scale ranges from:

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

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

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

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

ADOPTION SERVICE INFORMATION

Name of Local Authority

Barnet London Borough Council Adoption Service

Headquarters Address

Barnet House, 1255 High Road, Whetstone, London, N20 0EJ

Adoption Service Manager

Jenny Belsham

Tel No:

020 8359 5704

Address

Barnet House, 1255 High Road, Whetstone, London, N20 0EJ

Fax No:

Email Address

Certificate number of this adoption service

Date of last inspection

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

Date of Inspection Visit		15th March 2004	ID Code
Time of Inspection Visit		10:00 am	
Name of Inspector	1	Sue Nott	124902
Name of Inspector	2	Helen Norry	074180
Name of Inspector	3		
Name of Inspector	4		
Name of Lay Assessor (if applicable) Lay assessors are members of the public independent of the NCSC. They accompany inspectors on some inspections and bring a different perspective to the inspection process.			
Name of Specialist (e.g. Interpreter/Signer) (if applicable)			
Name of Establishment Representative at the time of inspection			

CONTENTS

Introduction to Report and Inspection
Inspection visits
Description of the Adoption Service

Part A:

Inspector's Summary and Evaluation
Reports and Notifications to the Local Authority and Secretary of State
Implementation of Statutory Requirements from last Inspection
Statutory Requirements from this Inspection
Good Practice Recommendations from this Inspection

Part B:

Inspection Methods & Findings
National Minimum Standards For Local Authority Adoption Services

Statement of purpose

Securing and promoting children's welfare

Prospective and approved adopters

Birth parents and Birth families

Adoption panels and Agency decisions

Fitness to provide or manage an adoption agency

Provision and management of the adoption agency

Employment and management of staff

Records

Fitness of premises

Part C: Lay Assessor's Summary (where applicable)

Part D: Provider's Response

D.1. Provider's comments

D.2. Action Plan

D.3. Provider's agreement

INTRODUCTION TO REPORT AND INSPECTION

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

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

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

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

The report will show the following:

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

This report is a public document.

INSPECTION VISITS

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

BRIEF DESCRIPTION OF THE SERVICES PROVIDED.

A local authority adoption service covering an outer London area, with a growing demand for adoptive placements. The adoption team was established five years ago, and was part of the overall family placement service for the borough. The team consisted of the manager, four full time establishment posts, plus one worker on secondment from a Looked After Children team, and a principal practitioner (Adoption Support). Two additional social worker posts are to be recruited in response to the new adoption support legislation.

The service was a member of the North London adoption consortium established to share resources, including adoptive families and training. Inter country work was contracted out to Norwood Jewish adoption agency. Some post adoption work was out sourced to the Post Adoption Centre, which provided a local surgery for Barnet service users.

Most of the children in adoptive placements were with families living either in Barnet, or in neighbouring authorities. At the time of inspection there were twenty-two children awaiting placements, and eight approved families awaiting a match.

The service was also responsible for assessing and supporting birth family relatives, where adoption was the plan within the child's own family.

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 Barnet Social Services Adoption Service was carried out over three days, plus observation of the adoption panel on a separate day. However, due to unforeseen family circumstances, the team manager was not available during the period of the inspection. Also, the assistant divisional manager was retiring during that week.

Nevertheless, staff were accommodating and did their best to facilitate the inspection timetable, and provide all the information required. Overall the inspectors found an improving service, meeting or partially meeting most of the standards required. There was a committed staff and management group, with a range of experience and skills, who were already aware of, and working on many of the issues raised in this summary.

Statement of Purpose (Standard1)

This standard was partially met. The agency had a clearly written Statement of Purpose, which accurately reflected the aims and objectives, and covered most of the areas expected. However, it was still awaiting formal approval. The British Association for Adoption and Fostering Children's Guide was used. This gave good information on adoption, but needed to be developed further to include the agency's own information, to provide a guide that described Barnet's own adoption service. Policies and procedures were in the process of being updated.

Securing and Promoting Children's Welfare (Standard 2)

This standard was met. The agency had an ongoing and developing recruitment programme. Staff were aware that they needed to target communities more effectively to meet the demands on their service, and to provide applicants who would best meet the needs of the range of children requiring adoptive families. The team were active members of the North London Consortium, which was developing a joint recruitment strategy with other member agencies. A publicity freelance worker had been employed to do work for the department on staff recruitment, and adoption and fostering.

The agency took seriously the need to listen to children, and had run listening groups for children in residential and foster care giving these children the opportunity to comment on the quality of their care, and plans for their future.

Prospective and Approved Adopters (Standards 3-6)

Four standards were assessed: three were met; one was partially met. There was evidence that the agency was thorough in its assessments of adopters, The system of planning meetings for family finding and matching was good, and positive feedback was received

from both staff and adopters on this process. The provision of ongoing support to adoptive families and children was developing, and specialist advice and services were available, if needed. There was evidence of the agency being responsive to individual needs, and there was a contract with the Post Adoption Centre to provide a regular surgery in the borough. Inter country adopters were referred to Norwood Jewish Adoption Agency.

Birth parents and Families (Standards 7-9)

These standards were met. Where possible, the adoption agency worked with birth parents to enable effective plans to be made and implemented for their children. Access to a support worker, independent of child's social worker, was offered to birth parents who were contesting the agency's plan for their child. The North London adoption consortium was also organising an independent service for birth parents, which Barnet would be able to access. Ongoing training, and clear up to date procedures, needed to be provided, especially for new social workers, on moving children towards adoption, and involving birth families in the process. Some form of contact, where possible, between the child and their birth family was maintained, and encouraged after adoption.

Adoption Panels and agency decisions (Standards 10-13)

Two standards were met; two were partially met. The panel was properly constituted and meetings were held regularly. The panel chair was suitably qualified and experienced. Panel members received papers sufficiently in advance. Regular training for the panel was planned, and prospective adopters were encouraged to attend panel. Good medical advice was provided. A formal mechanism for panel to feedback to the agency on quality assurance issues needed to be developed.

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

These standards were met. The manager was appropriately qualified and had relevant professional child care experience. There was positive feedback from staff and service users that she demonstrated good leadership. Lines of accountability were clear.

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

Two standards were met; One was partially met. There was evidence of good monitoring of the activities of the adoption agency by management and an active and involved council member.

Employment and management of staff (Standards 19-23)

Three standards were met; Two were partially met. There were generally good recruitment and selection procedures to ensure the employment of appropriately qualified and experienced staff, but these procedures needed to be updated. Innovative action had been taken to increase recruitment to social work posts, but the agency needed to ensure sufficient administrative support was also provided.

Records (Standard 25-28)

One standard was met; Three were partially met. All case records seen were of a reasonable quality, and were secured and stored appropriately. However, file audits were not taking place. Panel members files did not contain all information required.

Fitness of premises (Standard 29)

This standard was 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 accessible to service users and staff with disabilities, and was fully 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:

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

Requirements from last Inspection visit fully actioned?

NA

If No please list below

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 National Care Standards Commission to monitor compliance with the above requirements.

STATUTORY REQUIREMENTS IDENTIFIED DURING THIS INSPECTION

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

STATUTORY REQUIREMENTS

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

No.	Regulation	Standard *	Requirement	
1	LAASR 2(1)	LA1	The statement of purpose must be approved by committee, and reviewed at least annually.	31.07.04
2	LAASR 2(3)	LA1	The agency's policies, procedures and written guidance must be updated, and accurately reflect the statement of purpose.	31.07.04
3	AAR 9(4)	LA5	The agency must ensure it has a system in place where adopters would be asked to sign a form regarding the notification of the death of the child.	31.07.04
4	AAR12(1)	LA5	Clear and up to date written information on any financial support, provided by the department to prospective adopters, must be produced, so adopters are clear on all aspects of support available.	31.07.04
5	AAR10(3)	LA10	A formal feedback mechanism from the adoption panel to the agency must be established, and included in the up dated procedures.	31.08.04
6	AAR5(5)	LA10	Panel recommendations must not be made unless full discussion is possible by a panel that is quorate.	18.03.04
7	LAASR 15(1)	LA28	The agency must ensure that all listed areas under NMS 28.2, regarding panel members are maintained on file.	31. 07.04

8	AAR6(4)	LA18	The hours worked by the medical adviser, and the contract made with the health authority must be reviewed to ensure a manageable caseload, and ensure this high standard of service is continued. Written protocols governing the role of specialist advisers must be developed.	31.08.04
9	LAASR 11(3)	LA19	The agency must ensure that personnel procedures and practice are updated to reflect the process of verifying references by following up with telephone enquiries.	30.06.04
10	LAASR 10(a), (b)	LA20	The agency must ensure there is sufficient administrative support to the team at all times.	31.07.04
11	AAR15(3)	LA26	Written policies and procedures regarding Access to Records must be updated to include all relevant areas covered under Standard 26.2, and the requirements of the Data Protection Act 1998, and the Human Rights Act 1998.	31.07.04
12	AAR7(2)	LA27	The system to monitor the quality and adequacy of records must be carried out on a regular basis by management.	30.06.04

GOOD PRACTICE RECOMMENDATIONS FROM THIS INSPECTION

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

No.	Refer to Standard *	Recommendation Action
1	LA1	The statement of purpose should also include the address of the manager of the service, and details of the systems in place to monitor and evaluate the effectiveness and quality of the service.
2	LA1	The children's guide should be developed further by including the agency's own information to provide a guide that described its own adoption service, and to ensure flexibility in meeting the needs of different age groups and abilities. A summary of the statement of purpose should be included, and the information on contacting the Commission should be updated. The process for making complaints within Barnet should be made clear.
3	LA4	Adopter's career histories should include months as well as years, where possible, and explanations of any periods of unemployment.
4	LA4	Barnet's policy concerning pets should be clarified, as there seemed some confusion around this at the panel attended.

5	LA6	The agency should ensure that adoption support assessments are considered at the time of a best interests decision, and confirmed at the time of matching a child with a family.
6	LA7	More work should be done around ensuring that birth parents see and have the opportunity to comment on, what is written about them in E forms before details are shared with the panel or adopters.
7	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 cover the necessary paperwork to be completed during the process.
8	LA9	The agency should ensure that all birth families continue to receive a service both before and after adoption, if requested.
9	LA10	It is recommended that the system for greeting and introducing the prospective adopters to panel is reviewed.
10	LA10	It is recommended a forum is developed in which the chair of the panel can provide regular feedback to senior management on the quality of both the reports presented, and the childcare planning involved.
11	LA12	The agency should ensure that all social workers and managers working with LAC, receive regular training on moving children to adoption.
12	LA18	Further training for staff, panel and the legal department concerning twin tracking should be explored.
13	LA20	With a planned increase in staff, the inspectors recommend that the duty system should be reviewed to try to ensure a same day response whenever possible, to enquirers.
14	LA23	It is recommended that staff should be given clear information and timescales related to achieving their PQ Awards.
15	LA25	Recording of key issues covered during assessment interviews should be kept on file.

- 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)	NO
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	02/02/04
Time of Inspection	14.00
Duration Of Inspection (hrs)	50
Number of Inspector days	4
Additional Inspection Questions:	
Certificate of Registration was displayed at time of inspection	NA
The certificate of registration accurately reflected the situation in the service at the time of inspection	NA
Total Number of staff employed (excluding managers)	6

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

The scale ranges from:

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

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

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

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

Statement of Purpose

The intended outcome for the following standard is:

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

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

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

Key Findings and Evidence

Standard met?

2

Barnet's Statement of Purpose was clearly written, and accurately reflected the aims and objectives of the adoption service. The document covered most areas expected, including its organisational structure. However, it should also include the address of the manager of the service, and details of the systems in place to monitor and evaluate the effectiveness and quality of the service. It had not yet been formally approved, and a date was being arranged for presentation to committee. It will be reviewed annually.

The agency used the British Association for Adoption and Fostering Children's Guide. This gave good information on adoption, but should be developed further by including the agency's own information to provide a guide that described its own adoption service, and to ensure flexibility in meeting the needs of different age groups and abilities, ensuring access by all. The manager confirmed that facilities to translate the leaflet into other languages were available. A summary of the statement of purpose should be included, and the information on contacting the Commission should be updated. The process for making complaints within Barnet should be made clear.

The service's policies and procedures were in the process of being updated to take account of the standards and changes in legislation.

All members of the adoption team had seen a copy of the Statement of Purpose, and were aware of its contents.

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

NA

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

NO

Is there a children's guide to adoption?

YES

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

NO

Securing and promoting children's welfare

The intended outcome for the following set of standards is:

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

Standard 2 (2.1 - 2.3)

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

Key Findings and Evidence

Standard met?

3

The adoption service had written plans identifying its strategy for the recruitment of adopters to meet the needs of the agency. There was an ongoing developing recruitment programme, and a publicity team member who took responsibility for co-ordinating the advertising involved. The team were working with the North London Consortium in developing a joint recruitment strategy with the other member agencies. This would include joint advertising, and visiting community groups. There was also joint planning with Barnet's fostering team to coordinate recruitments initiatives. Staff recognised that the service is currently some way from recruiting the numbers of adopters it needed, particularly for children of dual heritage, and that the strategy could be improved. With more staff joining the team, managers were positive that an increase in active targeted recruitment campaigns would be continued and developed. Staff informed the inspectors that they were also able to place through interagency arrangements to improve placement choice for the children.

The agency takes into account wherever possible the children's views on adoption and matching based on their age and understanding. Listening groups for children in residential and foster care have taken place, allowing children the opportunity to comment on the quality of their care, and the changes they want in involving them in plans for their future.

In the last 12 months:

How many children were identified as needing adoptive families?

27

How many children were matched with adopters?

20

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

16

How many children were placed with other services' adopters?

4

How many children were referred to the Adoption Register?

6

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

18

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

90

%

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

4

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?

22

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

The team aimed to recruit fifteen families a year. At the time of inspection, the agency was prioritising African and African Caribbean, and dual heritage adopters. Written information was provided in a pack to prospective applicants regarding the assessment process, and included a flowchart and profiles of children. The eligibility criteria was made clear in the leaflet Adoption in Barnet. It stated that age, marital status and sexuality were not a bar to adopting. The pack included information on the agencies priorities, and their need to approve adopters who will best meet the needs of the children waiting for new families. Applicants wishing to adopt from another country are directed to the Overseas Adoption Helpline or Norwood. Barnet had an arrangement with this agency to carry out inter country assessments on their behalf.

Information sessions are provided for prospective applicants. Adopters interviewed confirmed that this included the opportunity to talk with adopters, who had already been through the process, about their experience.

Information is given to prospective adopters about children waiting for adoption, both locally and nationally, and details are given about BAAF and Adopt UK.

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**

Examination of files, panel attendance, adopter questionnaires, and interviews with adopters gave evidence of a thorough assessment process. The agency aimed to provide an initial interview within one month. There was a set programme for preparation groups run over three days, which Barnet organised twice a year. These had usually been run on Saturdays, but the next one planned was to be run on weekdays, and the feedback regarding timing monitored. The team can also feed applicants into the North London Consortium groups, giving the applicants the opportunity to attend eight other groups, and thus avoid any unnecessary waiting. Some adopters felt the timings of the groups and home visits during the assessment were, at times, too inflexible, and needed to be varied. On the whole adopters were satisfied with the content of the groups, which inspectors were told was reviewed on a regular basis. One adopter commented that the groups could be stressful for applicants with poor literacy skills. Staff should be sensitive to this in planning their preparation programme. BAAF F Form is used for all assessments, and competency sections were completed. Adopter's career histories were not always detailed enough on files seen, and should include months as well as years, where possible, and explanations of any periods of unemployment. Existing foster carers who were planning to adopt were also encouraged to attend preparation groups.

Prospective adopters seen commented that the group they attended were "very good". Statutory checks were carried out appropriately, and all members of a household aged over 16 are required to undergo CRB checks. Barnet's policy concerning pets should be clarified, as there seemed some confusion around this at the panel attended.

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 system of planning meetings for family finding and matching was good, and positive feedback was received from both staff and adopters on this process. Adopters were advised of the matching process and the Adoption Register at the last session of the preparation group, and written information was provided in the adopters pack received after approval. There was evidence that efforts were made to give the adopters clear and up to date written information about the child, although managers recognised that there may be some cases where due to changes of worker, information had not been as helpful as it should have been. Adopters received a copy of the E form on the child, and any reports the court gave permission to share. Adopters were encouraged to produce an appropriate booklet about themselves to share with the child when a match takes place.

The BAAF interagency form H was used for all placements providing a written and signed record of the arrangements. The agency was looking at devising a form which adopters would be asked to sign regarding the notification of the death of the child. This would be part of the contact file. This system must be developed, and written records kept of the adoptive parents' decision and subsequent action.

A number of adopters commented, in interview and questionnaires on the lack of written information on financial support. This must also be produced, so adopters are clear on all aspects of support provided by the department.

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 clear strategy for working with and supporting adopters, and there was evidence of it being responsive to individual needs. Various strategies are used when placements are struggling, and access to a range of therapeutic services was provided where possible, including individual work by play therapists, use of CAMHS, and referral to Family Futures or the Post Adoption Centre. Norwood provides support to Barnet's overseas adopters. However, two sets of adopters in questionnaires commented on the length of time it took to get support. Staff reported that education support had been a problem for some adoptive families to access, but joint work was taking place with the education department to prioritise the needs of LAC. The agency should also ensure that adoption support assessments are considered at the time of a best interests decision, and confirmed at the time of matching a child with a family.

The importance of keeping children's background information safe was explained to adopters during the preparation groups and assessment process. The agency takes seriously the need for adopters to understand and deal with racism and discrimination directed at their child. Workshops on identity issues are part of the ongoing support programme offered.

There had been no recent disruptions of placements, but the manager reported that the agency would work with other agencies and the adopters to provide support to them and the child, and organise a disruption meeting with an independent chair.

Number of adopter applications started in the last 12 months

9

Number of adopters approved in the last 12 months

9

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

16

Number of adopters approved but not matched

8

Number of adopters referred to the Adoption Register

19

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. A leaflet was given to birth parents explaining adoption. Evidence that their views had been sought and recorded was checked on cases being discussed at the adoption panel observed. Access to a support worker independent of child's social worker, as well as services via the Post adoption Centre or the Natural Parents Support group, was offered to birth parents who were contesting the agency's plan for their child. The North London adoption consortium was also organising an independent service to birth parents, which Barnet would be able to access.

It was recognised that more work needed to be done around ensuring that birth parents see and have the opportunity to comment on what is written about them in E forms before details are shared with the panel or adopters, and workshops had already been set up to help give guidance to social workers in LAC teams on completing Form E's.

The service to relinquishing mothers was provided through the hospital social work service. All procedures concerning the roles and responsibilities of the different workers involved are to being updated.

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
----------------------------------	----------------------	----------

There was evidence 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 is in place. Staff interviewed 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. However, discussion with an adopter, who had had an interagency placement, showed difficulty in obtaining information that should have been provided by the agency involved, and where changes of the child's worker had meant relevant information had not been sought from the family. The manager hoped that the quality of information would improve with the addition of a fully independent service. 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 the necessary paperwork to be completed.

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.

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. However, one birth parent, who completed a questionnaire, felt that although support had been offered during the initial process, that this had evaporated as the adoption plan progressed. There was a contract with the Post Adoption Centre to provide a surgery locally to offer independent counselling and advice. Information is available about local and national support groups to provide to birth parents. The agency should ensure that all birth families continue to receive a service both before and after adoption if requested.

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>There are written policies and procedures for panel members and staff, which cover all the relevant areas required, including those to ensure the panel is quorate. This was evidenced in practice, as the panel observed during the inspection, was delayed in starting until the appropriate number of members had arrived. The procedures made it clear that the final decision on the case presented rests with the nominated decision maker for the agency, the head of Children's Services.</p> <p>The panel observed was handled effectively, and discussion was thorough. However, the panel chair should continue to ensure that all members are encouraged to contribute, and endeavour to keep the discussion within its allocated time.</p> <p>Adopters attended the panel, and were encouraged to participate. Panel members were comfortable with this aspect. However, it is recommended that the system for greeting and introducing prospective adopters to panel is reviewed. Although adopters are provided with an information and feedback leaflet on panel, there should be the opportunity for adopters to meet the chair before entering the meeting.</p> <p>Feedback from the panel to the agency was via the chair, but there was no formal mechanism in place, and this was not covered in the procedures. A forum must be developed for the chair to provide regular feedback to senior management on the quality of both the reports presented, and the childcare planning involved. This must be included in the present updating process. There was evidence, however, that the role of panel in monitoring the progress of cases was already taken seriously, and issues of concern raised in the panel, observed during the inspection, were to be brought to the notice of senior LAC managers, by staff who were members of the panel.</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?**

3

The panel was properly constituted, and the panel chair and members had relevant qualifications and expertise. A legal adviser is always present. There was a good understanding by panel members, evidenced by the level of discussion, of the implications of adoption.

The service was trying to broaden the range of backgrounds, ethnic origins and gender of panel members to reflect the wide service user base that it dealt with. The panel chair said that the membership would also benefit from a professional educational input, which as yet was not available. No panel member is allowed to begin work until CRB checks and references have been obtained.

There was an induction process for new members, and at least one day's training was provided. The panel were invited to attend workshops with the adoption team. The medical adviser attends specific BAAF training. Further training was planned during the year.

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
<p>The panel is held every month, and extra panels are diarised between each scheduled meeting to deal with extra demand where necessary. The panel observed was delayed until it was quorate, but evidence on some files examined suggested that recommendations had been previously been discussed when panel was not quorate, although these were not formalised until the next panel meeting. It was not clear if the discussions were held again with a quorate membership. The agency must ensure that recommendations are not made unless a full discussion is possible. It was positive that the agency now undertook to ring panel members before meetings to ensure quoracy. Papers were sent out ten days in advance. There was a need to ensure that all information in case papers presented to panel was anonymised, and that papers are signed and dated by the workers involved. During the inspector’s observation, panel members expressed concerns over two cases presented, where there had been unnecessary delays. The medical adviser also expressed concern about her lack of knowledge of these cases, prior to receiving panel papers. Training for social workers and managers on the process of moving children to adoption was being provided, and this should continue, and include when to contact the medical adviser. The administration of panel was dealt with by an administrator in the family placement service, who was also the delegated minute taker. The minutes are checked by the chair. However, managers and the panel chair reported previous problems with this system, due to the workload on their administration service. It is recommended that administrative support to the adoption team is increased to ensure appropriate workloads for staff preparing panel papers. There is also a need to explore the safety of confidential papers being sent through the post, without the security of recorded delivery. Efforts were made to ensure the recommendations of the panel were considered by the decision maker, within appropriate timescales. This was not always with the benefit of the full minutes, but the cases were fully discussed with the director by the assistant divisional manager approximately 3 days after panel.</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?	3
<p>The timescales are discussed in Standard 12. The standard of assessments seen, and the full and thorough discussion observed at the panel, contribute to the evidence that the welfare of the child to be placed was promoted. One case where a “best interests “ decision was to be considered was sent back for further work. There was some confusion, and difference of views within panel about the process of twin tracking in care planning. Further training for panel, social workers and legal advisers is recommended. The adoption agency had appropriate arrangements in place to ensure that agency decisions are confirmed in writing. The department had prioritised resources into early intervention in case planning, and the number of children being placed for adoption was increasing.</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 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. She was in the process of exploring options for achieving her management qualification by April 2005. She had already undertaken a number of short management courses, and was seeking advice as to whether these could be used as portfolio evidence for NVQ level 4 in management. There was evidence of effective leadership, and positive feedback on this issue from staff in both the adoption team and from placing social workers. Service users confirmed during interviews, and through completed questionnaires that they were generally satisfied with the service provided.

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?

3

The agency is part of a much wider department concerned with the welfare of children. The system of appointing staff, is dealt with by the Human Resources department. Valid CRB checks had been obtained for the manager, and details were kept on a computer record, as the checks themselves are destroyed after six months. There was evidence that systems are in place for CRB checks to be renewed every three years. Other references were satisfactory. Colleagues spoke highly of the commitment of the manager, and the support and leadership she provided.

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 evidence that this was a well run service, and that satisfactory management and data collection systems were now in place. Information required by inspectors was generally easily available, and up to date. Staff and service user feedback was on the whole positive. The manager was praised by the staff group for the quality and consistency of supervision and support provided to the team, and staff were clear on their areas of responsibility and accountability. The principal practitioner took responsibility for the post adoption support work within the service, and was to take the lead in Section 51 Counselling. In the manager's absence, the principal practitioner dealt with most issues arising, in consultation with the assistant divisional manager.

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

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
----------------------------------	----------------------	----------

All written procedures covering the work of the adoption team, including those for monitoring and controlling the activities of the adoption service were in the process of being updated. Appropriate information was already provided on charges for its services. For example, BAAF interagency rates were charged for all placements made with other agencies. The council’s cabinet received written reports on the management and outcomes of the adoption service twice a year. Up to date statistics are attached to the annual report on the work of the adoption and permanency panel. An interview with the councillor with portfolio responsibility for adoption confirmed this. She reported that council members took their corporate parenting responsibilities seriously. She was well informed on issues of health, education and housing for looked after children. The council were monitoring carefully the progress being made in the numbers of children being adopted, and the reasons for unnecessary delays in the process, and any further improvements needed. The Head of Children and Families met with the councillor every two weeks, and gave interim reports on progress.

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

Monthly?	
Quarterly?	
Less than Quarterly?	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 agency has access to specialist advisers and services. However, the medical adviser was carrying out an increasingly heavy workload without an increase in allocated time. Her contribution and expertise was valued by all those spoken to. The hours worked by the medical adviser, and the contract made with the health authority must be reviewed to ensure a manageable caseload, and ensure this high standard of service is continued. Written protocols governing the role of specialist advisers did not appear to be in place, and must be developed.

Legal advice, and attendance at panel was shared within the legal services team, and the quality of advice was said to lack consistency by those staff, and panel members interviewed by, or who returned questionnaires to the inspectors. At panel observed, there was some confusion about the implications of “twin tracking” in child care planning. Further training for staff, panel and the legal department on this issue should be explored.

The agency had access to other specialists within the department, and was able to use independent consultants, if necessary.

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

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 examination of computer records kept by the department confirmed this. Paper copies of CRB checks are destroyed after six months. Written references had been obtained on all adoption staff, but personnel procedures do not state that telephone enquiries should be made to verify the written references. The agency must ensure that procedures and practice are updated to reflect this process.

All staff were qualified, and one had completed the PQ1 award prior to joining the team. Staff confirmed that the annual appraisal system was carried out, and that regular supervision was received. The level of experience in family placement worker in the team varied, but a number had considerable experience in children's services. New workers received induction, training and supervision in the areas of work covered, including Section 51 counselling.

However, some newer members of staff felt that the induction process was less developed for staff transferring from within Barnet. The adoption team manager at present continues to support and advise in Section 51 counselling, having previous extensive experience in this area of work. All staff dealt with a small number of cases.

Quality of staff was evidenced by interviews, examination of files, observing staff presenting cases to panel, and the accessibility of required information.

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?

18

%

Standard 20 (20.1 – 20.12)**Staff are organised and managed in a way which delivers an efficient and effective service.****Key Findings and Evidence****Standard met?****2**

The agency had systems in place to prioritise and monitor workloads. The department operated a case load weighting scheme. There were structures for charting the progress of cases in line with the timeframes set out by the National Standards. The team also carried out assessments of relatives, where adoption was the plan. These often had to be prioritised due to court timetables, and independent social workers were sometimes used to lessen the impact on progressing other ongoing adoption work.

The quality of assessments was monitored in supervision, case discussion, and by the team manager before presentation to panel.

Staff confirmed that they had access to relevant professional training. However, some members of staff said that there was access to both internal and external training, although external training was sometimes limited at the end of the financial year. There was good access to medical and legal advice for staff.

Managers recognised that they had had difficulty in providing sufficient administrative support recently, as two staff had been seconded to the training team for the new database, and at the time of inspection there was an agency worker in post. Although this situation was hopefully to be resolved by April, the establishment of administrative staff was said, by all staff interviewed, not adequate to support the team. The lack of continuity in such a key post was not helpful to the service, and the agency must ensure there is sufficient administrative support to the team at all times. Enquiries were generally dealt with promptly, but if a social worker was not available, the administrator took basic details with a commitment that a social worker will get back to them within 24 hours. This could result in the enquirer going elsewhere. With a planned increase in staff, the duty system should be reviewed to try to ensure a same day response whenever possible.

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.

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
----------------------------------	----------------------	----------

The agency has increased the number of social work posts in the unit to include two new social workers not yet appointed to deal with the demands of adoption support. This was felt to be adequate to meet the needs of the agency at present, but the situation was under constant review by managers. All adoption team members are suitably qualified and experienced. The general shortage of qualified social workers in London was felt by managers to affect the department's ability to recruit and maintain staff, but there was evidence that the council was very aware of the need to constantly review recruitment packages, and examine new initiatives to attract new staff. Regular recruitment open evenings had been established at Pizza Express, and a 24 hour telephone line to deal with enquiries. Secondment within Children and Families had been encouraged, and staff retention packages were in place.

Total number of social work staff of the adoption service	7	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.	2		

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
----------------------------------	----------------------	----------

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 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 appraisal to develop their skills and knowledge through training. The manager reported that all training was regularly evaluated by senior managers and the training section, and work was being undertaken to improve the training programme. Information on identified training needs was fed back to the training section. Each worker was appraised annually, and supervision agreements were reviewed annually. Staff spoken to felt the training budget was at times limited for external courses, and there was some confusion in the team about the criteria for eligibility in applying with the departments support to do the PQ awards. Access to internal training, and training arranged through the North London Adoption Consortium was reported to be good. Information is circulated to staff regularly regarding legal changes, and there are opportunities for discussion on these issues at team meetings.</p> <p>It is recommended that staff should be given clear information and timescales related to achieving their PQ Awards.</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?	3
<p>Appropriate case records were kept for children and adopters, and written policies reflected this, and highlighted issues of confidentiality. A new system of storage of records was operating, overseen by an archivist, and file retrieval was achieved within 24 hours from the department's depot at Mill Hill. There were restrictions on who could access these files, and requests could only be made via team managers.</p> <p>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. These should be available. Likewise, relevant emails should be copied, and kept in sequence on file. The new IT system (Swift) was not yet providing all the information needed related to adoption, but the system was being developed to achieve this. All adoption staff were due to receive training on the new system, and all file notes were to be done electronically. There was no evidence that regular file audits operated, but case discussions in supervision and team meetings were recorded on separate sheets and kept on file. All current cases were kept in suitable lockable cabinets.</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?	2
----------------------------------	----------------------	----------

There was evidence from files and discussion with staff that relevant information was shared appropriately with other agencies, working together with Barnet in the placement of children for adoption. Written policy and procedural instructions on access to records were out of date, and did not yet fully take into account the requirements of the Data Protection Act 1998, and the Human Rights Act 1998. The procedures should include obtaining a signed confidentiality agreement form from other agencies, before disclosing information about a child. As stated previously, procedures are in the process of being updated, and these must be completed to include all relevant areas covered under Standard 26.2.

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
----------------------------------	----------------------	----------

The recording policy also needed updating. There was a policy that six monthly file audits should be carried out, but this was not operating in practice. The records examined were legible, but greater use of typed reports should be encouraged. The system to monitor the quality and adequacy of records must be carried out on a regular basis by management. Staff files were kept separately by Human Resources, and the adoption team manager kept supervision files on each staff member. All confidential records are stored securely in lockable cabinets, 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
----------------------------------	----------------------	----------

Up to date personal files were maintained on all members of staff, and included copies of qualifications. CRB checks were only kept for six months, and were then destroyed. However, examination of Human Resources computer record showed up to date checks on all members of staff employed in the adoption team. Separate files for members of the adoption panel were kept by the team manager. These were inadequate, and CRB checks were still in the process of being completed for all panel members. It was recognised by the manager that the agency needed to ensure that all listed areas under NMS 28.2, regarding panel members must be maintained on file.

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 were generally suitable for the purpose, although space was limited. The looked after children service was now situated in the same building, and provided good links with placing social workers, and opportunities for ongoing communication. Security measures were adequate, with coded entry systems on each floor, and a reception, and security officer at the main door. Staff toilets were in poor repair. There were facilities for holding training in other locations in the borough. 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. Each member of staff had their own PC, and access to appropriate equipment to do their job. The premises were covered by the council's insurance. There is a departmental Disaster Recovery Plan. Old adoption records were now kept in a central archive.

PART C

LAY ASSESSOR'S SUMMARY

(where applicable)

Lay Assessor _____ **Signature** _____
Date _____

PART D**PROVIDER'S RESPONSE****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 2 February and 15-17th March 2004 and any factual inaccuracies:

Please limit your comments to one side of A4 if possible

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

Amendments to the report were necessary	YES
Comments were received from the provider	YES
Provider comments/factual amendments were incorporated into the final inspection report	YES
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	YES

Note:

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

D.2 Please provide the Commission with a written Action Plan by 2 July 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 NCSC inspection reports are public documents.

D.3 PROVIDER’S AGREEMENT

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

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

Print Name _____
Signature _____
Designation _____
Date _____

Or

D.3.2 I Jenny Belsham of Barnet London Borough Council Adoption Service am unable to confirm that the contents of this report are a fair and accurate representation of the facts relating to the inspection conducted on the above date(s) for the following reasons:

Print Name _____
Signature _____
Designation _____
Date _____

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

Commission for Social Care Inspection
33 Greycoat Street
London
SW1P 2QF

Telephone: 020 7979 2000
Fax: 020 7979 2111

National Enquiry Line: 0845 015 0120
www.csci.org.uk

S0000054951.V142006.R02

© This report may only be used in its entirety. Extracts may not be used or reproduced without the express permission of the Commission for Social Care Inspection



The paper used in this document is supplied from a sustainable source