



*Making Social Care  
Better for People*

# inspection report

## ADOPTION SERVICE

**Southend on Sea Borough Council Adoption  
Service**

**Fostering and Adoption Services  
283 London Road  
Westcliff  
SS0 7BX**

*Lead Inspector*  
Pat McKay

*Announced Inspection*  
27th September 2005      10:00

The Commission for Social Care Inspection aims to:

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

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

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

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

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

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

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# SERVICE INFORMATION

**Name of service** Southend on Sea Borough Council Adoption Service

**Address** Fostering and Adoption Services  
283 London Road  
Westcliff  
SS0 7BX

**Telephone number** 01702 354366

**Fax number** 01702 215649

**Email address**

**Provider Web address**

**Name of registered provider(s)/company (if applicable)** Southend on Sea Borough Council

**Name of registered manager (if applicable)** Maggie Pryce

**Type of registration** Local Auth Adoption Service

**No. of places registered (if applicable)** 0

**Category(ies) of registration, with number of places**

# SERVICE INFORMATION

## Conditions of registration:

**Date of last inspection** This is the first inspection under The Local Authority (England) Regulations 2003

## Brief Description of the Service:

The adoption service is located in the Specialist services section of the Children and Learning Department of Southend on Sea Borough Council.

The adoption team is situated in shop front style premises in the Westcliffe on Sea area of the borough.

The agency provides an adoption service that includes, recruiting, preparing, assessing and approving adopters, placing children with adopters, assisting with direct and indirect contact arrangements, counselling and support to birth families, and counselling for adopted adults who wish to see their birth records. The agency also provides a service to those who wish to adopt a child from another country and reports in non-agency adoption cases.

Southend on Sea is part of an adoption consortium with a London Borough and one other Metropolitan Borough.

# SUMMARY

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

## **What the service does well:**

Southend adoption service is part of a consortium of adoption agencies. The agencies work closely together and have produced some good recruitment materials for prospective adopters.

Prospective adopters can attend a preparation group in any of the three consortium agencies. The preparation courses are of good quality and many adopters said they had found them very useful, "the four day course was excellent", and "really made you think".

The senior practitioner and the social workers in the adoption team were all qualified, experienced practitioners. The checks on prospective adopters were comprehensive and fully completed in all cases.

The agency had appointed a service manager in July 2005, after nineteen months of uncertainty. The manager was an experienced and qualified childcare professional. A new post of adoption team manager had been created. It was hoped to fill this post as soon as possible.

The adoption panel was very welcoming to applicants; it put them "at their ease". The agency had secured some additional medical advice to panel to further strengthen the service.

The agency decision maker had just taken up this post. He had prepared very thoroughly for the role.

The Supporting Adoptive Parents in Southend group met in the Civic Centre and received a small amount of financial support from the Council.

The agency had used the British Association for Adoption and Fostering to deliver some training and prepare an independent report in a very difficult case.

## **What has improved since the last inspection?**

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

## **What they could do better:**

Children's adoption files needed to be audited and regularly monitored. The files needed some work to ensure they had all the information they needed.

Children's Forms E needed to be updated before matching to make sure the information is complete and up to date.

The membership of the panel needed some attention to make sure it could always be quorate. A second social worker needed to be appointed. The panel needed a professional advisor for family placement matters, as a matter of urgency.

Reporting to and monitoring by the executive side of the council needed to begin to raise the profile of adoption work in the agency.

All staff and panel members working for the agency needed to be subject to CRB checks, references and confidentiality agreements to make sure the agency is practicing safely.

The work that had been started on recruitment and retention of staff needed to continue to make sure the agency had enough staff and managers to do all the work that needed to be done.

Adoption support plans needed to be prepared in all cases to make sure adopters knew what was available to support them.

The way prospective adopters were assessed needed to be modernised to make sure it gathered all the available evidence about how they would parent a child.

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

The report of this inspection is available from [enquiries@csci.gsi.gov.uk](mailto:enquiries@csci.gsi.gov.uk) or by contacting your local CSCI office.

# **DETAILS OF INSPECTOR FINDINGS**

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# Staying Safe

## The intended outcomes for these standards are:

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

## JUDGEMENT – we looked at outcomes for the following standard(s):

2,4,5,10,11,12,13,15,19

The agency did not have a clear recruitment, assessment and matching strategy that ensured and safeguarded the welfare of children. The practice within the agency was therefore, unsafe.

## EVIDENCE:

The agency had increased the percentage target for the adoption of looked after children. The target increase was from 4% to 6%. At the time of the inspection the numbers of children adopted, placed for adoption and in the process of being matched with adopters looked set to increase this percentage to 9% by the end of March 2006. The increase in adoption work within the agency was noted in discussions with staff and managers during the inspection. The development of a tracking system from the point an adoption plan is made would assist this process and could be linked to a recruitment strategy.

The agency did not have a written recruitment strategy for adopters. The recruitment strategy needed to be developed and linked to an analysis of the needs of children waiting and those coming through the system via a tracking system. This would help to avoid delays and ensure best matches for children.

At the time of the inspection work was being done to identify the numbers and needs of children with an adoption plan. The agency had recently contracted with Barnardos to assist with this cohort of children.

In the twelve months preceding the inspection 7 domestic adopter assessments had been completed and 8 applicants were being assessed. There had been no domestic adoption disruptions. Adopters and prospective adopters did not represent the diversity within the community. The majority of adopters were white British heterosexual couples. There were some draft recruitment materials that addressed issues of diversity. These had been developed within the consortium. The Head of Service was a member of the ethnic minorities forum within the Council and was about to give a presentation to that group. The targeting and marketing approach to diversity in adopter recruitment needed to be developed to ensure children's cultural needs could be met in placements.

There had been a recent disruption in an inter-country placement. The agency had commissioned an independent review into the circumstances surrounding that case. The inspectors read the case files and the review report. It was the view of the inspectors that the review was thorough and that the agency should implement the recommendations of that review without delay to ensure that the lessons learned from this disruption were used to inform practice. The agency were considering how best to manage future assessments of this nature. It was possible that one consortium partner would take responsibility for all assessments in order to build up a body of skill and expertise in this area.

All prospective adopters were expected to attend a preparation course, in one of the consortium agencies. All members of the consortium used the British Association for Adoption and Fostering training course. Some of the comments received were, "the four day course was excellent", "very intense; very well run and informative", "the benefit for the child must come first", and "really made you think". The course included input from an experienced adopter. There were a number of comments from adopters about how useful this had been.

The formal assessment process was undertaken using the British Association for Adoption and Fostering Form F format. Statutory checks were carried out in all cases and CRB disclosure numbers were evident on files, as well as a health and safety checklist and a pets risk assessment. Previous partners were contacted as part of the assessment process.

Four assessments were looked at during the inspection. In all cases the prospective adopters had written a significant amount of the Forms F themselves. The information was not thoroughly analysed. The diversity section was particularly inconsistent. Inspectors noted some comments made by adopters that were not probed, challenged or analysed. The agency needed

to modernise the process of the Form F assessment to focus on evidence of parenting to ensure that adopters are skilled and competent to safeguard children.

Some prospective adopters had experienced long delays in the assessment process because of shortage of staff in the agency. One adopter commented, "eight month wait with no communication despite phone calls from us". One recently completed assessment had taken twenty-two months from first application.

Adopters said the assessment was very thorough, one adopter said, "the process was very detailed". Five of the returned questionnaires from adopters said that they had been well supported by their social worker, "our social worker has been the mainstay of excellent practical and knowledgeable advice", "generally we found our social worker to be helpful but we felt she was let down by lack of management and appropriate systems". The remaining eight questionnaires said that they had not been kept informed throughout the process, "we could never contact our social worker and she never contacted us to let us know what was going on", "unfortunately there are not enough staff for the amount of the workload, the system is let down by staff not being able to cover for each other and poor communication".

The inspectors formed the view that the service was inconsistent with no clear management oversight. An evaluation system that seeks the views of adopters at all stages of the process would inform the agency and ensure that practice standards are consistently applied and give early warning when difficulties occur.

Adopters were not clear about the matching process there was no clear written information available for adopters. The agency had a matching policy and procedure. Inspectors found the terminology confusing in the procedures. The matching at adoption panel was referred to as linking and the professionals meeting prior to the panel was referred to as a matching panel. Minutes from these meetings and the balance sheet annexe to the matching panel were missing from some of the children's files. There were issues about the quality and up to date nature of Forms E. The adoption panel in September was cancelled because of the poor quality of the work. The quality assurance checklists from the adoption panel identified a number of cases where the Form E was out of date at the point of matching. It was reported to inspectors that the agency updated adopters verbally during the matching process. It is vital that Forms E and supporting information are comprehensive and as up to date as possible to ensure that an accurate historical record is available for children and that the matching process can be as thorough as possible.

Adopters were encouraged to complete a family book, to help prepare children for placement. There was no evidence that adopters were asked to inform the agency if their child died in childhood or soon afterwards. A system needed to be developed.

Within the adoption consortium there were reciprocal arrangements to ensure that adopters assessed by one of the member agencies were available to all the agencies. Southend had placed four children with consortium families in the last twelve months. The consortium was developing a website and joint recruitment material as well as joint Adoption and Children Act training.

There were adoption panel policies and procedures in place. The panel met monthly. There was only one panel member who was a social worker employed by the agency. A further appointment needed to be made. This situation had existed since August 2004 and needed to be addressed as a matter of urgency. In the event of the non-availability of this member the panel would not be quorate. The panel had access to legal and medical advice. A second opinion system had been recently introduced to enhance the medical advice available to panel. The medical advisor was available to meet with adopters. The panel did not have an agency advisor. At the panel observed by the inspector a case under consideration would have benefited from immediate family finding advice. This was not available.

The adoption panel had a quality assurance checklist in place for considering each item. As previously stated this needed to be linked to a quality assurance system in the agency, to ensure updates and omissions identified at panel were addressed. Prospective adopters were given the opportunity to attend panel at approval and matching stages. An independent chairperson chaired this panel and the panels in the other two consortium agencies. Adopters said that the panel chair was "great" and that other members "put them at ease". The recommendation was relayed verbally to the applicants immediately afterwards and a letter was received within seven days. The letter was sent by the panel administrator and relayed the panel's recommendation, not the agency decision as required in the regulations. This needed to be addressed.

Eight panel member files were sampled during the inspection. No confidentiality agreements were in place and five panel members did not have enhanced CRB disclosures in place. This practice was unsafe. This was brought to the attention of managers during the inspection.

The agency decision maker was the Director of Children and Learning. This was a very recent appointment. In preparation for this role he had undertaken independent training with the British Association for Adoption and Fostering, as well as briefing sessions with key individuals and a plan to observe the adoption panel. The decision maker received all of the panel paperwork, and met with the panel chair following the panel meeting. The decision maker signed a decision sheet that clearly stated the reasons for the decision.

The agency had recently recruited a permanent service manager for the adoption service. The manager had started in July 2005. This was a very positive development. There had been five service managers in the last year. This inconsistent management practice had led to low morale in the staff group, who are to be commended for their resilience, and a lack of practice expertise, guidance and direction at management level. The new manager was an experienced and qualified childcare professional and manager. The manager did not have direct experience of managing an adoption service but was very experienced in other areas of childcare practice.

The agency had significant difficulties recruiting permanent social work staff and as a result there were a number of vacant posts. Two of the three members of the adoption team were leaving the agency in the two months following the inspection. This loss of experienced staff will further weaken the quality of the service available to adopters and children.

Independent social workers were engaged in work in three of the cases looked at by the inspectors. Enhanced CRB disclosures, interviews and reference checks had not been undertaken for any of these workers. This practice was unsafe. This was brought to the attention of managers during the inspection. The issues of recruitment and retention were being addressed. Some increase in the numbers of permanent staff employed had been achieved. A Business Support Team in collaboration with the Commission for Social care Inspection and the Department for Education and skills were taking this work forward in the agency.

## Enjoying and Achieving

### The intended outcomes for these standards are:

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

### JUDGEMENT – we looked at outcomes for the following standard(s):

6,18

There were some services in place. However, these needed to be further developed and publicised to help adopters meet the developing needs of children in Southend.

### EVIDENCE:

The agency did not have an adoption support strategy. This needed to be developed. There was no clear written information about adoption support services, including allowances. During interviews with inspectors some adopters said they did not know what, if any services were available. Adopters had very little knowledge of adoption support plans. There were some positive comments from adopters about support from the adoption team, examples were, "our social worker has always been there for us", and "we have had a brilliant service". It was the view of the inspectors that the provision of support services was inconsistent, and directly affected by lack of clear information, planning and workforce stability. This was of particular relevance at a time when the numbers of children being placed for adoption was rising significantly.

There was evidence of adoption support plans being completed in some but not all cases that were looked at during the inspection. Some children were matched and placed with adopters without support plans in place. In one case a plan had been prepared one year after placement of a sibling group. The children had experienced four changes of social worker in the year between placement and adoption order. The support plan was prepared after the adopter repeatedly raised it at the review.

There was a service level agreement with After Adoption. Not all adopters seen during the inspection were aware of the availability of this service. The agency monitors the take up of services via regular feedback from After

Adoption. Two adopters described how their adopted children had benefited from joining in After Adoption group activities.

The Supporting Adoptive Parents in Southend group met in the Civic Centre and received a small amount of financial support from the Council. The group was open to adopters from all agencies and was visited by one inspector. The group was independently run and organised. Representatives from the group met regularly with officers of the council on the adoption forum. The group played a key role in offering peer support to adopters at all stages of the process. Some adopters said they would have been lost to children if this group had not been there to support them. Group members had a wealth of adoption experience and could have been more closely involved in developing materials for use in the adoption agency.

The agency had routine access to legal and medical advice. The advisors were appropriately qualified. There were no formal written agreements in place for these posts. These needed to be developed to make sure that issues such as capacity could be addressed. Other specialist advice had been commissioned when needed, in individual cases. As previously stated the adoption panel needed to have access to an adoption agency advisor.

Adopters explained to inspectors how they kept safe information from birth families for children. In one case adopters had not received the children's life storybooks. This work had been noted as outstanding at several reviews and the children were now adopted. This work needed to be done to help the children to reflect on and understand their history as they grew up. This was raised with managers during the inspection.

There was a policy about adopters not changing children's given first names. Two sibling groups of two children had their names changed by adopters at the point of placement. The agency should ensure adopters are familiar with their policy regarding changing children's names to preserve identity and culture for children.

There had not been a domestic disruption in the agency. There was a protocol in place to convene a disruption meeting with an independent chair should the need arise.

## **Making a Positive Contribution**

### **The intended outcomes for these standards are:**

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

### **JUDGEMENT – we looked at outcomes for the following standard(s):**

7,8,9

The agency provided support to birth parents, however it was not consistent. This needed to be developed and made available to all birth parents to ensure they were actively involved in maintaining their child's heritage.

### **EVIDENCE:**

There was evidence in one case of the birth parents' views being taken into account in the Form E. This case was the exception. Other Forms E did not indicate birth family involvement in the planning process. There was no evidence of birth parents signatures on Forms E and no evidence that they had declined the opportunity to read what had been written about them and sign the form. This needed to be addressed.

Southend had a service level agreement with After Adoption that included a counselling service for birth parents and birth family members. Social workers were not sure if all birth parents were routinely given the contact details of After Adoption. Social workers said the birth parent did not have a worker independent of the child's social worker. The leaflets for After Adoption were kept in the adoption service. A system that got information to birth families from a central point in the agency would be more practical and ensure that as many families as possible received the information. Social work staff acknowledged that issues of capacity and staff changes had a direct impact on the quality of the work they were able to undertake with birth families.

A birth relative was interviewed during the inspection. She had been offered a counselling service and had attended once. She had not wished to continue with the service. The relative had contributed to the life story work for the children. Arrangements for indirect contact had been changed post placement and were the subject of conflict between the birth relative and the agency. It



is imperative that contact arrangements are clarified at the matching stage to ensure birth families can contribute to the maintenance of children's heritage.

One birth parent returned a questionnaire. They said they had not been kept informed throughout the process.

An administrator managed the letterbox system. The administrator did her best to check that correspondence was appropriate and sought advice from a manager if she was in doubt. It was the view of the inspectors that this needed more formal social work input and management oversight. The agency was looking at possible training opportunities for the administrator who had recently transferred from another post. An enhanced CRB disclosure was needed to ensure safe practice. This was raised with managers during the inspection.

There were later life letters on three of the files seen by the inspectors. The letters were clearly written and well presented for the children.

The agency did not have a clear strategy for working with birth parents and birth families. This needed to be developed to ensure consistency of practice and opportunity for birth parents and families to contribute to the maintenance of a child's heritage.

# Management

## The intended outcomes for these standards are:

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

## **JUDGEMENT – we looked at outcomes for the following standard(s):**

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

This service was not well managed. There had been a succession of interim managers. A lack of systems had led to inconsistencies in service delivery.

## **EVIDENCE:**

The service had a recently prepared a Statement of Purpose. This had been presented to the executive side of the council in September 2005 and was now included in the annual review cycle. The Statement of Purpose did not contain details of staff within the agency. This needed to be included to ensure the document was a useful and comprehensive guide for users of the service.

The service provided children with a copy of the British Association for Adoption and Fostering children's guide. Local information needed to be added to make this more relevant for children in Southend. The consortium was planning to develop a children's guide in a variety of formats that would be of value to a wider range of children.

The agency used the consortium information pack for prospective adopters. The pack was clear and well presented. The pack included a leaflet that identified the criteria for adopters. The criteria were clear and inclusive. Southend contributed to the annual consortium "Child Link" event that profiled children across the consortium area. Southend had made a financial contribution to the consortium budget to develop recruitment materials. This development of shared materials and resources was a very positive step forward for Southend.

The adoption service had been without a permanent service manager for the last 19 months. During this time a number of interim managers had been in post. A part time senior practitioner undertook the supervision of the social workers in the adoption team. The senior practitioner had not had consistent supervision. It was the view of the inspectors that the social workers and senior practitioner had shown considerable resilience in the absence of consistent management support.

The Head of Service who had considerable experience and knowledge in the adoption field had maintained strategic management oversight, and represented the agency on the consortium at senior management level. However, the demands of her role precluded the day-to-day management of the adoption service. The Head of Service was leaving the agency in November 2005. To provide some consistency and a clear message to staff an experienced service manager was being seconded into the post for six months.

In July the agency had appointed a service manager. All who were seen during the inspection viewed this very positively. This manager did not have direct experience of managing an adoption service but did have the experience and qualifications required in the childcare and management fields. There were a number of outstanding Section 51, birth records counselling requests that needed to be directed to the relevant service provider. It was the view of the inspectors that the service manager had the necessary skills and

experience to take the service forward, however she needed some time to familiarise herself with the relevant regulations, guidance and local arrangements for some aspects of the adoption work.

An additional post of team leader adoption had been created. This post had attracted one applicant who had withdrawn before the interview. In July 2005, a locum team manager had commenced part time management of the adoption team for two days a week. The agency were committed to appointing to this post, which could bring some much needed stability to this service area. Clear job descriptions for the service manager and team leader were in place.

There were no written procedures for the monitoring and controlling of the agency. The executive side of the council had not been receiving written reports. This was being addressed and the agency was proposing to report to the executive on a six monthly basis. The lead member for children's services had taken up her post in July. She had undergone a series of briefings in order to prepare herself for the extended role. This had included the adoption service. The lead member had met the chair of the adoption panel and had observed the panel. The lead member was clear that regular reporting would help to raise the profile and understanding of adoption with elected members.

The agency was about to reorganise some aspects of children's services. The permanent placement team that had been set up on a temporary basis some years ago was about to be disbanded. The social work staff were being relocated to the adoption team or a third children and families team. Staff were being asked to state a preference. This was seen as assisting the staffing difficulties in the adoption team; however, in the short term staff were keeping their children's cases and would have no capacity to undertake adopter assessment work. The reorganisation was due to take place in October 2005. It would be some time before cases were reallocated and staff were trained and supported in gaining the skills to take on a different workload.

There was no system or structure in place to ensure assessments and approvals of adopters were managed effectively. The adoption staff group had done their best to get the work done but without consistent management oversight or a system, some prospective adopters had experienced significant delays. One family had been become lost in the process and had only been allocated for assessment following a complaint.

There were 1.5 clerical and administrative posts supporting the adoption service. The system for flagging up renewals of CRB and medicals was not up to date. The staff said this was because of capacity issues. The photocopier was subject to frequent breakdowns causing anxiety around the photocopying of adoption panel papers. It was the view of the inspectors that the clerical and administrative staff would benefit from a review and consistent management support.

The agency did not have sufficient experienced and qualified staff. There were contingency plans to use agency and independent staff. As previously stated the agency needed to ensure all staff were subject to appropriate references and checks. Work on the recruitment and retention of staff was well established and had achieved some results. A staff retention package had been introduced. The council had a range of policies and procedures on staff protection, health and safety and welfare issues. These were displayed on the council's website that was available to all staff.

Some work had been done on a training strategy, however this needed to be improved and linked to individual staff appraisals and team objectives. The consortium had provided training in some key areas such as the Adoption and Children Act and the agency had employed some specialist training from the British Association for Adoption and Fostering on of completion of Forms F in the last year.

There were records for children, prospective and approved adopters as required. There were no records of decisions by supervisors on children's files and inconsistencies in decisions by supervisors on prospective adopters and adopter's files. This needed to be addressed. There was evidence of an auditing system on one file, the auditor had highlighted the gaps on the file but had not identified the actions to be taken and the timescale for these actions. The other files seen by the inspectors did not have any evidence of an auditing or monitoring system. One file did not have a copy of the child's Form E and there were omissions of panel minutes and complete matching minutes. Some of the case notes were signed by social workers and some were not. The records needed to be comprehensive and accurate to provide a clear record for children and families who may wish to access their records in the future.

The agency had a policy and procedure on access to records that took into account all of the relevant legislation including the Data Protection Act 1998 and the Human Rights Act 1998.

The adoption service was located in shop front style premises. Some adopters spoke positively about the Family Finders shop, "the lady was lovely, she gave us an information pack and told us what we needed to know." The premises had undergone a recent refurbishment and were in good condition. There was a secure entry system and records were stored in locked filing cabinets.

The agency had a detailed disaster recovery plan.

# SCORING OF OUTCOMES

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

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

"X" in the standard met box denotes standard not assessed on this occasion  
 "N/A" in the standard met box denotes standard not applicable

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

<b>MAKING A POSITIVE CONTRIBUTION</b>	
<b>Standard No</b>	<b>Score</b>
<b>7</b>	2
<b>8</b>	1
<b>9</b>	2

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

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

<b>ENJOYING AND ACHIEVING</b>	
<b>Standard No</b>	<b>Score</b>
<b>6</b>	1
<b>18</b>	2

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

N/A

Are there any outstanding requirements from the last inspection?

### STATUTORY REQUIREMENTS

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

No.	Standard	Regulation	Requirement	Timescale for action
1	AD5	AAR1983 Reg2	The agency must ensure that adopters are given accurate, up to date and full written information to help them understand the needs and background of the children	01/12/05
2	AD11AD19AD28	LAAS Regs2003	The agency must ensure that it obtains all of the information required in schedules 3 and 4 for all staff working for the purposes of the adoption service including members of the adoption panel. Regulations: 6(2) & 11(3)(d) Sch3 & 15(1) Sch4 (2003)	01/12/05
3	AD13	AAR1983 Reg11(2)	The agency must notify those specified, in writing, of agency decisions.	01/12/05
4	AD11AD26	AAR1983 Reg6	The agency must ensure that all panel members sign a confidentiality agreement before taking their place on the	01/12/05

			adoption panel.	
5	AD11	AAR1983 Reg5	The agency must ensure that two social workers from the agency are appointed as panel members	01/12/05
6	AD25	AAR1983 Reg14	The agency must ensure that all relevant information, recommendations and decisions about children and adopters are filed on the relevant case record.	01/12/05
7	AD6	ASS2003 Reg2	The agency must appoint an Adoption Support Services Advisor	01/12/05
8	AD6AD8	AAR1983 Reg3	The agency must ensure that review decisions are acted upon in all cases	01/12/05
9	AD1	LAAS Reg2003 2(1)	The agency must ensure that the Statement of Purpose contains all of the elements required in the regulations	01/12/05
10	AD21	LAAS Reg2003 10	The agency must ensure that there are a sufficient number of qualified, competent and experienced persons working in the adoption service.	31/03/06



## RECOMMENDATIONS

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

No.	Refer to Standard	Good Practice Recommendations
1	AD2AD3	The agency should develop and evaluate a recruitment strategy for adopters that reflect the diversity in the community and children in need of adoption
2	AD2	The agency should develop a tracking system for children from the point an adoption plan is made.
3	AD3AD4	The agency should consider whether it is best placed to undertake the approval and assessment of people wishing to adopt a child from overseas.
4	AD4AD6AD8	The agency should ensure that preparation of adopters covers all aspects of diversity, and that proper assessment is made of the applicant's attitudes in these areas.
5	AD4AD5AD6	The agency should develop an evaluation system that seeks the views of adopters at all stages and on all aspects of the process.
6	AD5	The agency should ensure that Form's E and F are subject to a quality assurance system before going to panel.
7	AD5	The agency should develop a system to ask adopters if they are prepared to agree to notify the agency if their adopted child dies during childhood, or soon afterwards.
8	AD6	The agency should develop an adoption support strategy that includes clear information about the services available and how to access them. The agency should involve SAPS in this development.
9	AD6	The agency should ensure adopters are familiar with their policy in regard to changing children's first given names.
10	AD18	The agency should appoint a suitable experienced professional advisor to the adoption panel.
11	AD18	The agency should develop a written agreement for the role of specialist advisors.
12	AD7	The agency should evidence that birth parents have had the opportunity to read and sign the Form E report. Where parents decline this opportunity it should be clearly recorded.
13	AD9	The agency should develop a clear strategy for working

		with and supporting birth families before and after adoption.
14	AD1	The Children's Guide should contain local information for children in Southend.
15	AD16	The agency should clarify and communicate the roles of staff and managers and lines of accountability.
16	AD17	The agency should have written procedures for the monitoring and controlling of activities of the adoption agency.
17	AD17	The agency should establish a system of reporting to the executive side of the council.
18	AD20	The agency should ensure that there are systems in place to ensure assessments and approvals of prospective adopters are managed and implemented effectively.
19	AD20	The agency should review the provision of administrative and clerical support, including equipment to the adoption service.
20	AD23	The agency should develop a training and professional development programme that links to a staff appraisal programme.
21	AD25	The agency should ensure that decisions by supervisors are recorded on all files.
22	AD27	The agency should develop a consistent system to monitor the quality and adequacy of records.

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