



*Making Social Care  
Better for People*

# inspection report

## ADOPTION SERVICE

### **Family Connections**

**Family Connections  
Cottage No 1, The Village Complex  
Tanners Lane  
Barkingside, Ilford  
Essex  
IG6 1QG**

*Lead Inspector*  
Pat McKay

*Announced Inspection*  
1st August 2006      09:30

The Commission for Social Care Inspection aims to:

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

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

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

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

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

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

This report is a public document. Extracts may not be used or reproduced without the prior permission of the Commission for Social Care Inspection.

# SERVICE INFORMATION

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<b>Telephone number</b>	0208 550 2688
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<b>Provider Web address</b>	<a href="http://www.barnardos.org.uk/southribblefamilies">www.barnardos.org.uk/southribblefamilies</a>
<b>Name of registered provider(s)/company (if applicable)</b>	Family Connections
<b>Name of registered manager (if applicable)</b>	Ann Haigh
<b>Type of registration</b>	Voluntary Adoption Agency

# SERVICE INFORMATION

## Conditions of registration:

**Date of last inspection** This is the first inspection under the Voluntary Adoption Agencies Regulations 2003

## Brief Description of the Service:

Family Connections is based in a cottage within the Barnardo's village complex at Barkingside Essex.

The project is managed within the London East and South East (London) region of Barnardos. The project provides a national service.

The project holds approximately 6,000 records for all adoptions made by Barnardos since 1947, and 2,200 records for adoptions made by the Children's Aid Society.

Staff at the project provide information, advice and support to people who were involved with adoption through Barnardos. This service is provided to adopted people who are over 18 years of age, birth relatives of adopted people and adoptive parents.

A manager, a deputy manager, three social workers in two full time equivalent posts, an administrator and an administrative assistant staff the project.

The manager and the deputy manager also undertake work for CAFCASS in the Inner and North London Courts.

The project has service level agreements with three London Boroughs to provide an independent adoption counselling and intermediary service.

# SUMMARY

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

This was the first inspection of the service by the Commission for Social Care Inspection.

One inspector undertook the inspection over three days. The manager produced a self- assessment along with supporting documentation in advance of the inspection fieldwork.

Questionnaires were received from nine birth family members, five adopted adults and two agencies with service level agreements with the project.

The inspector interviewed two adopted adults and two birth family members. She also read the relevant case files. Personnel records, policies and procedures, historical abuse file, complaints file and the inspector also read minutes from relevant committees and groups.

Interviews were conducted with the service manager, the deputy manager, the social work staff and the administrator.

The inspector would like to thank the staff in the project for the efficient way in which the inspection programme was organised.

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

This is a well-managed service that provides an excellent counselling and support service to those affected by adoption.

The staff are very skilled and experienced and have access to a good range of training opportunities.

The adoption archives are very well organised and very secure.

The project has access to specialist advisors as and when required.

The project premises are easily accessible, secure and comfortable for staff and service users.

Written information is clear and well presented.

The records held in the project are up to date and comprehensive.

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

This is the first inspection of this service by the Commission for Social Care Inspection under the terms of the Voluntary Adoption Agencies Regulations 2003.

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

The agency should review the staff remuneration package to make sure that it retains the skilled and experienced staff group.

Staff records of agency staff held in the service need to include all relevant information.

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

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

# **DETAILS OF INSPECTOR FINDINGS**

## **CONTENTS**

Being Healthy - There are no NMS that map to this outcome

Staying Safe

Enjoying and Achieving

Making a Positive Contribution

Achieving Economic Wellbeing - There are no NMS that map to this outcome

Management

Scoring of Outcomes

Statutory Requirements identified during the inspection



# Staying Safe

## The intended outcomes for these standards are:

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

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

15, 19, 24

Quality in this outcome area is excellent. The manager and staff are well qualified, skilled and experienced in adoption work.

## EVIDENCE:

The service manager was a very skilled and experienced individual with many years of project management experience in the adoption field. Her skills and knowledge had been utilised by central government as a member of various advisory groups and on occasions addressing select committees on issues in adoption. The deputy manager was also skilled and experienced and had fulfilled a similar consultative role in the development of recent legislative changes in the adoption field.

The agency did not work directly with children. However, all staff including administrative staff had been the subjects of enhanced criminal records bureau disclosures to ensure safe practice. These were renewed every three years. At the time of the inspection a third social work post was partially filled by an agency worker. The service manager recruited this worker from a Barnardos "preferred provider".

Staff appointed since the introduction of the National Minimum Standards for Adoption had written references verified by telephone calls. This was recorded and evidenced on the personnel file to ensure references were genuine.

There were clear recruitment and selection procedures for appointing staff that were available on the intranet and in hard copy for all staff involved in recruitment activity. This ensured the appointments process was consistent across the agency.

A manager, deputy manager and three social workers, (two full time equivalent) staffed the project. All of these were qualified and experienced in adoption work. All of the staff had the appropriate knowledge and skills to carry out the work. The project undertook birth records counselling work. This was carried out to a very high standard by staff trained and experienced in this area of work. Some comments received from adopted adults who had received counselling were, "overall I think the Barnardos service is very good, I cannot thank them enough for what they have done for me" and "since deciding to trace my family I have had excellent advice, help and support from Barnardos in all ways". One adult adoptee interviewed during the inspection described it as "a brilliant service" another said "very patient, nothing they could have done better, they have done everything they can I would highly recommend them".

One of the questionnaires received from a local authority with a service level agreement described the project as "specialists in their field" another as "a unique and invaluable service".

The agency had a written policy and procedure for handling complaints. A complaints leaflet was sent out to all enquirers following the initial enquiry. Service users that were interviewed during the inspection confirmed that they had received the information about how to make a complaint. All staff were aware of the complaints procedure and had received some training. The project had not received any complaints in the last five years. There was a plan to offer this training on an ongoing basis to ensure that staff were kept up to date with a procedure that they may not need to use very often. The inspector considered this to be a good practice initiative.

# Enjoying and Achieving

## The intended outcomes for these standards are:

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

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

18

Quality in this outcome area is good. The project has access to specialist advisors as and when required.

## EVIDENCE:

The project had access to the medical advisor at a neighbouring Barnardos adoption project. This was available to staff if medical issues came up in counselling or intermediary work.

Legal advice was available from a solicitor. A solicitor from the Children's Panel and the service manager had provided Adoption and Children Act training to the agency.

Advice from other specialist advisors had been sought as and when required. Most recently consultation had taken place with a service for Bangladeshi families in London.

A qualified and experienced signer (British sign language) was available as and when required by the staff in the project.

Staff reported that they had confidence in the specialist advice available to them and would have no hesitation in accessing this if needed.

# Making a Positive Contribution

## The intended outcomes for these standards are:

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

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

7,9

Quality in this outcome area was judged as excellent. The project provides a very skilled service to birth parents and birth families.

## EVIDENCE:

The project had provided a service to birth parents and birth relatives for over sixteen years. The recognition of the lifelong implications of adoption was the principle on which the project was based. This was clearly stated in the statement of purpose and all of the project's literature. Staff and service users told the inspector that this was a principle they understood and adhered to.

Some of the comments received from birth parents and birth family members included the following "I think it would be very hard to improve this service", "the service was excellent, very relaxed, I had the feeling I was being listened to a rare thing these days", "I can't praise them enough for their hard work and dedication". One of the birth family members interviewed during the inspection said "they kept me informed throughout, an excellent service".

The project was in discussion with the East London Adoption Consortium group about the possible provision of a birth parents support group. The project had operated similar support groups in the past. There were no groups operating at the time of the inspection.

There was a waiting list for the service. There were thirty people on the waiting list at the time of the inspection. Barnardos had a performance indicator of six months maximum wait before receiving a service. The waiting time was around four months. This was the time taken between initial enquiry and the production of written background information for service users. Priority was given to adopted adults and adoptions that had taken place prior to 1975. The waiting list was well managed. Four service users were

interviewed during the inspection they all reported that they had been kept informed about their position on the waiting list and did not feel the wait was prohibitive. The waiting list and waiting time needed to remain under close management scrutiny to ensure people received a timely service.

# Management

## The intended outcomes for these standards are:

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

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

1,14,16,17,20,21,22,23,26,27,28,29,30,31.

Quality in this outcome area was judged as good overall. However, the service must ensure that records for agency staff contain all of the relevant information.

## EVIDENCE:

There was a statement of purpose in place. This was clearly written and contained all of the required elements. Staff had been consulted about the content of the statement of purpose and it accurately described the services on

offer. There was the facility to make the statement of purpose and other literature available in a range of formats and languages, including Braille, if appropriate. There was a clear set of policies and procedures that reflected the recent legislative changes. A format for the registration of a veto had been devised and had been used in some cases. The policies and procedures contained service objectives for all parties to adoption

As previously stated the manager was qualified and very experienced in management and the content of the work within the project. She had embarked on an NVQ level 4 in management, by a portfolio route. The timescale for completion was autumn 2006. This needed to be completed. The service manager had a clear written job description and was accountable to the Assistant Director in the region. The project provided a national service. Relationships between the project and other adoption projects within the organisation were sustained by a schedule of regular meetings. These were the regional adoption group and the adoption agency management group. The service manager was a member of these forums. The post of national adoption agency manager had recently become vacant. Whilst there were clearly defined lines of accountability within the adoption agency, there was some structural conflict in a national project being managed within a regional framework. This needed to be reviewed to ensure that the project was appropriately structurally placed to ensure maximum benefit for the organisation and service users.

Roles and responsibilities were clear within the project. The deputy manager was in charge when the service manager was away. There were team meetings that ensured communication was regular and consistent.

The project reported to Barnardo's Adoption Committee. This was the management committee of the adoption agency. The project had a business plan that set out service outcomes and the ways and timescales in which they would be measured. This was a monitoring and controlling mechanism.

Staff completed monitoring sheets to quantify time taken at each stage of the process. These were seen on case files during the inspection. The sheets were used as a tool to assist in the management and organisation of staff. Professional supervision was routinely provided and evidenced on case files.

There was an adequate level of administrative staff that were very skilled in the work that they did. They were the first point of contact for potential service users. One returned questionnaire said "from the onset of contacting Barnardos I have found it empathetic, supportive and approachable".

The salary levels within the project had not kept up with salaries in other adoption agencies. This had led to a difficulty in recruiting permanent, experienced staff. There was a vacant post at the time of the inspection. A contingency plan had been employed and an agency worker filled the post in the short term. In the longer term the agency needed to review salary levels

to ensure that they encouraged the retention of such a skilled and experienced team.

There was a training plan in place that ensured staff were kept up to date with legislative changes and practice issues. Staff reported that they felt well served by the quality and quantity of training on offer.

There were policies and procedures relating to case records. Four case records were looked at during the inspection. The records were comprehensive and in good order. There was a completed six monthly management-monitoring sheet on all the records seen during the inspection. This ensured management oversight of the process.

Separate records were kept for complaints, allegations of historical abuse and staff. All of these records were fully completed and up to date. These records were supported by clear policies and procedures to ensure consistency of recording and management oversight.

There were comprehensive personnel files in place for all permanent members of staff. There was a file for an agency staff member held in the project. This file needed to contain copies of all the relevant information that had been seen by the service manager at the interview stage.

The premises used by the project were very appropriate for the purpose. The cottage was situated on the perimeter of the village site and could be accessed via a side gate. This provided ease of access for service users. The premises had disabled access. The rooms used for counselling and reunion work were very comfortable and welcoming.

The adoption records were stored on microfilm and more recently CD Rom. These were duplicated. One copy was stored outside the project building. The archive room had fifteen hours of fire proofing in place. The project had a disaster recovery plan to ensure continuity of business in the event of a crisis.

The project was financially managed within the Barnardos organisational framework of a company limited by guarantee and a registered charity. The accounts were published annually. The project had a target for income generation. This was achieved through the children's guardian work, the service level agreements with three local authorities and the provision of training to external agencies. In the year 2005 to 2006 this accounted for 20% of the total cost of the project. The balance of the project's costs was funded from voluntary contributions.



# SCORING OF OUTCOMES

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

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

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

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

<b>MAKING A POSITIVE CONTRIBUTION</b>	
<i>Standard No</i>	<i>Score</i>
<b>7</b>	4
<b>8</b>	N/A
<b>9</b>	4

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

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

<b>ENJOYING AND ACHIEVING</b>	
<i>Standard No</i>	<i>Score</i>
<b>6</b>	N/A
<b>18</b>	3

<b>MANAGEMENT</b>	
<i>Standard No</i>	<i>Score</i>
<b>1</b>	3
<b>3</b>	N/A
<b>14</b>	2
<b>16</b>	3
<b>17</b>	3
<b>20</b>	4
<b>21</b>	2
<b>22</b>	3
<b>23</b>	3
<b>25</b>	4
<b>26</b>	3
<b>27</b>	3
<b>28</b>	2
<b>29</b>	3
<b>30</b>	3
<b>31</b>	3

N/A

Are there any outstanding requirements from the last inspection?

### STATUTORY REQUIREMENTS

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

No.	Standard	Regulation	Requirement	Timescale for action
1	AD28	VAA Reg 2003 17(1)	The agency must keep records for all staff working for the purposes of the adoption agency	30/09/06

### RECOMMENDATIONS

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

No.	Refer to Standard	Good Practice Recommendations
1	AD16	The agency should review the continued management of this national project within a regional framework.
2	AD21	The agency should review salary levels to ensure they encourage the retention of experienced staff.
3	AD14	The service manager should complete the NVQ 4 in management.

## **Commission for Social Care Inspection**

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