



*Making Social Care
Better for People*

inspection report

Voluntary Adoption Agency

Adoption and Foster Care - South West

Weir House

93 Whitby Road

St Phillips

Bristol

BS4 4AR

6th/7th/8th July 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.

VOLUNTARY ADOPTION AGENCY INFORMATION

Name of Voluntary Adoption Agency
Adoption and Foster Care - South West

Address
Weir House, 93 Whitby Road, St Phillips, Bristol, BS4 4AR

Tel No
0117 300 5360

Fax No

Email Address

Certificate Number of Voluntary Adoption Agency

Name of Registered Provider:
NCH

Name of Manager:
Jo Jenkin

Is this service the principal office or a branch?

Principal Office Branch

Is this a small principal office or branch?

Seven or less full-time equivalent social work staff, excluding manager.

Date of registration:

Date of most recent certificate: 31st March 2004

Registration Conditions Apply?

Date of last inspection:

Date of Inspection Visit		6th July 2004	ID Code
Time of Inspection Visit		10:00 am	
Name of Inspector	1	Delia Amos	128500
Name of Inspector	2	Marian Denny	125215
Name of Inspector	3		
Name of Inspector	4		
Name of Lay Assessor (if applicable) Lay assessors are members of the public independent of the CSCI. They accompany inspectors on some inspections and bring a different perspective to the inspection process.			
Name of Specialist e.g. Interpreter/Signer (if applicable)			
Name of Establishment Representative at the time of the inspection		Jo Jenkin	

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INTRODUCTION TO REPORT AND INSPECTION

Voluntary Adoption Agencies which fall within the jurisdiction of the Commission for Social Care Inspection (CSCI) are subject to inspection, to establish if the service is meeting the National Minimum Standards for Voluntary Adoption Agencies and the requirements of the Care Standards Act 2000, the Adoption Act 1976 as amended, the Adoption Agencies Regulations 1983 as amended, and the Voluntary Adoption Agencies and Adoption Agencies (Miscellaneous Amendments) Regulations 2003.

This document summarises the inspection findings of the CSCI in respect of Adoption and Foster Care - South West. The inspection findings relate to the National Minimum Standards for Voluntary Adoption Agencies published by the Secretary of State under section 23 of the Care Standards Act 2000.

The Adoption Agencies Regulations 1983 and the Voluntary Adoption Agencies and Adoption Agencies (Miscellaneous Amendments) Regulations 2003 are secondary legislation, with which a service provider must comply. Service providers are expected to comply fully with the National Minimum Standards. The National Minimum standards will form the basis for judgements by the CSCI in relation to Voluntary Adoption Agencies regarding registration, the imposition and variation of registration conditions and any enforcement action.

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
- Required actions on the part of the provider
- Recommended good practice
- Summary of the findings
- Report of the Lay Assessor (where relevant)
- Provider's 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.

National Description

The Children's Home was founded in 1869 by the Reverend Thomas Stephenson Francis Horner and Alfred Mager, both committed Methodists who wished to provide a safe refuge, education, training and a home for orphans and destitute children whom they encountered on the streets of London. It was initially a London based charity becoming known as the National Children's Homes in 1907. It is now a large nationally recognised charity providing a wide range of childcare services across the UK.

Established to provide residential care services for children it has diversified its operations and currently provides a range of projects nationally of which six offer adoption services, and one offering adoption and fostering. These are based in Bristol, Birmingham, Horsham, London Black Families, Leeds and Middlesbrough.

Each of the six adoption projects aim is to provide a range of adoption services in which the focus is to recruit, assess, prepare, train and support adoptive families. The Commission for Social Care Inspection has undertaken an inspection of each of the branches operating in England.

The Governance of the NCH is by a number of committees including the Senior Management Group which is made up of all regional directors; they raise policy issues for the council and its subsidiary committees to consider. It meets six times a year.

The Adoption Sub Committee provides the accountable link between the agency and the NCH trustees reporting business to the Children's Services Committee on a quarterly basis.

The NCH are administered under a scheme by the Charities Commission.

The Registered Person is Nigel Harper, the North East Regional Director. He reports to the Adoption Sub Committee.

The current Registered Manager is Linda Plummer whose designated role within the organisation is as a professional advisor on Family Placements. She has previously managed an adoption service for the NCH but in her present capacity as a professional advisor she does not line manager the managers of the individual branches.

The branches are currently line managed within their particular region and each branch manager is part of their regional management team. The Adoption Service Development Group brings together the branch managers, their line managers, the agency manager and the registered person.

The branch managers also meet quarterly as The Adoption Service Development Group to discuss practice issues.

In recognition of the need to strengthen the identity of the adoption services on a national basis the NCH are currently reorganising their adoption services. There have been a series of draft reports and consultations on the agencies' proposals. These have now been presented to the Children's Management Group and the agency is to appoint an Adoption Manager. It will be a specialist role to give direction and leadership to the developments in the field of adoption and have oversight of all the NCH adoption services. The person will also have line management responsibility for each of the branch managers.

The charitable aim of the NCH is to “ improve the quality of life of the most vulnerable children and young people.”

The NCH adoption agency aims to provide adoptive families for the most difficult to place children, older children and those as part of a sibling group and children with disabilities. How this policy is being delivered across the six adoption services projects will be judged by the branches individual inspections.

The charity works to a set of principles outlined in its Statement of Purpose.

Branch Description

NCH has been an approved Adoption Agency since 1926. The agency seeks to meet the needs of the most vulnerable children through finding adoption placements and providing support to adoptive families. NCH defines the ‘most vulnerable’ children as those whom Local Authority Adoption Services may find more difficult to place. These include black children of all ages, brother and sister groups, disabled children and white children of school age as well as younger white children whose parents have mental health problems or who abuse drugs/alcohol.

NCH SW is located in Bristol. The agency recruits, prepares, assesses, approves and supports adoptive parents. These families provide adoptive homes for children looked after by a number of local authorities across the whole country who have adoption as their best interests plan.

The branch has a post adoption support worker who is currently developing post adoption support.

Unlike the other NCH regional adoption teams, the service includes a fostering resource and there was some interchangeability of roles for the social workers.

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.)

National Description

Two inspectors from the CSCI National Adoption Team undertook the Inspection of the NCH Adoption Agency headquarters. The inspection and interviews with senior staff from the agency took place on the 7th May and the 14th July 2004.

Two inspectors from the CSCI National Adoption Team have inspected each of the NCH branches, which provide an adoption service.

There will be separate inspection reports for each of the branches but each branch report will incorporate the national perspective.

The national perspective will be taken into consideration when a formal judgement is made on how each of the branches involved in adoption activity meet the National Minimum Standards.

Overall inspectors reported a satisfactory inspection of the NCH headquarters.

As a national agency, the NCH remains committed to the provision of a comprehensive range of adoption services.

The development of the post of Adoption Manager will offer a clear focus for the adoption service.

There is a range of policies and procedures for the work of the adoption agency and a degree of flexibility allows them to reflect local needs and realities.

The NCH must ensure its statement of purpose is formally approved and distributed to all the agencies projects.

The NCH must be clear about its eligibility criteria. The branch staff must be clear about the agency's policies and procedures, in particular the agency's response to gay and lesbian applications.

The manager of the adoption service must undertake a formal management qualification.

The registered person must have a current Criminal Record Bureau (CRB) check.

Branch Findings

Inspectors found that NCH SW Branch was satisfactory in its service provision to children and adopters. Some excellent practice was noted and effective support was being offered to children and their adoptive families by a committed staff team.

The manager provided a detailed self audit which was found to reflect well the practice and developments within the team. There was good evidence of working in partnership with other agencies in the Consortium. The team were proactive in seeking information from placing authorities to inform placement decisions, and in developing practice on the basis of feedback. There was an expectation within the team of a high standard of excellence in service provision and in promoting the best possible outcomes for children.

As part of this inspection, thirteen questionnaires were received from adopters, six from placing social workers referring to fifteen children, and one response from a council. Adopters made extremely positive comments about the service they had received from NCH SW. Comments included:

- 'The NCH SW team gave us a warm welcome, very understanding, listening, and every conceivable help during the preparation process. Superb...NCH are open, reliable, efficient, professional and self-critical...'
- 'Very efficient'
- 'Our experience was excellent. The staff were friendly and helpful at all times.'
- 'Extremely satisfied...we were made to feel welcome and encouraged to express our opinions.'
- '....an excellent service'
- 'Thankyou NCH!'
- 'Professional approach and quick...level of administration very good.'
- 'Very thorough ...an excellent organisation...nothing is too much trouble.'
- 'Very helpful and friendly, honest with their information.'
- 'A very positive experience'
- 'NCH staff were extremely professional in their approach...always informative and knowledgeable'

In a few instances adopters expressed some reservations. In two instances this was about the panel process. In one case panel had been experienced as 'very stressful...we floundered a bit'; in the second example the adopters commented on panel members finding it difficult to accept views different from theirs. Inspectors noted that the staff had already identified a training and development need in respect of the style of questioning to which applicants were subjected at panel.

Other adopters referred to delays in the process, sometimes waiting for a preparation group. There had been a cancellation in the programme for the previous year and a change of social worker which had had an impact on some adopters. Two others expressed some concern about delays in finding a match. One other was unclear about what was expected of them in identifying a link.

Effective post placement support was referred to by a number of adopters. There were positive comments about individual social workers, as well as support groups and the availability of the team.

Placing social workers, in total reflecting the experience of placing sixteen children, were also generally extremely positive and made a number of references to the post-placement support. They referred to 'high quality Form Fs', 'regular communication', 'a very good standard of support', 'extremely well prepared' adopters, 'adopters very well supported by NCH staff', 'friendly, engaging, knowledgeable' staff, and 'very helpful...consistency of workers'. In only two responses did placing social workers qualify their overall positive responses. One worker indicated that a member of NCH staff was rather challenging. Another referred to a particular case in which the child had presented with behaviours that had not been anticipated and the adopters would have benefited from more training.

This inspection followed soon after a strategic review of NCH adoption agency, described as an evolutionary process. Inspectors were told that locally the agency has had something of an image problem and the rebranding of NCH was seen as a helpful strategy to ensure the agency reaches into the broadest community of potential adoptees. The recent appointment of a worker specifically to recruit carers from ethnic minorities reflected this development of the branch.

The NCH project in Bristol also has a fostering function. Carers are assessed, approved and supported to care for children over eight years old who need permanent homes but where adoption is not considered the appropriate plan. The fostering service has been separately inspected. The service has its own panel. Staff in the team have a mixed caseload of fostering and adoption work. Preparation programmes for prospective adopters and foster carers are separate. There were post –approval opportunities for training which both groups of carers could access.

Inspectors were informed that the Bristol Project is the only NCH project which has a combined adoption and fostering function. There was evidence of considerable skill in the team in identifying and supporting permanent homes for children. Staff were clear about the differing legislative requirements. Inspectors considered that the team achieved an effective balance in their work and that the assessment of adoptive placements was likely to have benefited from the broader awareness of the support needs of complex and challenging placements.

This inspection was conducted over four days. The inspectors are grateful for the hospitality shown to them during this time and for the pleasant and open approach with which the team approached the inspection.

Statement of Purpose (Standard 1)

This standard was not met.

The Agency had a written statement of purpose, which has been developed centrally and although seen by the Adoption Sub Committee had yet to be approved formally by the Trustees. Although meeting the requirements it did not give detailed information about the services and facilities of the branch.

Securing and Promoting Children's Welfare (Standard 2)

This standard was met.

The adoption agency has Adoption Practice Standards which contain policies and procedures governing the recruitment practice of the NCH. The Branch had a recruitment strategy that was being systematically evaluated. NCH SW was working proactively with partner agencies within the South West consortium. Eight of the twelve placements and links made in the last twelve months were of sibling groups or single children joining siblings already in placement. All children were placed with families of the same ethnic origin. A

recent appointment to the agency had been to specifically develop strategies to encourage people from the black community to come forward as prospective adopters.

Prospective and Approved Adopters (Standards 3-6)

One of these four standards was exceeded, one met and two partially met.

The agency policy on "Equality and Diversity" (Adoption Practice Standards, standard 6) states the project does not discriminate against service users on the grounds of gender, ethnicity, religion, marital status, sexuality or disability. NCH SW evidenced an anti – discriminatory approach in consideration of prospective adopters. It was clear that NCH SW would target those enquiries from people likely to offer care to older children or sibling groups. The project will accept applications from black, Asian or mixed parentage families for same race children of all ages.

The assessment process is thorough, all the necessary checks are undertaken and the preparation groups were reported to be informative and helpful. The preparation programme was reviewed regularly. Form Fs read were in general of a high standard, showing reflective analysis and evidenced based practice. The assessment of competency was well reported. NCH SW social workers took an active role in promoting the approved adopters, through consortium links and in the use of Be My Parent. Some delays in regard to referrals to the adoption register were found. A Post Adoption approval pack had been recently devised in consultation with approved adopters at the support group. It was now being sent to adopters. This clearly identified the linking process. Adopters confirmed that there was a high level of support available to them post placement. This included out of hours support, support groups, and ongoing training programmes, as well as regular contact from their adoption social worker.

Birth parents and birth families (Standards 7-9)

Two of these three standards were met and one not applicable.

Primary responsibility for working with birth parents is accepted by NCH to reside with local authorities placing through NCH as a Voluntary Adoption Agency. The agency ensures adopters are aware of the importance of keeping and sharing information about birth families with the child. In some cases they have arranged and maintained letterbox and other contact arrangements, but again this is usually the role of the Local Authority.

Adoption panels and Agency decisions (Standards 10-13)

Three of the four standards were met and one partially met.

The agency has policies and procedures about the functions of adoption panel but some revision is recommended. The panel was properly constituted. NCH SW was seeking to broaden its panel membership to reflect a more diverse community. Adopters were invited to attend the panel. There had been some reports of the panel experience being uncomfortable, and some training was being arranged to address this. Panel members have an induction, observing at least one panel. Panel members were kept informed and up to date through the panel adviser. The panel met regularly. The minutes were detailed and reflected the decision-making process and reasons for the recommendations. The decision maker received all the relevant information, including the minutes and made his decision within five days working days of the panel, at a decision-making meeting. This is then conveyed in writing to the applicants.

Fitness to provide or manage a Voluntary Adoption Agency (Standards 14-15)

The two standards were met at branch level.

The branch manager is suitably qualified and experienced in childcare and family placement work. Appropriate checks have been carried out in relation to her and evidence of this was available. There was evidence that the branch manager had good leadership skills.

Provision and Management of the Voluntary Adoption Agency (Standards 16-18)
Two of these three standards were met and one partially met.

There were clear roles for staff and managers. Arrangements were in place to cover when the manager is absent. The branch had monitoring procedures and the management committee of the Agency received regular reports. The branch had access to specialist medical and legal advice.

Employment and management of staff (Standards 19-24)

Four of these six standards were met and two partially met.

The staff employed by the branch were qualified and experienced. The Agency has appropriate recruitment and selection procedures, which include all the relevant checks. Staff received appropriate training for the tasks they undertake although some training needs were identified. Staff were supervised regularly and their workload robustly monitored by the manager and deputy. The branch had sufficient social work staff to carry out their role. NCH was seen as a fair and competent employer, with reasonable policies and procedures. Staff in the branch reported satisfaction with their working conditions. NCH was reported to be a fair employer with sound employment practices. There was a complaints procedure and independent investigation of a complaint was evidenced in the Branch.

Records (Standards 25-28)

Three of these four standards were met and one not met.

There were policies and procedures for record keeping which were implemented in practice. Personnel files and panel members files were examined. The agency needs to ensure that there is documentation in regard to information specified in Schedule 2.

Fitness of premises (Standard 29)

This standard was partially met.

The branch premises were suitable and accessible. There were sound administrative procedures. Records were stored securely. The premises have suitable security and insurance cover is in place. There is no written disaster recovery plan, however, and this should be developed.

Financial requirements (Standards 30-31)

These standards were met.

The branch had robust financial reporting systems and budget planning processes. The financial affairs of the adoption agency were overseen by the Adoption Sub Committee who approved budget plans and identified any changes required.

Implementation of Statutory Requirements from Last Inspection

Requirements from last Inspection visit fully actioned?

NA

If No please list below the findings of this inspection on any Requirements that have not been actioned

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 Voluntary Adoption Agencies and Adoption Agencies (Miscellaneous Amendments) Regulations 2003.

No.	Regulation	Standard	Required actions	

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

COMPLIANCE WITH CONDITIONS OF REGISTRATION (IF APPLICABLE)

Providers and managers of Voluntary Adoption Agencies must comply with statutory conditions of their registration. The conditions applying to this registration are listed below, with the inspector's assessment of compliance from the evidence at the time of this inspection.

Condition	Compliance	
Comments		

Condition	Compliance	
Comments		

Condition	Compliance	
Comments		

Condition	Compliance	
Comments		

Lead Inspector	_____	Signature	_____
Second Inspector	_____	Signature	_____
Locality Manager	_____	Signature	_____
Date	_____		

STATUTORY REQUIREMENTS IDENTIFIED DURING THIS INSPECTION

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

STATUTORY REQUIREMENTS

Identified below are areas addressed in the main body of the report which indicate non-compliance with the Care Standards Act 2000, the Adoption Act 1976, the Adoption Agencies Regulations 1983, the Voluntary Adoption Agencies and the Adoption Agencies (Miscellaneous Amendments) Regulations 2003 or the National Minimum Standards for Voluntary Adoption Agencies. The Registered Persons are required to comply within the given time scales in order to comply with the Regulatory Requirements for Voluntary Adoption Agencies.

No.	Regulation	Standard *	Requirement	
1	VAAS Regs 2003 3	VA1	The Statement of Purpose must be formally approved and distributed to the branches	31.10.04
2	AA Regs 1983 8	VA3	The NCH must be clear about its eligibility criteria. The agency's policies must be reflected in the practice of the organisation. Branch staff must be clear about the agency's policies and procedures.	31.10.04
3	AA Regs 1983 5	VA10	The agencies policies and procedures for the panel must be developed to include those listed in the National Minimum Standards (standard 10.2).	31.10.04
4	VAA &AA Regs 2003 8	VA14	The manager of the adoption service must undertake a formal management qualification.	01.04.05
5	VAA &AA Regs 2003 5(3)(c)	VA15	The Registered Person must have a current Criminal Record Bureau check.	31.08.04

6	VAA &AA Regs 2003 17(1)	VA28	The branch manager must maintain and keep up to date the records specified in Schedule 3; this includes staff, panel members and advisers.	31.10.04
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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 Registered Persons.

No.	Refer to Standard *	Recommendation Action
1	VA1	The statement of purpose should be amended to include more service specific information about the NCH SW branch.
2	VA4	When health and safety checklists indicate some issues, there should be documentation of any action taken to address the identified concern.
3	VA5	There should be a system for recording the decision of adopters to inform the agency if a child dies during childhood or shortly afterwards.
4	VA10	Policies and procedures in respect of the function of the panel should include all issues as specified in Standard 10.2
5	VA12	The branch manager should review the method for sending panel papers to ensure a greater level of security.
6	VA19	The post adoption worker should undertake training for delivering Section 51 counselling
7	VA24	The NCH should consider reviewing some of the timescales for investigating and responding to complaints
8	VA29	The adoption agency branch should introduce a signing in system to monitor access to the premises.
9	VA29	The NCH should have a disaster recovery plan.

* Note: You may refer to the relevant standard in the remainder of the report by omitting the 2-letter prefix e.g. VA10 refers to Standard 10.

PART B**INSPECTION METHODS & FINDINGS**

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

Placing authority survey	YES
Placing social worker survey	YES
Prospective adopter survey	NO
Approved adopter survey	YES
Birth parent / birth family member survey	NO
Checks with other organisations and Individuals	
• Directors of Social Services	YES
• Specialist advisor (s)	YES
Tracking Individual welfare arrangements	YES
• Interview with children	NO
• Interview with adopters and prospective adopters	YES
• Interview with birth parents	NO
• Interview with birth family members	NO
• Contact with supervising social workers	YES
• Examination of files	YES
Individual interview with manager	YES
Information from provider	YES
Individual interviews with key staff	YES
Group discussion with staff	YES
Interview with panel chair	YES
Observation of adoption panel	YES
Inspection of policy/practice documents	YES
Inspection of records (personnel, adopter, child, complaints & allegations)	YES
Additional Inspection Questions	
Certificate of registration was displayed at the time of the inspection	YES
Certificate of registration accurately reflected the situation in the service at the time of inspection	YES
Total No. of staff employed (excluding managers)	10
Date of Inspection	06/07/04
Time of Inspection	14.00
Duration Of Inspection (hrs)	60
Number of inspector days	7

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

The scale ranges from:

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

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

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

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

Statement of Purpose

The intended outcome for the following standard is:

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

Standard 1 (1.1 - 1.3(partial) and 1.5 – 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?

1

The NCH has a statement of purpose. It was presented to the Adoption Sub Committee in June 2004. Some amendments to the documents were requested by the sub committee and a resolution is currently being achieved. Once the statement of purpose has been formally approved by the Adoption Sub committee it will be circulated to all the projects and incorporated into the Adoption Practice Standards.

The statement of purpose covers the main aims and objectives of the adoption agency. It lists the branches providing adoption services and gives some information on how the agency is structured.

The statement of purpose will be an annual agenda item for the Adoption Sub Committee to consider.

NCH has a policy manual (Adoption Practice Standards), which sets out the organisations constitution, statement of purpose, management structure, recruitment practice, and the management of a branch/agency. The NCH recognises that individual branches will vary in the scope of their work but the overall purpose of all the work in the NCH as an adoption agency is encompassed in the general statement of purpose and their Adoption Practice Standards.

Branch Findings

The adoption agency's statement of purpose is a corporate document, and as such was a very general document. Although it met the requirements of Schedule 2 it provided basic information only. The operation of the branch, as stated in the national findings, is encompassed in the overall Statement of Purpose. NCH SW had devised a specific statement of purpose to meet the requirements of the Fostering Services Regulations 2002. It is recommended that the adoption agency statement of purpose should be amended to include details about the more specific services given at branch level.

There was evidence that the Branch had access to a Language Line which could provide interpreting and translating services. Arrangements could be made for the statement of purpose to be read or translated as required. Staff were aware of the service although there was no example at this point of the service being required.

Staff confirmed they were aware of the contents of the statement of purpose.

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 trustees or management committee?

NO

Is there a children's guide to adoption?

NA

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

NA

Securing and promoting children's welfare

The intended outcome for the following set of standards is:

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

Standard 2 (2.1 - 2.3)

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

Key Findings and Evidence	Standard met?	3
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National Findings

The Adoption Practice Standards contains policies and procedures governing the recruitment practices of the NCH and their partnerships with other agencies. These are the principles the branches will follow when recruiting, assessing and preparing prospective adopters.

The policy on "Publicity and Information" (Adoption Practice Standards, Standard 15) sets out the work of the agency in line with the agency's marketing strategy.

Each branch is expected to have its own local marketing strategy to meet with local needs and circumstances.

The policy further states that all publicity material must reflect the linguistic and cultural needs of minority ethnic groups and that projects must maintain a high profile within the area they cover to ensure there is a sustained recruitment process. The NCH are committed to placing children with families who match a child's ethnicity and culture and to keeping siblings together where that is the childcare plan.

The policy on "Work with Enquirers" (Adoption Practice Standards, standard 16) states the projects must respond efficiently and sensitively to enquirers and that the branches are clear about the profile of adopters they wish to recruit which reflects the needs of children waiting for placements.

Branch Findings

There were written standards and procedures for the implementation of recruitment strategies. One team member had a lead role in local and national recruitment strategies and attended the agency marketing group. Enquiries were monitored and strategies were evaluated for effectiveness. A report was available to inspectors.

As stated in the statement of purpose the agency seeks to identify families for the most vulnerable children, with emphasis on recruiting adopters for siblings groups and for older children. Eight of the twelve placements and links made in the last twelve months were of sibling groups or single children joining siblings already in placement.

A recent initiative sponsored by Scottish Power has been for a team member appointed to take a lead role in the recruitment of black, Asian and mixed race carers.

Another team member had lead responsibility for monitoring enquiries and evaluating effectiveness.

The agency worked proactively with partner agencies in the South West consortium. Inspectors heard about participation in a recently introduced adoption information exchange day. NCH SW also took a major role in the evaluation of a regional recruitment initiative, which aimed at recruiting adopters to meet regional unmet need.

In the last 12 months, how many children were matched with families which reflected their ethnic origin, cultural background, religion and language?	17	
What percentage of children matched with the agency's adopters does this represent?	100	%
How many sibling groups were matched in the last 12 months?	8	
How many allegations of abuse or neglect were made, in the last 12 months, about adopters approved by the agency?	1	

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 – 3.6)

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?	
<p><u>National Findings</u></p> <p>The NCH self-assessment form indicates the agency operates an open recruitment policy. The policy on “Equality and Diversity” (Adoption Practice Standards, Standard 6) states the project does not discriminate against service users on the grounds of gender, ethnicity, religion, marital status, sexuality or disability. Appendix D gives a policy statement on the adoption of children by adopters who are lesbian or gay, it is an approved policy statement by the Adoption Sub Committee in February 2000.</p> <p>The Adoption Information Pack gives a clear picture of the adoption process to enquirers and states the NCH intention to welcome people from all sectors of the community. The eligibility criteria are listed in the information pack “Criteria for Selection”. The NCH will consider applications from married couples; people who are living together but not married whether they are in heterosexual, lesbian or gay partnerships and single applicants.</p> <p>Whilst the NCH has an open recruitment policy and an Eligibility Criteria that includes gay and lesbian applicants and a policy on “Equality and Diversity, the minutes of meetings and the representations made by branch managers suggest there is a lack of clarity to the organisation’s policy of recruiting gay and lesbian applicants.</p> <p>The minutes of the Adoption Sub Committee show there has been a verbal report presented to the committee (December 2003) on working with Gay and Lesbian applicants. It was a verbal report to the committee. There are no minutes of the discussion that took place, or the reason why the matter was brought before the adoption sub committee or how the matter was resolved.</p> <p>The sub committee are advised to record all conversations in the meetings to ensure the work of the NCH remains transparent.</p> <p>The NCH has a project specifically dedicated to the recruitment of black adopters. The agency has had an injection of funding from a corporate sponsor (Scottish Power), which has enabled the agency to deploy extra resource, staff, materials and advertising campaigns. The donation has a specific staffing component used to employ African – Caribbean and Asian staff in addition to existing black staff.</p>	<p>Standard met?</p>	<p>1</p>

The agency does not undertake Inter-Country adoption assessments; enquirers are directed to the Local Authority and to the overseas adoption helpline.

Branch findings

An adoption information pack was sent off promptly to people interested in becoming adoptive parents. Inspectors considered that the information was helpful and made clear to prospective adopters what would be expected of them and adopters confirmed that the information was useful.

The pack included the NCH SW Equality and Diversity statement. It was clear that NCH SW would target those enquiries from people who would be likely to offer care to older children or sibling groups. The project will accept applications from black, Asian or mixed parentage families for same race children of all ages. With funding from Scottish Power the branch is aiming to develop its profile in respect of working directly and more effectively with the black community.

Information provided by the agency did not stipulate that applicants should have any religious belief or faith. Single people and gay and lesbian couples were considered and had been approved as adopters. Social workers within the branch evidenced clarity in their response to gay and lesbian applicants.

At this point the agency were not undertaking intercountry assessments. Inspectors were informed that NCH was reconsidering its policy on this. Requests made to the agency were rerouted to other agencies. The information pack contained details of other agencies so that enquirers were aware of the choice available to them.

Adopters confirmed they had been given full information. Details of the preparation process were also given during an initial visit made by a social worker, and in information evenings.

Details of children who needed families were given to applicants in the introductory discussions and during the preparation. The consortium link book was made available to them and applicants were encouraged to join BAAF and Adoption 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?**

2

National Findings

The NCH has a policy statement on “Work with Applicants ” (Adoption Practice Standards, standard 17). It covers the allocation of a social worker within two weeks of the receipt of an application, the assessment and suitability of an application, and the presentation to panel. There is a supporting procedure to the policy on Work with Applicants, which covers statutory enquiries, medicals, personal referees, the home study, the preparation training, inspection of the accommodation and legal documents.

The Adoption Information Pack gives a clear picture of the adoption process to enquirers, the preparation and assessment procedure and the role of the adoption panel.

Branch Findings

Adopters reported that they had been given a clearly laid out preparation programme, with informative content and well structured. Prospective adopters particularly valued hearing directly from adopters about their experiences. There were also very positive comments about the contributions made in the preparation groups by an adult adoptee, and a birth mother, as well as adopters.

The data kept by the administrator did not record the date of the initial visit, nor the date of the preparation courses, although these were on case files. Three responses from adopters indicated they had been disappointed about delays in starting a preparation programme. One of these qualified this by saying they had needed the time. The others were positive about every other aspect of the service. On the whole the adopters expressed considerable satisfaction in the information and preparation they received.

There were some reservations expressed about whether the needs of a single carer were met in regard to additional support in dealing with the challenges of preparation and assessment. Without a partner to share the experience, the relationship with the programme and the assessing worker may be more daunting and consideration may need to be given to providing extra support in such instances.

Evaluation sheets were circulated at the end of all preparation courses and were reviewed by the course leaders. The team reviewed the whole programme on a regular basis and amendments were made to the material and exercises used.

Inspectors saw evidence of formal, thorough and comprehensive assessment processes. There was an expectation that all applicants would evidence, or would be prepared to develop, some experience and skills in childcare. Applicants were also informally linked with adopters.

In one case file there was insufficient documentation that assessment work had been undertaken in regard to the adopter’s birth child. This theme and other areas of practice had been given some careful consideration by the team in exploring issues of learning and for professional development. Another safeguard that had been recently introduced was a midway review visit by the Project manager which was an opportunity to consider the progress of the assessment.

Health and safety and safer care questionnaires were included as part of the assessment. In some cases the inspectors believed there was insufficient attention to the information that was established from using these tools; there was inadequate recorded discussion of the actions that needed to be taken when health and safety issues were identified. Safer care plans were being used to help prepare adopters, but again in one example seen there had been little development of the themes raised in the exercise.

Good practice was evidenced in that all applicants were asked to attend a two day follow up course on Caring for Abused Children.

There was evidence of thorough checking procedures in applicants' files.

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
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National Findings

The Adoption Information Pack gives a clear picture of the placement process, planning introductions, placement and how some placements do not work out.

The NCH are developing a Post Approval Pack.

The Adoption Practice Standards do not address the process of referral to the National Adoption Register.

Branch Findings

Inspectors were informed that once applicants are approved, there is a system for their automatic referral to the South West consortium. It was acknowledged that there can be some delay before details were sent to the Adoption Register for England and Wales. The agency did not have the booklets to give to adopters.

The branch takes an active role in promoting the approved adopters, through sending information to local authorities and in the use of Be My Parent. Some adopters attended the Adoption Exchange event organised within the consortium. One adopter expressed some uncertainty about what was expected of them in regard to how active they had to be in identifying possible links. Two others reported some frustration about how long it had taken to identify a match.

Staff evidenced a high level of awareness of the vulnerability of adopters post approval. Some ill judged experiences had occurred when staff had been under extra pressure, and adopters had been dealing directly with placing social workers; these had highlighted the degree to which adopters need clear guidance in matching and in making arrangements with local authorities. These issues were not common practice and social workers indicated a high level of reflection about the situations that had arisen.

A Post Adoption approval pack had been recently devised in consultation with approved adopters at the support group. It was now being sent to adopters. This clearly identified the linking process. Adopters were also being asked to consider the implications of linking processes through generalised discussion with their social worker.

The agency's letter to local authorities gave a base line about the level of information required in order to inform matching. There was good evidence that the agency works proactively to ensure adopters are provided with thorough information about children where a match might be being considered.

Agency workers were also routinely seeking access to the children's files, although had experienced some resistance to this from some placing authorities. Staff evidenced a commitment to robustly exploring a child's attachment history and the implications for the adopters. Some adopters reported that the information from placing authorities had been inadequate.

A matching criteria report was being used to clarify information with possible links. The project manager described that the links with the consortium have provided a mechanism by which issues can be raised, for example about the expectations about access to information about children with whom there might be a match. When issues have arisen with information from local authorities outside the regional consortium the manager has addressed them on a case by case basis.

The adopters were prepared for matches which would involve contact and information exchange. There was not a specific document that indicated they had been asked to agree to notify the agency if their adopted child dies as outlined in Standard 5.3, and this is recommended.

There was very good evidence of adopters preparing clear and appropriate information about themselves for the child prior to placement. NCH SW had a video camera available to help adopters prepare this if required.

Does the VAA have written procedures for the use of the Adoption Register?	YES	
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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?**

4

National Findings.

The NCH has a policy on “Supporting Placements” (Adoption Practice Standards, Standard 24). It addresses the agency’s commitment to providing a clear strategy for working with and supporting adoptive families. Link workers are available to support adopters and the service will provide an out of hours support service. The policy statement is specific about the frequency of support visits to be made to adoptive families.

Branch Findings

The frequency of workers’ visits to adopters was at least weekly after placement, reducing as the placement stabilised. Frequency varied according to the needs of the child and the adopters. Adopters spoke of a high level of support and placing social workers made positive comments about the level of post-adoption support available to the placements. There was evidence that NCH social workers offered support in linking with other agencies, attending meetings at schools and helping address funding issues, including DLA applications.

Approved adopters were encouraged to attend the regular support groups. Several adopters spoke positively about the value of these groups. The timing of the support groups, in the evenings, was an issue for an adopter. The team were positively thinking of increasing the opportunities for groups to meet at different times. A support group for black carers was also being planned. Evidence was seen of ongoing training programmes made available to adopters. This included ‘Managing difficult behaviour’.

The branch also provided opportunities for more informal contact and support, for example at a barbeque event, and a Christmas party.

The social workers provide ‘out of hours’ support to adopters, on a rota basis. Adopters spoke extremely positively about the level of support they felt they received and their confidence in the long term nature of this support. There was also strong evidence of a high level of support available for adopters who were experiencing difficulties, in troubled family times, including a disrupted placement.

Number of adopter applications started in the last 12 months

20

Number of adopters approved in the last 12 months

14

Number of children matched with the agency’s adopters in the last 12 months

17

Number of adopters approved but not matched	12
Number of adopters referred to the Adoption Register	33
How many placements disrupted, between placement and adoption, in the last 12 months?	1

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 – 7.3 and 7.5)

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

Key Findings and Evidence

Standard met?

3

National Findings

Primary responsibility for working with birth parents is accepted by NCH to reside with local authorities placing through NCH as a Voluntary Adoption Agency. The NCH policy on “Work with Birth Families” (Adoption Practice Standards Standard 31) seeks confirmation from Local Authorities that birth families have been offered support and counselling and have had the opportunity to express their views and wishes in relation to the adoption and contact.

Branch Findings

At the time of this inspection the branch was not being used for a significant amount of work with birth families. On occasions, the agency had been commissioned to carry out time limited pieces of work with birth families, providing independent support and counselling.

There was evidence that the adopters’ preparation groups had emphasised the importance of the birth family continuing to contribute to a child’s heritage. Inspectors heard from adopters that letterbox contact was thoroughly discussed with them.

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?

9

The self assessment information indicated that ‘while it is the placing LA who will carry out the direct work with the birth family, project social workers will actively seek the fullest possible birth family information from the LA. They will press for meaningful life story books for children placed from the outset of the placement.’ Evidence was seen of this in files and in discussions with staff.

Whilst this standard is not generally applicable inspectors note the good practice evidenced by the Project.

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

National Findings

Primary responsibility for working with birth parents is accepted by NCH to reside with local authorities placing through NCH as a Voluntary Adoption Agency.

Branch Findings

The branch had a number of examples where there was active support given to sibling contacts. Ongoing direct or letterbox contact with birth family members was supported and facilitated. The Post Adoption Social Worker's role included responding to enquiries from birth relatives of children placed through NCH in the past. There was a clear procedure to facilitate the sharing of information or contact.

The branch also held comprehensive resources and information about local and national support groups and services. The Project had links with the South West Adoption Network and NORCAP. Details about the GRO and Contact Register were also available.

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?	1
<p><u>National Findings</u></p> <p>The NCH has a policy on “Adoption Panels” (Adoption Practice Standards, Standard 20) The national adoption policy sets out the framework for the branch adoption panels and states that each project must establish an adoption panel, which must operate within the requirements of the law. There are supporting procedures for adoption panels and the terms and conditions for panel members. The policies and procedures should be developed to include those listed in the National Minimum Standards (standard 10.2) Panel members have access to B.A.A.F’s booklet on “Effective Panels” Attendance of adopters is expected at all adoption panels. The NCH are introducing annual panel reports, which will be presented to the Adoption Sub Committee.</p> <p><u>Branch Findings</u></p> <p>Applicants are given the opportunity to attend panel. Feedback in some cases had been that the level of questioning was sometimes overzealous or uncomfortable. Inspectors were told by several adopters that the panel style did not make them feel at ease. Applicants reported that they would have liked to have had a leaflet or more prior written information about panel. The manager informed inspectors that measures have been taken to address issues which have arisen in the behaviour or approach of panel members. The chair and panel adviser have met with a panel member when the situation arose. Joint panel and team workshops have provided a forum of discussion about issues raised in assessments and for feeding back panel views. Feedback is more regularly fed back through the panel adviser. Panel papers evidenced that panel members were given regular progress reports.</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
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The panel was properly constituted and included people with a reasonably diverse range of qualities and experience. The Project Manager indicated that they hope the panel will become more diverse in terms of more male and black members. Panel members have an induction and observe at least one panel. A more detailed recording of the induction would be good practice.

There was a programme of training which included joint training with the agency's staff. A training day was being planned which would focus on questions to applicants. As previously stated (Standard 10) there was the view that panel members were not all as 'in tune' with the complexities of some of the issues in contemporary adoption work and the training day was to be a timely consideration of practice.

Other training planned included induction training on the Adoption and Children Act and external BAAF training on attachment. Individual panel members had attended training on assessing lesbian and gay carers, and a SW BAAF adoption panel forum.

Does the adoption panel membership meet all of the statutory requirements?	YES
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Standard 12 (12.1 – 12.3)
 Adoption panels are efficiently organised and conducted and are convened regularly to avoid delays in the consideration of prospective adopters and matching children and adopters.

Key Findings and Evidence	Standard met?	3
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The panel met monthly and the programme was set a year in advance. There was evidence of a clear administrative procedure in compiling agendas and distributing papers. The panel papers were sent to panel members a week in advance. Inspectors noted that the panel papers were sent via ordinary post. No concerns had arisen about misplaced mail; despite this it is recommended that this practice is reviewed. Papers should be anonymised or should be sent via more secure methods.

The panel observed in the course of this inspection was efficiently organised and delays were avoided. Adoption panel minutes were found to be of good quality, they clearly reflected the agency panel's discussion, the reasons for the conclusions and the recommendations made.

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

National Findings

The NCH has a policy on "Decision Making" (Adoption Practice Standards Standard 21); it states that there must be a clear distinction between the recommendation-making responsibilities of the adoption panel and the decision-making responsibilities of the agency.

Branch Findings

The panel minutes were checked by the panel adviser and sent electronically to the panel chair. She signed the minutes off at the next panel. It would improve practice if the minutes, when seen by the agency decision maker, included some confirmation that they had been seen by the chair.

The agency decision maker timetables in a regular meeting in which to consider panel recommendations. Applicants were told when that meeting was to take place and were informed of the decision by social workers on that day. A formal letter from the Director followed within a week. The decision was made within five working days of the panel and the files seen confirmed this.

It was noted that the agency decision maker had agreed to all the panel's recommendations in the last three years. The decision maker spoke with confidence about the professionalism of the panel adviser and of the thorough approach of the panel.

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 – 14.6)

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?	1
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National Findings

The Registered Person is Nigel Harper, the North East Regional Director. He sits on the Children's Management Group, which is made up of Directors from all the regions. This group determines the organisation's policies and procedures.

He was formally interviewed on the 7th May 2004 by the CSCI as part of the registration and inspection process.

The current Registered Manager is Linda Plummer whose designated role within the organisation is as a professional advisor on Family Placements. She has previously managed an adoption service for the NCH but in her present capacity as a professional advisor she does not line manage the managers of the individual branches.

Linda Plummer is a qualified Social Worker with considerable experience in childcare and family placements. She qualified in 1975. She has no formal management qualification. She was formally interviewed on the 7th May 2004 by the CSCI as part of the registration and inspection process.

The branches are currently line managed within their particular region and each branch manager is part of their regional management team. The Adoption Service Development Group brings together the branch managers, their line managers, the adoption agency manager and the registered person.

The branch managers also meet quarterly as The Adoption Service Development Group to discuss practice issues.

In recognition of the need to strengthen the identity of the adoption services on a national basis the NCH are currently reorganising their adoption services. There have been a series of draft reports and consultations on the agency's proposals. These have now been presented to the Children's Management Group and NCH is to appoint an Adoption Manager. It will be a specialist role to give direction and leadership to the developments in the field of adoption and have oversight of all the NCH adoption services. The person will also have line management responsibility for each of the branch managers.

Branch Findings

The NCH SW branch manager, Jo Jenkin, has been in post since 1998. She qualified as a social worker in 1975 and has substantial relevant experience and training, including gaining a Certificate In Management Learning (1998). Inspectors considered the manager exercised effective leadership in the manner in which the branch was organised, managed and staffed

The branch manager was soon to have a change of line manager and arrangements were clear. The manager reported that any changes in regional management are notified to the branch by e.mail.

At the branch level this standard was met with the exception that the regional director, also decision maker, did not have a CRB disclosure.

Does the manager have Management NVQ4 or equivalent?	YES	
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?	1
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National Findings

The personnel files of the registered person and the registered manager were checked as part of the inspection of the headquarters.
 The NCH has well-established policies and procedures for the recruitment and appointment of staff to ensure that children are safeguarded.
 The Registered Person does not have a current CRB.
 The Manager has an enhanced CRB check.
 All checks on other staff will be renewed every 3 years.

Branch Findings.

At branch level this standard was met.
 The branch manager had been in position since 1998. An up to date enhanced CRB disclosure was recorded. There was documentary evidence of relevant qualifications. Inspectors were informed that employment practice now include telephone enquiries made to each referee to verify written references, and more recent personnel files confirmed that this is now established practice.

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

National Findings

The NCH is administered under a scheme by the Charities Commission.

Nigel Harper, the North East Regional Director sits on the Children's Management Group, which is made up of Directors from all the regions. This group determines the organisation's policies and procedures.

Linda Plummer, whose designated role within the organisation is as a professional advisor on Family Placements, has previously managed an adoption service for the NCH but in her present capacity as a professional advisor does not line manage the managers of the individual branches.

The branches are currently line managed within their particular region and each branch manager is part of their regional management team. The Adoption Service Development Group brings together the branch managers, their line managers, the agency manager and the registered person.

The branch managers also meet quarterly as The Adoption Service Development Group to discuss practice issues.

The agency's management structure is under review in the light of legislative requirements and the business requirements of the NCH.

There are policies and procedures governing adoption activity.

Branch Findings

Branch Business plans and quarterly statistical returns ensure that services are delivered in a planned way which is subject to monitoring and evaluation.

Inspectors were informed that there were clear lines of accountability within the branch and in the wider organisation. There was less confidence that communication from the wider organisation was always as effective as they would hope.

There was a deputy to the branch manager who supervised half the team. The deputy had considerable experience in childcare and in family placement work and had been Deputy Project Manager for three years. The team had office and out of hours contact numbers for the regional management, as well as agency management, should they require further advice or decision making.

Documents in personnel files confirmed that all staff had been asked to declare any possible conflicts of interest.

There were systems in place to ensure adequate information was sought about the racial origin, religion, culture, language and disability of adopters and that staff could effectively work with applicants. Examples were seen where staff had sought external support to further their understanding where they believed their knowledge or understanding was limited.

Approved adopters were referred to the Adoption Register for England and Wales. Consent forms were seen. There was a post panel checklist for ensuring the system was administered. The manager acknowledged that there were sometimes delays in the process.

Inspectors suggested that more up-to-date guidance should be sought.

Number of statutory notifications made to CSCI in last 12 months:	<input type="text" value="2"/>
Death of a child placed for adoption by the agency.	<input type="text" value="0"/>
Referral to Secretary of State of a person working for the agency. (s2(1) of Protection of Children Act 1999)	<input type="text" value="0"/>
Serious illness or accident of a child.	<input type="text" value="0"/>
Serious complaint about an approved prospective adopter (no child placed).	<input type="text" value="0"/>
Serious complaint about an approved prospective adopter (child placed by agency).	<input type="text" value="0"/>
Serious complaint about an approved prospective adopter (child placed by another agency).	<input type="text" value="1"/>
Instigation of child protection enquiry involving a child placed by the agency.	<input type="text" value="2"/>

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

National Findings

The NCH is administered under a scheme by the Charities Commission.

The Children’s Management Group is made up of Directors from all the regions. This group determines the organisation’s policies and procedures.

The Adoption Sub Committee has overall responsibility for overseeing the work of the agency in accordance with the Adoption Agency Regulations 5(3)(b). It has a wide ranging brief and approves the adoption programme for the NCH. It oversees the financial affairs of the adoption agency, approving budgets plans and identifying the changes required in the funding arrangements.

The minutes of the Adoption Sub Committee show all relevant adoption matters are being considered.

The branches are currently line managed within their particular region and each branch manager is part of their regional management team. The branch managers also meet quarterly as the Adoption Service Development Group. The registered person and the interim adoption manager attend these meetings.

The Strategic Performance Unit has a brief to go in to different projects to audit and report on the activities of the projects.

The NCH has a policy on “Financial Arrangements for Interagency placements” (Adoption Practice Standards)

Branch Findings

There were written procedures for monitoring and controlling the activities of the agency.

The Trustees received a six monthly report. The adoption management team received regular reports. Sub committee minutes were seen which evidenced that the activities of the Branch were appropriately monitored.

The NCH Inter Agency Memorandum was included with each Form F sent to local authorities and with each brochure of profiles distributed to Local Authorities.

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

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

Standard 18 (18.1 – 18.5)

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

Key Findings and Evidence

Standard met?

3

National Findings

The NCH has a policy on “Legal and Medical Advice” (Adoption Practice Standards Standard 12). It states that each project has an appropriately qualified and experienced legal and medical advisor.

Branch Findings

The agency had a medical adviser as a member of the adoption panel. She was available for consultation with staff in matters relating to adopters and children and will meet with adopters prior to or during assessment if there are specific issues requiring clarification. She will also advise on matters arising post placement. She attends South West Consortium Medical Advisers meetings. There was a legal adviser with relevant experience who was available for consultation. Files included evidence of qualification and registration. It would be good practice for similar details to be kept for all specialist advisers. (See requirement made at Standard 28).

The agency had written guidelines for specialist advisers, and at branch level the manager told inspectors that they were working on a protocol for the advisers that are used, for example for therapeutic advice.

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

National Findings

The NCH has a comprehensive recruitment policy, which fully addresses the recruitment and appointment processes including the obtaining of references and relevant safeguarding checks. There is a clear written checking process available to those responsible for recruiting new staff which sets out the role and responsibility of the Human Resources departments.

All social workers are expected to be professionally qualified. There are social workers undertaking the PQ CCA but it is uncertain as to whether 20% of the agency staff across the agency will achieve the award by April 2006.

Branch Findings

There were clear recruitment and selection procedures. Recently appointed staff confirmed to inspectors that they had been through an appropriate selection process. The practice has been established of making telephone enquiries to verify references.

CRB checks at enhanced level were recorded for staff.

All social work staff were professionally qualified. The staff team had considerable experience in childcare and in family placement. One of the team had undertaken the Post Qualifying Child Care Award and others had been entered for the PQ 1. The proportion of staff with the Post Qualifying Award met the 20% minimum requirement (Standard 19.8 – to be met by 2006) and was likely to increase. Staff indicated a preference for waiting until a more relevant award for family placement work was introduced.

Inspectors were confident in talking to the staff group that they had appropriate knowledge and skills. There was an excellent understanding of adoption matters and this was evidenced in written assessments and case recording.

The post adoption worker who was undertaking Section 51 counselling had not had specific training and this is a recommendation. She had considerable childcare experience including a thorough understanding of the impact of reunion. She was being supervised by an experienced birth records counsellor who supported her work with adopted adults and birth families. She also attended the consortium and NCH post adoption social work meetings and was kept updated on legislation and practice.

The agency had links with education and child protection advisers. Inspectors were told that the specialist advisers, therapists and other professional staff with whom the branch has links were appropriately qualified, but more systematic verification is recommended.

There were no support workers or unqualified workers. Students in the team worked under

the supervision of the deputy manger and did not take responsibility for the assessments.

Do all of the agency's social workers have DipSW or equivalent?	YES	
What % of the agency's social workers have a PQ award?	20	%

Standard 20 (20.1 – 20.12)

Staff are organised and managed in a way which delivers an efficient and effective service.

Key Findings and Evidence	Standard met?	3
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National Findings

Adoption branch managers within the NCH are required to have a professional social work qualification and post qualifying experience plus management experience. There are appropriate job descriptions and person profiles for all jobs.

Branch Findings

The Annual Review (2003/2004) and Business Plan 2004/2005 evidenced effective monitoring of branch activities. The branch manager confirmed that levels of management delegation were appropriate to the skills, qualification and experience of the relevant member of staff.

The manager indicated that the business plan determined priorities. Tasks were identified, discussed and allocated at team meetings. Staff took lead roles and held specific responsibility for certain tasks. The Project manager and deputy met and monitored workloads individually and in supervision with staff. The caseload management system was through open allocation at team meetings and supervision. Updated caseload charts were kept at the front of each supervision folder. Staff confirmed that supervision was regular, two to three weekly, and valued. Inspectors were confident that the systems of communication and caseload monitoring were robust.

Social workers carried out both fostering and adoption work and were positive about their involvement with both areas of work. Inspectors were told that there had been times when fostering had impacted adversely on the capacity of the team in regard to adoption but that this was not a current issue. More effective caseload monitoring could be an additional safeguard to maintaining the balance.

Each social worker received an annual appraisal that linked to individual training and development. Staff were supported to undertake ongoing training and appropriate professional and skills development.

Inspectors were impressed with the knowledge and skills of the administrative team. Staff reported the level of administrative support to be satisfactory. Staff have increased access to IT which was welcomed. The manager confirmed that the equipment was regularly updated and expanded.

Adopters reported that they experienced a helpful and prompt response when they initially

approached the agency.
 Social workers reported that they worked within an environment where management was supportive, accessible and approachable. There was less confidence about communication in the wider organisation, reflecting that there was some uncertainty about structural changes within the agency. There was an NCH monthly newsletter.
 Team meetings were held fortnightly; inspectors heard that the content would alternate between discussing practice issues and business issues.

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
<p>Staffing in the branch was reported by the manager to be adequate in number to meet the needs of the branch and in line with the statement of purpose. Full time staff included two male social workers. Two black members of staff were also on the social work team.</p> <p>Where short term staffing shortages have occurred there has been capacity in the team for part time staff hours to be extended. Where longer term staffing needs have been identified, the Project has sought and gained funding for additional staff, as in the appointment of the post adoption social worker.</p> <p>Staff reported satisfaction with the conditions of service. Working conditions were favourable and appreciated by staff. The office environment was pleasant and well resourced. Staff described the organisation as being very supportive in enabling them to undertake their role, in giving them resources so that they could respond flexibly and promptly to service users. They confirmed there was a positive approach in the organisation to training and professional development as well as flexible working arrangements. Effective staff retention policies were evidenced in the stability of the staff team.</p>			
Total number of social work staff of the agency	9	Number of staff who have left the agency in the past 12 months	1
Number of social work posts vacant	0		

Standard 22 (22.1 – 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
<p><u>National Findings</u> The NCH follows the requirements of national employment legislation.</p> <p><u>Branch Findings</u> Staff in the team made extremely positive responses about their experience of working for NCH. Comments included that they found the work professionally satisfying and they were well supported. They spoke of there being a very good team spirit.</p>			

Details were seen of the adoption agency's public liability insurance policy (expiry date March 2005).

There was a written whistleblowing policy. The policy and guidelines had been reviewed 2002/3 and indicated this to be a 'fundamental issue in the NCH safer care environment.' Staff confirmed they were aware of this document.

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

Staff reported that the organisation is positive about recognising and meeting training needs of staff. There was an NCH Staff Learning and Development Programme. A record of training of all staff was made available for inspection. Staff confirmed that they are well supported in attending internal or external training events. The Project had links with the Hadley Centre for Research into permanency placements. The staff were also kept regularly updated through information from BAAF and Adoption UK.

There is an established induction programme, linked to TOPSS Induction A newly appointed member of staff was able to confirm a thorough induction process.

Inspectors noted that staff training opportunities in respect of anti-discriminatory practice and working with diversity should be encouraged.

As previously stated, training needs include Section 51 counselling for the member of staff taking lead responsibility in this work.

Standard 24 (24.1 – 24.9)

Complaints are resolved quickly and handled in a sensitive, thorough and non-biased manner.

Key Findings and Evidence

Standard met?

2

National Findings

The NCH has a policy on "Complaints, Suggestions and Compliments" (Adoption Practice Standards Standard 7). There is a supporting procedure on "Representations about unfavorable agency decisions".

It is a well-defined complaints procedure for the whole organisation.

Details of the complaints procedure are available on the intranet and leaflets are expected to be available in each of the branches.

The NCH should consider reviewing some of the timescales for investigating and responding to complaints.

The policy states that where complaints can easily be resolved to the complainant's satisfaction it will be investigated and the complaint responded to within 6 weeks (adults), 2 weeks for children under 18 and care leavers. Where complaints are not considered easy to resolve the timescales extend to 14 weeks for adults and 6 weeks for children. It is suggested that the agency endeavors to investigate and respond to all complaints within 28 days regardless of their severity, complexity or whether they are considered easy to resolve

or not.

Branch findings

Monthly returns forms were seen in regard to the Branch's records of complaints which were used for the agency's collation at a national level. Where there was a complaint recorded, the information included how the complaint was dealt with and the outcome.

There was an example of a complaint, not from a child, which had been dealt with independently. Records were available for inspection. The report made some recommendations about the process of assessment. The inspectors heard in various contexts that the social workers in the team had reflected on practice and were keen to implement any recommendations. Another complaint was also being addressed.

Three adopters who responded to the survey reported that they had 'never' been told how to make a complaint, and two responded 'sometimes'. This indicates that the social workers should ensure the complaints information is regularly provided and that adopters, and children, should be reminded at different times about their right to make a complaint.

The Project manager had received training in matters specified in Standard 24.6 and a training resource pack for staff had been produced by NCH which was to be used in a team meeting to ensure staff were appropriately trained.

It is noted that the complaints procedure should have some revision and this should include information about access to the Children's Rights Director.

Number of complaints made by, or on behalf of a child, in the last year?

0

Number of the above complaints which were substantiated

0

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
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There were standards and procedures on case files to be maintained for each adoptive family. Records inspected were comprehensive and accurate. A separate record was kept for each child, similarly guided by Preparation for Placement Supporting procedure. One of the children's files inspected did not include evidence that medical consent or a copy of the Care Order had been obtained.

NCH has relevant standards which address Confidentiality, and Reports, Records and Recording (see also Standard 27). All staff and panel members signed the written agreement on confidentiality. Confidentiality was emphasised on courses run by the team, and covered in interviews with applicants.

The IT system was password protected and was a dedicated system for the adoption records of the branch. There was a separate system for foster carer records. The system could only be accessed by workers in the branch and was not linked to other branches. Adoption records were backed up on the server each week; discs were kept in a fire proof box in an appropriately secure cabinet. There was a smoke detection system. There was no specific risk assessment in regard to the risk from fire or flood.

Archived records were kept in premises elsewhere in the agency and were not inspected in this branch visit.

Records of all status, health, references and CRB checks were in evidence in the files inspected.

Decisions by supervisors were evidenced on case files. Records were legible, clearly expressed, and generally signed and dated.

Standard 26 (26.1 – 26.2)

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

Key Findings and Evidence	Standard met?	3
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There was a system for sending Form Fs to other agencies and for monitoring this. There was an NCH Standard in relation to access to adoption case records. Staff confirmed that there were written procedures which were implemented in regard to authorising access to adoption case records and for the disclosure of adoption information.

The agency had a policy which took into account the relevant legislation.

Standard 27 (27.1 – 27.6)

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

Key Findings and Evidence**Standard met?**

3

National Findings

The NCH has a policy on “Confidentiality” (Adoption Practice Standards standard 8); it states that the NCH will uphold its duty to maintain confidentiality. The policy addresses issues of confidentiality; secure storage and access to files and the purpose and content of case files.

Branch Findings

The case recording policy was seen to be implemented in the Branch. Separate records were kept for staff. The files were found to be well ordered. The inspectors were told that files were kept of students who had been on placement at the Project.

There was a system to monitor the quality and adequacy of records, which included manager’s oversight prior to Panel, and a six monthly management audit. Inspectors were informed that all files were seen by the manager at the point of closure.

There was a system for keeping records of all complaints and allegations. Notifiable information had been sent to the Commission and records were kept on the relevant adopters’ and child’s records.

Standard 28 (28.1 – 28.2)

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

Key Findings and Evidence**Standard met?**

1

A sample of personnel files kept at the Regional office was examined. Satisfactory records were generally seen but consistent practice needs to be established. Not all files had a record of a CRB check (see also Standard 15).

Panel members’ files were examined. Files contained evidence of completed CRB checks, signed confidentiality agreements, photographs, profiles of panel members’ background and experience and evidence of the panel members’ training. In one case there was no record of a CRB check and other omissions were noted. In most cases there was no documentary evidence of relevant qualifications. For more recent applicants it was evident that the practice had been established of recording an interview process, and seeking two references. The Project manager was advised to have separate files for the two panel secretaries which were currently in one 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?

2

National Findings

The NCH do not have a disaster recovery plan.

Branch Findings

The adoption team premises are in a reasonably accessible part of Bristol. The office was of suitable size and inspectors considered that the premises were fit for the purpose. There was a ramp and lift allowing wheelchair access. The office was open for 8.30am to 4.30 pm, 5 days a week. There was a security system including an intercom system for visitors to gain access. Inspectors recommend that a signing in system would be an additional safeguard to monitor access.

Records were kept in lockable cabinets. The manager indicated there were appropriate measures to safeguard IT systems, with password and firewall protection, and back up of electronic records.

Inspectors were informed that there was adequate insurance.

The branch manager informed inspectors that NCH insurance covers rental of alternative premises.

Financial Requirements

The intended outcome for the following set of standards is:

- The Voluntary Adoption Agency is non-profit making and is financially viable.

Standard 30 (30.1 - 30.2)

The adoption agency ensures it is financially viable at all times and has sufficient financial resources to fulfil its obligations.

Key Findings and Evidence

Standard met?

3

National Findings

The NCH Children's Services limited is a company limited by its shares wholly owned by the NCH. The company is a non profit making company and works in conjunction with funding partners.

The agency has had an injection of funding from a corporate sponsor (Scottish Power), which has enabled the agency to deploy extra resources, staff, materials and advertising campaigns.

Branch Findings

NCH SW has been able to fund an additional post through the corporate sponsorship of Scottish Power. This funding has been specifically linked to the appointment of a new post. The Project had access to the annual NCH report and accounts, and there was a summary of project income and expenditure. The financial systems included the Regional Director's monthly Budget Review and Annual budget planning process.

Standard 31 (31.1 – 31.5)

The financial processes/systems are properly operated and maintained in accordance with sound and appropriate accounting standards and practice.

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

All of the financial processes and systems operating in the adoption service are in accordance with those set and maintained by NCH Finance Committee.

The NCH accounts are audited and published annually in the company's annual report.

The Adoption Agency accounts are published annually in the Adoption Agency report having been approved by the Adoption Sub-Committee.

At the time of the inspection of the headquarters' financial accounts were being prepared for the management meeting being held on the day of the inspection and were not available.

These will be requested by the CSCI once the Senior Management Committee has formally approved them.

The Adoption Sub Committee has overall responsibility for overseeing the work of the agency in accordance with the Adoption Agency Regulations 5 (3) (b) it has a wide ranging brief and approves the adoption programme for the NCH, it oversees the financial affairs of the adoption agency, approving budget plans and identifying the changes required in the funding arrangements.

The agency has a three-year Adoption Agency Business plan, which is reviewed each year. The plan shows the agency have set 5 objectives, including to sustain high quality services.

Branch Findings

NCH SW had clearly documented financial systems. The project is fee based and is expected to be 'self-financing'. There is a finance administrator allocated to the project for twelve hours per week. Inspectors were informed that there were rigorous financial procedures within the branch. All invoices were tracked and ensured they have gone out on a monthly basis. Petty cash was checked weekly. There were clear systems for authorising payments. The Project manager and administrator meet with the finance officer on a monthly basis to monitor the financial position and they prepare the budget prior to the new financial year. The area finance officer and the Director will review the budgetary details and sign it off.

Inspectors were told that NCH is planning changes in the structure of its financial arrangements which will involve the adoption agency being in one Business Management Unit with a three year budget cycle. Inspectors were told that the region would still retain operational management and the branch's local links would remain.

The budget for 2003/2004 was £702400. The business plan indicated that the project's outturn was 5% below its target. There was not a clear separation of the different funding issues for the fostering and adoption functions of NCH SW

The adoption agency accounts are externally audited at a national level.

PART C

LAY ASSESSOR'S SUMMARY

(where applicable)

Lay Assessor _____ **Signature** _____
Date _____

D.1 Registered Person'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 6th-8th July 2004 and any factual inaccuracies:

Please limit your comments to one side of A4 if possible

Thank you for this report which is very comprehensive, fair and accurate. We have just two points at branch level, both relating to Standard 20. (*amendments accepted by inspector*)

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

Amendments to the report were necessary	<input type="checkbox"/> YES
Comments were received from the provider	<input type="checkbox"/> YES
Provider comments/factual amendments were incorporated into the final inspection report	<input type="checkbox"/> 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	<input type="checkbox"/>

Note:

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

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

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

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

Public reports

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

D.3 PROVIDER’S AGREEMENT

Registered Person’s statement of agreement/comments: Please complete the relevant section that applies.

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

Print Name _____

Signature _____

Designation _____

Date _____

Or

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

Print Name _____

Signature _____

Designation _____

Date _____

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

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S0000051816.V173255.R01

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