

Jigsaw Adoption

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

Monitoring visit

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; and support families when children have been placed.

Date of previous inspection: 11 June 2018

Inspection date: 3 - 5 November 2020

This monitoring visit

In response to concerns raised with Ofsted about the effectiveness of the leadership and management of the agency, this monitoring visit was used to explore whether any breaches of regulations or standards have occurred. Two inspectors completed a variety of off-site tasks, which included speaking with leaders and members of staff, and by reviewing relevant documentation.

The agency has not been managed by a suitably qualified person since before the previous inspection. The previous manager did not have a suitable management qualification. Changes in the leadership and management of the agency since the previous inspection include one of the directors currently acting as the interim manager. Although she predicts her completion of the level 5 leadership and management qualification in health and social care within the next few weeks, she does not possess a social work qualification.

Consequently, the interim manager's supervision of staff and her oversight of social work tasks, including the completion of prospective adopter assessments, does not have the benefit of adoption social work expertise. Senior leaders have attempted to mitigate this shortfall by the responsible individual, who is a qualified social worker, providing the manager with some additional support, supervision and oversight of these tasks. However, her availability to the agency is limited to 12 hours per week

and her role in relation to the social work practice of the agency is not made explicitly clear.

Leaders and managers have acted to address some weaknesses noted at the previous inspection in 2018. For example, reports are being provided for the agency's management committee members and there is now a policy on prospective adopters' and children's case records. The improvement work has addressed some areas, but further work is required to ensure that all previously identified weaknesses are addressed in full and change is embedded into practice.

The children's guide to adoption support is not child friendly or available in different forms to suit a variety of ages, abilities and communication styles. The children's guide does not detail information about the types of support a child may receive. This is a missed opportunity to provide children with helpful and reassuring information at such a significant time in their lives.

Management reports are now completed at the required frequency. These provide some key national and local information specific to the agency. The report does not, however, refer to the financial state of the agency.

Staff feel well supported through regular supervision and conversations with managers, although records do not routinely show that good-quality practice discussions occur. Supervision does not explore staff training or developmental needs. Staff are not routinely offered training; some staff have not completed any training for over a year. Leaders and managers have not offered permanent staff, contracted staff and panel members any training this year. It was identified at the previous inspection that the learning and development programme for staff and panel members needed to be implemented and reviewed. This has not been fully addressed across the agency and risks delay for staff to remain up to date with their skills and knowledge.

Panel has taken place throughout recent months. It is well managed and led by a committed panel chair. Panel members are active participants and identify relevant questions which assist them in their recommendations of prospective adopters. They do complete an assurance sheet at the end of each panel, but these findings are not collated or reviewed over a six-month process to inform and develop practice, learning and training. The panel advisor arrangements are currently being reviewed. The impact of this is that panel members have not routinely accessed training.

The agency decision maker (ADM) is suitably qualified and experienced. Records completed confirm the decision made, but they lack the required detail to inform others about the rationale for decisions alongside the ADM's views regarding further support, training and guidance that the adopters would benefit from receiving.

There has been some delayed progress to address and implement a system for the assessment, plan and review process for adoption support. Leaders and managers started to address this earlier this year. Adopters contribute to the assessment of need via the 'thinking about your child' questionnaires. These then inform the plan

of need which identifies how best to support and meet the needs. The review process has not yet been fully implemented, and further work is required to ensure that all children and families receive the right support at the right time and avoid drift and delay. During this monitoring visit, a request was made to view several of the most recent assessments, plans and reviews completed. One assessment process had been completed which informed one plan, but this support has not yet been provided or reviewed. Staff report that they are providing adoption support to families, but it is not clear if this support has been assessed, planned or reviewed.

Leaders and managers have received one complaint since their previous inspection. They have followed the agency's policy and procedure and the complainant has been informed of the outcome.

The recommendations made from the previous full inspection were not fully explored at this monitoring visit. These were specific to the review and implementation of new policies and will require further exploration when the agency is next inspected.

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>	01/01/2021
<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>	01/01/2021
<p>The registered provider, the manager and, in relation to any branch, the branch manager, shall—</p> <p>ensure that all persons employed by the agency—</p> <p>receive appropriate training, supervision and appraisal; and</p> <p>are enabled from time to time to obtain further qualifications appropriate to the work they perform.</p> <p>(The Voluntary Adoption Agencies and the Adoption Agencies (Miscellaneous Amendments) Regulations 2003. Regulation 15 (2)(a)(b))</p>	01/01/2021

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 the recruitment and suitability checks which have been carried out for staff, volunteers and persons on the central list which includes: where the person has lived outside of the UK, further checks as are considered appropriate where obtaining a DBS Disclosure is not sufficient to establish suitability to work with children. (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)

Information about this inspection

The purpose of this visit was to monitor the action taken and the progress made by the voluntary adoption agency since its last Ofsted inspection.

This inspection was carried out under the Care Standards Act 2000

Voluntary adoption agency details

Unique reference number: SC489014

Registered provider: Jigsaw Adoption Limited

Registered provider address: Third Floor, The Griffin, 12 The Broadway,
Amersham HP7 0HP

Responsible individual: Rabia Bouchiba

Inspectors:

Amanda Maxwell, social care inspector

Andy Whippey, social care inspector

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