

Jigsaw Adoption

Jigsaw Adoption Limited

Third Floor, The Griffin, 12 The Broadway, Amersham HP7 0HP

Inspected under the social care common inspection framework

Information about this voluntary adoption agency

This agency was registered with Ofsted on 11 August 2015 and only operates from the premises in Amersham.

The agency staff currently: recruit, prepare, assess and approve applicants to adopt; provide support to their approved adopters to find children; support their adopters and local authorities during the matching and placement processes; support families when children have been placed.

Over the past 12 months there have been 16 children placed in six families assessed by this agency.

Inspection dates: 11 to 15 June 2018

Overall experiences and progress of service users, taking into account	good
How well children, young people and adults are helped and protected	good
The effectiveness of leaders and managers	requires improvement to be good

The voluntary adoption agency provides effective services that meet the requirements for good.

Date of previous inspection: 24 July 2017

Overall judgement at last inspection: requires improvement to be good

Enforcement action since last inspection: none

Key findings from this inspection

This voluntary adoption agency is good because:

- Prospective adopters feel welcomed.
- Family finding is successful and matching skilfully undertaken.
- Children's moves to their new families are supported well.
- Most children develop good relationships quickly with their adoptive families and settle well.
- Children make progress in their learning and development.
- Children's emotional well-being improves.
- Children enjoy a range of educational and fun activities.
- Children are cared for by people who understand how their child's experiences have disadvantaged them.
- The leadership, management and staff are committed to developing the services further.

The voluntary adoption agency's areas for development:

- The agency does not undertake formal assessments and reviews of the support provided by the agency's workers.
- The manager does not have a management qualification.
- The agency has not developed a written policy about safety in prospective adopters' homes.
- The agency, in one case, did not record why an overseas check on a worker who had lived overseas was not carried out.
- The learning and development plan has not been implemented.
- The adoption panel are not providing quality assurance reports to the agency.
- The agency is not providing written reports to the management committee that cover all required matters.
- The guide for children to support services has not been finalised.
- The written policy for record keeping has not been fully implemented.
- The agency does not have a plan for the back-up of records.

What does the voluntary adoption agency need to do to improve?

Statutory requirements

This section sets out the actions that the registered person(s) must take to meet the Care Standards Act 2000, the Voluntary Adoption Agencies and the Adoption Agencies (Miscellaneous Amendments) Regulations 2003, the Adoption Agencies Regulations 2005 or any other relevant legislation, and the national minimum standards. The registered person(s) must comply within the given timescales.

Requirement	Due date
<p>The registered provider, the manager and in relation to any branch the branch manager, shall ensure that the adoption support services provided to any person are appropriate having regards to the needs for such services identified by an assessment carried out by the agency or by a local authority. (The Voluntary Adoption Agencies (Amendment) Regulations 2005, Regulation 24F)</p> <p>In particular, ensure that support provided by the agency is underpinned by written assessments and regular reviews of the work are carried out.</p>	3 August 2018
<p>The registered provider shall not allow a person to manage the agency or any branch of the agency unless he is fit to do so. A person is not fit to manage an agency or (as the case may be) branch unless he has the qualifications, skills and experience necessary for managing the agency. (The Voluntary Adoption Agencies and the Adoption Agencies (Miscellaneous Amendments) Regulations 2003. Regulation 7 (1)(2)(i))</p> <p>In particular, ensure that the manager enrolls on a course to obtain a suitable management qualification.</p>	28 December 2018

Recommendations

- Ensure the adoption agency has a written policy concerning safety for children in the prospective adopters' home, and in vehicles used to transport the child which is regularly reviewed in line with the most recent guidance from relevant bodies. The policy is understood and successfully implemented by prospective adopters. (Adoption: National Minimum Standards 2014, 9.2)
- Ensure the agency has a record of decision making about if to undertake further checks on an applicant to establish their suitability to work with children if the person has lived outside of the UK. (Adoption: National Minimum Standards 2014, 21.3)

- Ensure the learning and development programme for staff and panel members is implemented. (Adoption: National Minimum Standards 2014, 23.1)
- Ensure the adoption panel provides quality assurance feedback to the agency every six months on the quality of reports being presented to the panel. This includes whether the requirements of the Restrictions on the Preparation of Adoption Reports Regulations 2005 have been met, and whether there is a thorough, rigorous, consistent and fair approach across the service in the assessment of the suitability of prospective adopters. (Adoption: National Minimum Standards 2014, 17.2)
- Develop a children's guide to adoption support services and ensure it is provided to the child by the adoption agency. Ensure the guide is appropriate to the child's age and understanding and includes a summary of what the service sets out to do for children. (Adoption: National Minimum Standards 2014, 18.6)
- The voluntary adoption agency's management committee members receive written reports on the management, outcomes and financial state of the agency every six months to: monitor the management and outcomes of the services in order to satisfy themselves that the agency is effective and is achieving good outcomes for children and/or service users; and satisfy themselves that the agency is complying with the conditions of registration. (Adoption: National Minimum Standards 2014, 25.6)
- Ensure the agency implements the written policy that clarifies the content of information to be kept on the agency's files, and on the child's and prospective adopters' case records. (Adoption: National Minimum Standards 2014, 27.1)
- Ensure the agency has a business continuity plan, which staff understand and can access, which includes both provision of premises and safeguarding/back-up of records. (Adoption: National Minimum Standards 2014, 28.3)

Inspection judgements

Overall experiences and progress of service users: good

The good-quality information provided to interested parties at the initial, preparation and assessment stages help people to make an informed decision about if they wish to progress their application to adopt. Prospective adopters said that they found the information and preparation courses thought provoking, and one stated that the agency was 'fantastic in showing us what we were taking on'.

Assessments of the suitability of applicants to adopt are thorough. The resulting prospective adopter assessment reports clearly set out the applicants' strengths and areas for development. The conclusions about the suitability of the applicants to become adopters reached by the panel and the decision maker are based on careful consideration of these reports.

Staff support prospective adopters well to consider if they would be able to meet the needs of children they are linked with. One prospective adopter called this support 'invaluable'. This support, and the good working relationships with local authority social workers, makes sure that children are placed with adopters who are likely to be able to meet their needs into adulthood and beyond.

Introductions of children to their adoptive families are well planned and supported. If difficulties arise during introductions, staff make sure that these are dealt with. Prospective adopters said they felt well supported by the agency during the early days of the placement. They said that staff are easy to contact, responsive and visit them regularly.

Children begin to develop relationships with their prospective adopters quickly and these developing bonds form the basis on which children begin to make progress.

Prospective adopters show great interest in their children's educational progress and support them very well in their learning. Children learn new skills, including those that support them to develop their independence. This is achieved through the interesting and fun things they get to do with their adoptive family and their peers.

Children are healthy because their routine physical health needs are met and they live healthy lifestyles. Children make good progress in their emotional and psychological well-being. In some cases, the agency has used a worker qualified in a specific child and family therapy to work with families to build and enhance the children's attachment, self-esteem and trust in others. This work has bridged the gap for families while they wait for funding for more formal therapeutic input. However, formal written assessments do not underpin this work and it is not reviewed.

Children learn that life can have order because their prospective adopters develop appropriate rules and routines. This helps children to feel safe and cared for, their emotional well-being improves and they learn to deal with conflicts more effectively.

Children who have developmental delay due to their past abuse and trauma get the opportunities they need to grow and develop to reach their full potential. For example, prospective adopters make sure that children attend schools that will best meet their developmental needs. Prospective adopters for one child have been successful in getting their child into a special school. Prospective adopters and the social worker for another child have advocated, successfully, for the child to have an additional medical assessment because of their valid concerns about the child's developmental delay. The adopter said what a good advocate their social worker has been for them and their child and went on to say, 'She is always fighting our corner.'

Children maintain a sense of their heritage because their adoptive parents, where appropriate and safe to do so, support them to learn about their pasts and to keep in contact with their birth family.

How well children, young people and adults are helped and protected: good

Prospective adopters are as well prepared as is possible to understand how abuse and trauma have impacted on their child. They understand that their children's pasts have left them vulnerable to abuse and risks in the future. Prospective adopters keep children safe and the improvements that children make in their emotional well-being indicate that they feel safe.

Adopters have an appropriate level of understanding about contemporary risks children face such as from social networking and bullying. While health and safety checks are carried out and issues identified are addressed, health and safety in the home is not underpinned by a written policy.

The staff know and understand how to deal with a safeguarding or child protection concern. They understand their role and the roles of external professionals. The manager has successfully challenged a local authority about a safeguarding matter she felt was not being dealt with effectively.

Overall, staff recruitment helps to minimise the risk that staff who pose a risk to children work for the agency. However, in one case the rationale for a decision not to undertake an overseas check on a member of staff who had lived abroad was not documented.

The effectiveness of leaders and managers: requires improvement to be good

The manager is suitably experienced in managing children's services, is social work qualified and registered with the Health and Care Professions Council. She does not have a management qualification.

The work of the agency is underpinned by a statement of purpose. This provides useful information to interested parties about what they can expect from the agency. There has been a guide developed for children about what they can expect should they need support now or in the future, but this has not yet been finalised.

Since the last inspection, the leaders and managers have made some progress in improving the services provided, although not all of the requirements and recommendations set at the last inspection have been met. These have been repeated.

The arrangements for monitoring the work of the agency are underdeveloped. Information and data are not analysed and formally reported to the agency provider every six months, nor is the information used in development planning.

The adoption panel members make well-considered recommendations about the suitability of applicants. However, the panel does not present a six-monthly quality assurance report to the agency.

External professionals report that they and the staff have good working relationships. They felt that communication was a strength of the manager and her staff. The manager has challenged local authorities, and other professionals, when she believes that they are not acting in the child or family's best interests.

The agency is staffed with suitably qualified and experienced staff, the majority of whom are commissioned by the agency. More than one set of adoptive parents said their worker had gone above and beyond to support them. One adopter said their social worker was a 'life line who is professional, experienced and empathetic'.

Staff, including commissioned staff, are supported through good-quality formal supervision. Staff said that the manager is accessible at all times.

The manager has developed a training plan for staff but this had not been implemented. However, there are training events planned over the next few months. The manager has also introduced practice-based meetings for all staff. Staff said they found the first of these very useful. They said the meeting provided them with the opportunity to share good practice and to get to know each other.

This small agency has been successful at recruiting people interested in adoption. They have been successful at approving people who are willing and able to provide a home for children who have more complex needs, including large sibling groups.

The quality of some of the case records remains poor and this includes the record keeping of potential safeguarding matters. A business continuity plan in relation to loss of use of the premises or the back-up of records is not in place.

Information about this inspection

Inspectors have looked closely at the experiences and progress of children, young people and adults. Inspectors considered the quality of work and the differences made to the lives of children, young people and adults. They watched how professional staff work with children, young people, adults and each other and discussed the effectiveness of help and care provided. Wherever possible, they talked to children, young people and their families, and adult service users. In addition, the inspectors have tried to understand what the voluntary adoption agency knows about how well it is performing, how well it is doing and what difference it is making for the children, young people and

adults whom it is trying to help, protect and look after.

Using the 'Social care common inspection framework', this inspection was carried out under the Care Standards Act 2000 to assess the effectiveness of the service, how it meets the core functions of the service as set out in legislation, and to consider how well it complies with the Voluntary Adoption Agencies and the Adoption Agencies (Miscellaneous Amendments) Regulations 2003, the Adoption Agencies Regulations 2005, any other relevant legislation, and the national minimum standards.

Voluntary adoption agency details

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Inspector

Rosie Dancer, social care inspector (lead)



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