



Champions for
Social Care
Improvement

inspection report

Local Authority Adoption Services

London Borough of Lewisham Adoption Service

St Paul`s House, Permanence Service
125 Deptford Road High Street
London
SE8 4NS

21st-23rd January 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.

ADOPTION SERVICE INFORMATION

Name of Local Authority

London Borough of Lewisham Adoption Service

Headquarters Address

St Paul's House, Permanence Service, 125 Deptford
Road High Street, London, SE8 4NS

Adoption Service Manager

Rosie Sauvage

Tel No: 0208 314 6884

Address

St Paul's House, Permanence Service, 125 Deptford
Road High Street, London, SE8 4NS

Fax No: 0208 314 3025

Email Address

rosie.sauvage@lewisham.gov.uk

Certificate number of this adoption service

Date of last inspection

Date, if any, of last SSI themed inspection of adoption service

Date of Inspection Visit		21st January 2004	ID Code
Time of Inspection Visit		10:00 am	
Name of Inspector	1	Ms Sharon Lewis	073298
Name of Inspector	2	Ms Sue Nott	105781
Name of Inspector	3		
Name of Inspector	4		
Name of Lay Assessor (if applicable) Lay assessors are members of the public independent of the NCSC. 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 inspection		Rosie Sauvage, Service Unit Manager	

CONTENTS

Introduction to Report and Inspection
Inspection visits
Description of the Adoption Service

Part A:

Inspector's Summary and Evaluation
Reports and Notifications to the Local Authority and Secretary of State
Implementation of Statutory Requirements from last Inspection
Statutory Requirements from this Inspection
Good Practice Recommendations from this Inspection

Part B:

Inspection Methods & Findings
National Minimum Standards For Local Authority Adoption Services

Statement of purpose

Securing and promoting children's welfare

Prospective and approved adopters

Birth parents and Birth families

Adoption panels and Agency decisions

Fitness to provide or manage an adoption agency

Provision and management of the adoption agency

Employment and management of staff

Records

Fitness of premises

Part C: Lay Assessor's Summary (where applicable)

Part D: Provider's Response

D.1. Provider's comments

D.2. Action Plan

D.3. Provider's agreement

INTRODUCTION TO REPORT AND INSPECTION

Local authority adoption services are subject to inspection by NCSC, to establish if the service is meeting the National Minimum Standards for Local Authority Adoption Services and the requirements of the Care Standards Act 2000, the Adoption Act 1976 as amended, the Adoption Agencies Regulations 1983 as amended and the Local Authority Adoption Service (England) Regulations 2003.

This document summarises the inspection findings of the NCSC in respect of London Borough of Lewisham Adoption Service. The inspection findings relate to the National Minimum Standards for Local Authority Adoption Services published by the Secretary of State under sections 49 of the Care Standards Act 2000.

The Adoption Agencies Regulations 1983 and the Local Authority Adoption Service (England) 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 NCSC regarding notices to the local authority and reports to the Secretary of State under section 47 of the Care Standards Act 2000.

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
- Notifications to the Local Authority and Reports to the Secretary of State
- Required actions on the part of the provider
- Recommended good practice
- Summary of the findings
- Report of the Lay Assessor (where relevant)
- Providers 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.

Lewisham adoption service is part of the Permanence Service within the Children & Families Division of Lewisham's Social Care and Health Directorate. The Service Unit Manager manages the Permanence Service supported by two Operational Managers. There are two adoption teams within the service. Adoption team social workers are allocated to all children where adoption is the plan. The team comprises of a two full-time Team Managers, three full-time and four part-time senior practitioners; four full-time and one part-time social workers; and two social work assistants. A team of Business Support staff provide administrative support to the Permanence Service. The adoption teams have an allocated business support officer to undertake adoption duties.

The Adoption Team is responsible for all work undertaken with adopters. This involves domestic, inter-country and step parent adoption; birth records counselling; adoption support, birth parents counselling and providing adoption advice throughout the department.

The statement of purpose outlines the adoption service's aims and objectives. "The aim is achieve plans for adoption through the timely assessment, matching and placement of children with adopters who are able to meet the identified needs of the child/ren. The adoption teams work with the children, their birth family and prospective adopters and aim to treat all parties with fairness and respect."

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.)

Statement of Purpose

A comprehensive Statement of Purpose has been produced. The Children's Guide, must be further developed to incorporate the National Minimum Standards and Local Authority Adoption Regulations 2003.

Securing and Promoting Children's Welfare

Lewisham adoption service is commended for sibling matching of 100% in the last 12 months. The adoption service should continue to ensure children, where possible, stay within sibling groups, including children with disabilities. Further work is needed to ensure the most appropriate ethnic, cultural, religious and linguistic matches for children. In addition the recruitment strategy should be further developed.

Prospective and Approved Adopters

There is a formal, thorough and comprehensive preparation and assessment procedure. Adoption support procedures are in place and a post adoption team is in development and has dedicated workers. The post approval support needs of adopters should be further addressed.

Birth Parents and Birth Families

Files evidenced clear work with birth parents and that their views were taken into account. Birth parents had inconsistent experiences of the adoption process. The adoption service should develop or provide access to a support worker independent of the child's social worker from the time adoption is identified as the plan for the child.

Adoption Panel and Agency Decisions

Panel was observed to be efficient and demonstrated a good understanding of adoption and legal issues. The adoption service must ensure at least three independent persons are appointed to panel. Panel membership should be culturally reflective of the community it serves.

Fitness to Provide or Manage an Adoption Agency

Lewisham adoption service from director to team management level demonstrated that it is provided and managed by people with appropriate commitment, skills and expertise. The management approach is forward and outward looking with an openness to change.

Provision and Management of the Adoption Agency

The service is run in an effective manner, and in accordance with the statement of purpose. Lewisham adoption service is commended for their hard work to achieve the Public Service Agreement. Elected members demonstrated a strong commitment and understanding of adoption and corporate parenting responsibilities.

Employment and management of Staff

Lewisham adoption service has an adequate number of sufficiently experienced and qualified staff. The social work team were found to be well motivated, with a good social work team spirit and ethos of peer support. Adopters highlighted individual good practice. Administrative shortfalls have been identified and are being reviewed. Social Work Assistants must not undertake complex work unless adequately trained and supervised.

Records

There are separate, appropriate records kept in respect of each child, prospective and approved adopters. The adoption service should ensure files are maintained in an orderly manner. The adoption service must ensure personnel information for panel members is maintained in accordance with Schedule 3.

Fitness of Premises

The premises are appropriately secure and insured. Shortfalls have been identified in relation to the building, equipment and a Disaster Recovery Plan.

Reports and Notifications to the Local Authority and Secretary of State

The following statutory Reports or Notifications are to be made under the Care Standards Act as a result of the findings of this inspection:

Report to the Secretary of State under section 47(3) of the Care Standards Act 2000 that the Commission considers the Local Authority's adoption service satisfies the regulatory requirements:

NO

Notice to the Local Authority under section 47(5) of the Care Standards Act 2000 of failure(s) to satisfy regulatory requirements in their adoption service which are not substantial, and specifying the action the Commission considers the Authority should take to remedy the failure(s), informing the Secretary of State of that Notice:

YES

Report to the Secretary of State under section 47(4)(a) of the Care Standards Act 2000 of a failure by a Local Authority adoption service to satisfy regulatory requirements which is not considered substantial:

NO

Report to the Secretary of State under section 47(1) of the Care Standards Act 2000 of substantial failure to satisfy regulatory requirements by a Local Authority adoption service:

NO

The grounds for the above Report or Notice are:

Related to legal requirements made during this Inspection.

**Implementation of Statutory Requirements from Last Inspection
(Not relevant at first NCSC inspection)**

Requirements from last Inspection visit fully actioned?

NA

If No please list below

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 Local Authority Adoption Service (England) Regulations 2003.

No.	Regulation	Standard	Required actions

Action is being taken by the National Care Standards Commission to monitor compliance with the above requirements.

STATUTORY REQUIREMENTS IDENTIFIED DURING THIS INSPECTION

Action Plan: The appropriate officer of the Local Authority is requested to provide the Commission with an action plan, which indicates how requirements and recommendations 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 Local Authority Adoption Service (England) Regulations 2003 or the National Minimum Standards for Local Authority Adoption Services. The Authority is required to comply within the given time scales in order to comply with the Regulatory Requirements for adoption services.

No.	Regulation	Standard *	Requirement	
1	3	LA1	The adoption service must ensure a Children's Guide is produced which incorporates all the information specifies in Schedule 2, Local Authority Adoption Service Regulations 2003.	01.09.04
2	5 (6) (d) AAR	LA11	The adoption service must ensure at least three independent persons are appointed to panel.	01.09.04
3	6 AAR	LA18	The adoption service must produce a written protocol governing the role of specialist advisers.	01.09.04
4	11 (3) (b)	LA19	Social Work Assistants must not undertake complex work unless adequately trained and supervised.	01.06.04
5	11(3) (d) & 15(1)	LA20	The arrangements in relation to recruitment and contracts for sessional workers need to be reviewed.	01.09.04
6	10	LA20	Administrative support must be addressed to enable staff to undertake their duties in an efficient and effective manner.	01.09.04
7	2 (1) & 17	LA27	The adoption service should ensure all adopters are provided with the details of complaints procedure.	01.09.04

8	11(3) (d)	LA28	The adoption service must ensure personnel information for panel members is maintained in accordance with Schedule 3. Information must include photographic proof of identity, criminal records bureau check, two written references, documentary evidence of relevant qualifications, full employment history with satisfactory evidence of any gaps, if previously worked with children or vulnerable adults verification where practical, of why employment ended.	01.09.04
9	16(1)	LA29	The building must be redecorated and repaired, where needed.	01.01.05
10	16(1)		A new printer and fax must be purchased.	01.07.04
11	16(1)		The lack of ventilation in team room 6, must be addressed.	01.07.04
12	16(1)		Confidentiality must be observed in the interview rooms and conference room.	01.06.04

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 Authority or Registered Person(s).

No.	Refer to Standard *	Recommendation Action
1	LA1	The adoption service should produce information in appropriate formats, where necessary to meet the physical, sensory, learning impairments, communication difficulties and language of prospective and adoptive parents and staff.
2	LA2	The adoption service should continue to ensure children, where possible, stay within their sibling groups, including children with disabilities.
3		Further work is needed to ensure the most appropriate ethnic, cultural, religious and linguistic matches for children.
4		The tracking tool should be further developed to include ethnic origin and any disabilities.
5		Staff should ensure all children are placed on the National Adoption Register.
6		The adopter recruitment strategy should be further developed.
7	LA3	Further systems should be in place to fast track adopters to meet the needs of children in Lewisham. The adoption service should be using the tracking tool to profile children and adopters, needed.
8	LA4	Preparation training should be subject to an annual review to evaluate effectiveness and inform future planning.
9	LA5	The adoption service should ensure adopters are referred to Consortium and National Adoption Register within recommended timescales. Adopters should receive written confirmation of these referrals.
10	LA6	Adopters should receive written information in relation to support provided by the post adoption team. In addition to more detailed information relating to welfare benefits and adoption allowances.
11		The adoption service should consider how adopters can be supported outside of the borough. The adoption service should consider producing an annual newsletter for adopters, if they wish to continue receiving information.
12		The adoption service should consider setting up a post placement training event within the new team.

13		The adoption service should ensure adopters are kept informed and supported whilst waiting for a match.
14		The adoption service should ensure disruption meetings are held when placements breakdown to enable practice to be reflected on.
15	LA7	The adoption service should develop or provide access to a support worker independent of the child's social worker from the time adoption is identified as the plan for the child.
16	LA9	All birth parents should be given national and local support contact details.
17		Birth parent's requests to meet adopters should be responded to. If it is inappropriate to meet, an explanation should be given.
18	LA10	Panel should consider the strengths of each application prior to the applicant joining the meeting.
19	LA10	Prospective adopters should be informed of recommendations after each case is heard.
20	LA12	The adoption panel should be efficiently organised through the provision of adequate administrative support. The Panel Administrator should produce letters of approval.
21	LA13	The adoption service should ensure the agency's decision is confirmed in writing, within the seven working day timescale outlined in the National Adoption Standards.
22	LA13	Formal meetings should be held between the agency decision maker and panel chair to discuss quality assurance and other issues to promote and safeguard the welfare of children.
23	LA16	The adoption service would benefit from greater clarity of roles, responsibilities and communication within the adoption management team.
24	LA19	Social work staff need to be encouraged to take Post Qualifying qualifications and support should be given.
25	LA22	All staff should be familiar with the whistle blowing procedure.
26	LA25	Staff should ensure case discussion is consistently recorded on case files.
27	LA26	The adoption service should ensure recommendations highlighted in Standard 26.2 are included in the relevant policies.
28	LA27	The adoption service should ensure files are maintained in an orderly manner.
29	LA27	Separate records should be kept for allegations.

30	LA29	The reception area and interview rooms should be more welcoming.
31	LA29	Shelves should be considered for room 8, to provide much needed storage space.
32	LA29	A Disaster Recovery Plan should be developed.

- Note: You may refer to the relevant standard in the remainder of the report by omitting the 2-letter prefix e.g. LA10 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	NA
Placing social worker survey	YES
Prospective adopter survey	YES
Approved adopter survey	YES
Birth parent / birth family member survey	YES
Checks with other organisations and Individuals	
• Directors of Social services	NA
• 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
Date of Inspection	21/01/04
Time of Inspection	09.45AM
Duration Of Inspection (hrs)	90
Number of Inspector days	12
Additional Inspection Questions:	
Certificate of Registration was displayed at time of inspection	NA
The certificate of registration accurately reflected the situation in the service at the time of inspection	NA
Total Number of staff employed (excluding managers)	12

The following pages summarise the key findings and evidence from this inspection, together with the NCSC 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 - 1.2, 1.3 (partial) and 1.4 – 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?

2

Lewisham adoption service have recently produced a Statement of Purpose which incorporates all required information. Arrangements will now be made for the review, update and modification of the Statement via the Adoption Panel.

Lewisham are currently using the BAAF Children's Guide until they produce their own Lewisham guide. The adoption service must ensure a Children's Guide is produced which incorporates all the information specified in Schedule 2, Local Authority Adoption Service Regulations 2003. The children's guide must contain the National Care Standards Commission details, the name, address and telephone number of the Children's Rights Director.

Lewisham adoption service must ensure that the Statement of Purpose and Children's guide are kept under review and revised appropriately. The National Care Standards Commission must be notified of any revision within twenty-eight days.

Staff are sensitive to the need for using different formats in communication and interpreters are used when necessary. There is an area for further development, in relation to the range of written information used by the teams. Oral and written information should be available, when necessary, in a format appropriate to the physical, sensory and learning impairments, communication difficulties and language of children, birth parents, prospective and adoptive parents and staff.

**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 executive side of the council?

NO

Is there a children's guide to adoption?

YES

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

NO

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?	2
---------------------------	---------------	---

The Permanence Service Plan 2003/4 states, "The Directorate is committed to improving the life chances of Children Looked After". There is a draft written recruitment policy and recruitment is targeted in response to the profile of children identified for adoption at the Permanence Planning panels (held after the 2nd review).

Lewisham adoption service is commended for their hard work to achieve the Public Service Agreement. The adoption service evidenced clear working to meet targets for children within the timescales detailed in the National Standards. Due to the targeting of recruiting, children experienced a reduced waiting time for a good match. The adoption service should ensure they go at the adopters pace and proactively ensure the best match for each child.

Lewisham adoption service is commended for sibling matching of 100% in the last 12 months. The adoption service should continue to ensure children, where possible, stay within sibling groups, including children with disabilities.

A project worker who is currently based in the fostering team is targeting recruitment of African/Caribbean families. Further work is needed to ensure the most appropriate ethnic, cultural, religious and linguistic matches for children. Currently this figure is approximately 78%. Children's files contained little evidence of ethnic/culturally matching within the family finding process. The wishes, welfare and long term needs of the child must be at the centre of adoption.

A tracking tool has been developed to monitor the adoption process. The tracking tool should be further developed to include ethnic origin and any disabilities. The adoption service are represented at permanency planning meetings. The Inspectors agree with Lewisham's decision for Team Managers attendance at these meetings, instead of the Operational Manager.

Case responsibility for children is held within the adoption team. There was no evidence of case responsibility for children being negative to the adoption process. Form E's were written to a high standard and incorporated human rights issues and parallel planning. The adoption service is commended for life story work with children. It was evident that staff take great personal pride in this area of work. Staff should ensure all children are placed on the National Adoption Register.

Lewisham have produced a recruitment strategy, which should be further developed. Specific targeting and timescales needs to inform the recruitment process and strategy.

In the last 12 months:

**How many children were identified as needing adoptive families?
(Sole Plan- Further 27 children best interests recommendation if
rehabilitation to their birth family fails and/or in parallel with a long-
term Fostering recommendation.)**

18

How many children were matched with adopters?

27

How many children were placed with the service's own adopters?

17

How many children were placed with other services' adopters?

10

How many children were referred to the Adoption Register?

2

**In the last 12 months, how many children were matched with families
which reflected their ethnic origin, cultural background, religion and
language?**

21

**What percentage of children matched with the adoption service's
adopters does this represent?**

78

%

How many sibling groups were matched in the last 12 months?

6

**How many allegations of abuse or neglect were made about
adopters approved by this adoption service?**

0

**On the date this form was completed, how many children were
waiting for a match to be identified?**

5

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 – 3.3 and 3.5 - 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?	2
<p>Lewisham have produced a bright, culturally reflective information pack. The recruitment pack is sent out to all initial enquirers and includes information on adoption, the adoption process, eligibility criteria and complaints information.</p> <p>The system to prioritise prospective adopters who are most likely to meet the needs of children waiting, takes place in the adoption management team. This is informed by the attendance of one of the team at the Permanence Planning Panels held in the Family Support and Intervention Service. Further systems should be in place to fast track adopters to meet the needs of children in Lewisham. The adoption service should be using the tracking tool to profile children and adopters, needed.</p> <p>Enquirers are given clear information on the kind of families Lewisham children need and are advised to consider other authorities if appropriate. The Adoption Consortium, of which Lewisham is a member, produces advertising material and information is shared between the members in relation to the kinds of families needed. A 0800 free phone number has been set up so that prospective adopters receive a prompt response. Adopters highlighted the positive initial contact received from Lewisham.</p>	2	2

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
<p>Policies and procedures, discussions with the Adoption management team, adoption social workers and feedback from approved adoptive parents evidenced the assessment, preparation and approval process to be formal and comprehensive.</p> <p>All preparation fits within a framework of equal opportunities, anti-discriminatory practice and is organised to encourage and facilitate attendance by prospective adoptive parents. Three preparation groups have been undertaken over the last 12months. The adoption service has a 3 Day Programme, which incorporates child development and adoption, child's behaviour, openness in adoption, contact, visiting adopters, differences and equalities, medical issues and abuse. Training includes a weekend. Positive feedback was received from adopters in reference to the preparation group.</p>	2	2

The effectiveness of preparation received is evaluated through the use of feedback forms. Preparation training should be subject to an annual review to evaluate effectiveness and inform future planning.

Adopters however had variable experiences of the assessment process and timescales. Home studies are taking longer than National Standards guidelines. Plans are in place to accelerate the home study process. The adoption service has planned home study training for social work staff. Assessments were competent and assessment notes were on file to evidence judgement.

The Overseas Adoption Helpline service is used for Intercountry adopters. The Intercountry Procedures have recently been completed and training is planned for panel and staff on these issues.

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

The childcare manual includes the family finding and matching procedure. Lewisham is a member of the South London Consortium, their Family finding and Matching Procedures are also used.

Approved adopters are sent information in relation to the Adoption Register for England and Wales and the South London Consortium. A consent form is used in relation to adopter details being passed on to these agencies. Written procedures are in place in relation to referrals to the National Adoption Register. The adoption service should ensure adopters are referred to the Consortium and National Adoption Register within recommended timescales. Adopters should be referred to the Consortium and National Adoption Register. Adopters should receive written confirmation of these referrals.

Prior to a match being agreed feedback from adopters and files evidenced that adopters are given accurate, up-to-date and full written information to help them understand the needs and background of the child. Social work staff provide an opportunity to discuss this and the implications for them and their family. Clear and age appropriate information is obtained for the child from the prospective adopters about themselves and their home and when applicable, their children, family and pets.

The adoption service has a system in place to pass on information in event of the death of an adopted child.

Does the local authority have written procedures for the use of the Adoption Register?

YES

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?**

2

Lewisham adoption service has a strategy for working with and supporting adopters. Discussion with adopters, the social work team and management demonstrated a commitment to adopter support and working together to provide stable and permanent homes for children. The majority of those adopters who expressed a view said that they felt supported. Adoption support procedures are in place and a post adoption team is in progress and currently has dedicated workers. Bi monthly support groups are in operation.

Adoptive parents are helped and supported until the point of the adoption order and beyond if requested. The adoption service evidenced that Regulation 12 letters are sent providing details of adoptive placements including legal situation, contact, travel, health, support, wills and guardianship. Information given re: child benefit, nhs registration, adoption orders and certificates, British nationality and telling child about adoption. Adopters highlighted the need for better information in reference to welfare benefits and adoption allowances. Adopters should receive written information in relation to support provided by the post adoption team. In addition to confirmation more detailed information relating to welfare benefits and adoption allowances.

Lewisham adoption service should consider how adopters could be supported outside of the borough. The adoption service should consider producing an annual newsletter for adopters, if they wish to continue receiving information. The adoption service should consider setting up a post placement training event within the new team.

Adopters had variable experiences of being post approval support. The adoption service should ensure adopters are kept informed and supported whilst waiting for a match.

The adoption service should ensure disruption meetings are held when placements breakdown to enable practice to be reflected on.

Number of adopter applications started in the last 12 months	28	
Number of adopters approved in the last 12 months	18	
Number of children matched with the local authority's adopters in the last 12 months	27	
Number of adopters approved but not matched	10	
Number of adopters referred to the Adoption Register	9	
How many placements disrupted, between placement and adoption, in the last 12 months?	1	

28

Number of adopter applications started in the last 12 months	28	
Number of adopters approved in the last 12 months	18	
Number of children matched with the local authority's adopters in the last 12 months	27	
Number of adopters approved but not matched	10	
Number of adopters referred to the Adoption Register	9	
How many placements disrupted, between placement and adoption, in the last 12 months?	1	

18

Number of adopter applications started in the last 12 months	28	
Number of adopters approved in the last 12 months	18	
Number of children matched with the local authority's adopters in the last 12 months	27	
Number of adopters approved but not matched	10	
Number of adopters referred to the Adoption Register	9	
How many placements disrupted, between placement and adoption, in the last 12 months?	1	

27

Number of adopter applications started in the last 12 months	28	
Number of adopters approved in the last 12 months	18	
Number of children matched with the local authority's adopters in the last 12 months	27	
Number of adopters approved but not matched	10	
Number of adopters referred to the Adoption Register	9	
How many placements disrupted, between placement and adoption, in the last 12 months?	1	

10

Number of adopter applications started in the last 12 months	28	
Number of adopters approved in the last 12 months	18	
Number of children matched with the local authority's adopters in the last 12 months	27	
Number of adopters approved but not matched	10	
Number of adopters referred to the Adoption Register	9	
How many placements disrupted, between placement and adoption, in the last 12 months?	1	

9

Number of adopter applications started in the last 12 months	28	
Number of adopters approved in the last 12 months	18	
Number of children matched with the local authority's adopters in the last 12 months	27	
Number of adopters approved but not matched	10	
Number of adopters referred to the Adoption Register	9	
How many placements disrupted, between placement and adoption, in the last 12 months?	1	

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 – 7.5)

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

Key Findings and Evidence	Standard met?	
<p>Children's files evidenced that the adoption service worked in partnership with birth parents, to enable effective plans to be made and implemented for their children. Children's assessments clearly indicated birth parents' views and contact details.</p> <p>Birth parents see and have the opportunity to comment on what is written about them prior to the information being passed to the adoption panel or adopters. From January 2004, the Adoption Panel will be monitoring that this has happened.</p> <p>Lewisham adoption service recognises the need to develop independent support for birth parents from the time adoption is identified as a plan. At present this service would be spot purchased. The agency should develop or provide access to a support worker independent of the child's social worker from the time adoption is identified as the plan for the child.</p>	2	

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?	
<p>Children's files reflected birth parents views and evidenced good work with birth families.</p> <p>Children's files contained letters from birth parents to their child. Letters included clear and appropriate information about the child's birth and early life, the birth family's view about adoption and contact and provided up-to-date information about themselves and their situation.</p>	3	

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?

2

The adoption service has a strategy for working with birth parents and birth families before and after adoption. Questionnaires were received from five birth parents. Birth parents had inconsistent experiences of the adoption process. Birth parents positively reported that they received adequate information, legal and advice/ support. Over half the sample however felt they were treated unfairly.

The adoption service must ensure birth parents receive a consistent service. All birth parents should be given national and local support contact details. Birth parent's requests to meet adopters should be responded to, if it is inappropriate to meet an explanation should be given. Birth parents must be treated fairly, openly and with respect throughout the adoption process.

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?	2
<p>Lewisham adoption panel is held on a fortnightly basis. The adoption panel have written procedures, which are incorporated in the Adoption Policy, and Procedures. Procedures are additionally detailed in the Adoption and Permanence Panel Membership report dated 14/01/03. This includes details of panel functions, membership, and quoracy. Panel was observed to operate in accordance with items listed in Standard 10.2</p> <p>Evidence was seen of Adoption Performance Data presented to panel in December 2003. Procedures state the adoption panel produce an annual report to the executive side of the Council.</p> <p>Panel was observed to be efficient and demonstrated a good understanding of adoption and legal issues. Members participated and asked pertinent questions. Prospective adopters are given the opportunity to attend the adoption panel. Panel members agreed the issues to be raised prior to the applicants being invited in. A proforma for panel questions has been produced. Good practice was observed; the Panel Chair had met with prospective adopters prior to them joining the meeting.</p> <p>Panel should consider the strengths of each application prior to the applicant joining the meeting. Prospective adopters should be informed of recommendations after each case is heard.</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?	2
----------------------------------	----------------------	----------

A councillor has always historically chaired Lewisham adoption panel. The current Panel Chair has held this position since 2002. The adoption panel currently has three elected members. The adoption service highlighted the difficulty in recruiting independent members. Panel membership should be broadened to include a wider range of independent members and be culturally reflective of the community it serves. The adoption service must ensure at least three independent persons are appointed to panel.

Panel demonstrated a good standard of medical and legal advice.

New members are given an effective panel booklet and have the opportunity to observe panel prior to commencement of duties. No panel member is allowed to begin work until any relevant CRB and all status checks have been satisfactorily completed and they have signed a confidentiality agreement.

Panel members received training in January 2003 in relation to Adopter attendance at Panel. Joint intercountry training is scheduled with the adoption team. The adoption service has proposed additional training to address considerations for Form F assessments.

Is the panel a joint panel with other local authorities?	NO
---	----

Does the adoption panel membership meet all of the statutory requirements?	NO
---	----

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?	2
----------------------------------	----------------------	----------

The adoption service is commended for scheduling panels every 2 weeks, to avoid any delays in the consideration of prospective adopters and matching children and adopters.

Members of the adoption panel receive all the necessary information on the prospective/approved adopters and children in advance. The minutes of panel meetings were found to be accurate and informative and clearly state the panel's discussion, reasons for conclusions reached, and all recommendations made.

The current panel administration was felt to be inappropriate. An adoption team manager is largely responsible for panel administration. The adoption panel should be efficiently organised through the provision of adequate administrative support. The Panel Administrator should produce letters of approval.

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?	2
<p>The agency decision maker is the Director of Social Services. Discussion with the Director of social service confirmed they received all panel papers. If needed additional questions are raised prior to making a considered and professional decision to approve applications.</p>		
<p>Documentation evidenced that the agency decision maker signed approvals approximately two weeks after the panel date. Adopters also related that they waited several months to receive their approval letter. The adoption service should ensure the agency’s decision is confirmed in writing, within the seven working day timescale outlined in the National Adoption Standards.</p>		
<p>Feedback regarding the quality of the reports is given to appropriate management. No formal meetings are currently held between the agency decision maker and panel chair The agency decision maker recognised the need to discuss quality assurance. Formal meetings should be held between the agency decision maker and panel chair to discuss quality assurance and other issues to promote and safeguard the welfare of children.</p>		

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 – 14.3 and 14.5 – 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?

3

Lewisham adoption service from director to team management level demonstrated that it is provided and managed by people with appropriate commitment, skills and expertise. The management team have a wide range of childcare and adoption experience from other local authorities, voluntary agencies and private organisations.

The Service Unit Manager has been in post since February 2002 and has relevant childcare management experience. There is a clear written job description, which sets out the manager's duties, responsibilities, delegation and accountability. The Service Unit Manager will be starting a Post-Graduate Diploma in Leading, Managing and Partnership Working in April 2004. The Operational Manager who deputises in the Service Unit Manager is starting a CMS / DMS programme in January 2004.

The Service Unit Manager is the budget holder and has overall responsibility for financial matters as defined in the financial scheme of delegation. It was evident that the Service Unit Manager has the management skills and financial expertise to manage the work efficiently and effectively.

The management approach is a forward and outward-looking one with an openness to change. However, there is a clear recognition of the considerable strengths within the current operational arrangements.

Does the manager have Management NVQ4 or equivalent?

NO

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?

3

Corporate recruitment and selection policies and procedures are in place.

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
---------------------------	---------------	---

Lewisham adoption service is overall organised and managed efficiently, delivering a good quality service. The adoption service is commended for the joint ownership of the PSA target for adoption and their achievements. The adoption service benefits from an experienced and committed management and staff group.

Lewisham adoption service has clear and concise written procedures that cover arrangements for the use of services provided by the Adoption Register for England and Wales and incorporate guidance from the National Adoption Standards.

The adoption service is run in accordance with their statement of purpose. The service has developed a good Management Action Plan. There are clear arrangements when the manager is absent, the Operational Manager deputises for the Service Unit Manager. The agency has a clear equalities policy, which underpins the work of the adoption service.

Staff interviews highlighted the need for clearer communication amongst the management team to avoid confusion and conflicts of role. The service would benefit from greater clarity of roles, responsibilities and communication within the adoption management team.

Number of complaints received by the adoption service in the last 12 months	3
---	---

Number of the above complaints which were substantiated	0
---	---

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?	4
---------------------------	---------------	---

Adoption service has a Public Service Agreement target of 35 Adoption Orders for the year 2003/4. At the time of inspection Lewisham adoption service had achieved 30 and were on target to meet the outstanding orders.

Elected members demonstrated a strong commitment and understanding of adoption and corporate parenting responsibilities. The Portfolio Holder described himself as “passionate” about the issues and was well informed on the adoption needs of local children. In addition to the performance of the adoption team and adopters’ experiences. Elected members reported there was regular feedback to the executive side of Council.

The adoption service has a schedule of charges relating to services provided to outside agencies. This includes intercountry adoption and interagency fees, based on BAAF guidance.

The Scheme of delegations and Permanence Service Business Plan outline the procedures for monitoring and controlling the activities of the adoption agency and ensuring quality performance.

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

Monthly?	
Quarterly?	
Less than Quarterly?	YES

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?	2
----------------------------------	----------------------	----------

The adoption service has access to specialist advisors when required. The medical advisor attends the panel and offers specialist medical advice if required. A legal advisor also attends panel. Adopters highlighted the good quality of legal support received from Lewisham.

A wide range of specialist advisers and services are accessed by the adoption service according to its needs. This includes issues of race and culture and Black Worker from the fostering service providing input on race and culture during preparation training. The Overseas Adoption Helpline Service is used to provide specialist advice associated with adopting from another country. The adoption service additionally has access to a therapeutic trainer.

The London Borough of Lewisham is a member of the Post Adoption Society, BAAF, Adoption UK and South London consortium of adoption agencies. The Maudsley Hospital adoption and fostering clinic and The Wickham Therapeutic Project for Looked after Children additionally provide specialist advice.

The adoption service must produce a written protocol governing the role of specialist advisers.

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

Comprehensive corporate recruitment procedure is in place and job descriptions were seen. Recruitment is rigorous and performance issues are responded to appropriately in line with Human Resources procedures. Managers in the Permanence Service have had a recent briefing on recruitment procedures. Staff are currently being re-checked though the Criminal Records Bureau (CRB).

The staff group consists of a mix of very experienced and newer workers from a range of backgrounds, both personally and professionally. The team managers work closely and effectively with the social work staff, promoting high standards of practice and learning. The social work team were found to be well motivated, with a good social work team spirit and ethos of peer support.

Two workers have completed the PQ1 post qualifying qualification and opportunities will be available for PQ2 training. Social work staff need to be encouraged to take PQ qualification and support should be given.

Birth records counselling under section 51 of the 1976 Act is provided. Two workers specialise in this area of work, which will become part of the new Adoption Support team. Recruitment is underway in relation to these new posts and the Team Manager post will include the role of Adoption Support Services Adviser. The availability of birth parent support workers from the point of the adoption plan has been discussed and spot purchasing arrangements are being considered.

Where unqualified staff undertake social work functions they must do so under the direct supervision of qualified social workers, who are accountable for, and check, all their work. Social Work Assistants must not undertake complex work unless adequately trained and supervised. Currently social work assistants are involved in birth records counselling. In addition the appropriateness of a social work assistant holding a possible disruptive placement was questioned.

Do all of the adoption service's social workers have DipSW or equivalent?

YES

What % of the adoption service'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?

2

All of the managers responsible for the adoption teams are appropriately skilled and qualified and have a range of knowledge and experience within the management group. The adoption service has systems in place to determine, prioritise and monitor workloads and assign tasks to appropriate staff. This happens effectively through meetings between the Team Managers and Operational Manager.

There are structures and systems in place to ensure assessments and approvals of prospective adopters are managed and implemented effectively. Front sheets are in place to monitor the timescales. The service is commended for developing a tracking system for assessment and approval of adopters by using graphs to monitor Lewisham's performance in comparison to the National Standards.

The arrangements in relation to recruitment and contracts for sessional workers must be reviewed. All employees, sessional workers and consultants must be provided with appropriate written contracts, job descriptions and conditions of service which comply with the General Social Care Council (GSCC) code of practice.

Information specified in Standard 20.12 is provided through the recruitment process and available on Lewisham's Intranet system. Appropriately qualified and experienced staff provide professional supervision. Records evidenced that staff received regular supervision. Staff need to ensure case discussion is consistently recorded on files

Shortfalls in the adoption service were identified in relation to administrative support. The adoption service does not have an adequate level of clerical and administrative support. There is a team of Business Support Officers within the service, one of whom has extensive experience in adoption work. Further Business Support staffing is needed to administer the annual review of Adoption Support payments and develop the tracking systems for children and prospective adopters. The department is aware of this issue which is being examined in the Business Support review. Administrative support must be addressed to enable staff to undertake their duties in an efficient and effective manner.

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
----------------------------------	----------------------	----------

Lewisham adoption service has an adequate number of sufficiently experienced and qualified staff. The increase in staffing in relation to Adoption Support is a positive development for the existing teams. The teams comprise of six senior practitioners, four social workers and two social work assistant posts. The service is complemented by bank staff who are used to complete assessments of prospective applicants and intercountry adopters.

Due to the stability of the staffing group, high priority has not been given to contingency planning. When shortfalls in staffing levels have occurred agency staff and bank staff have been utilised.

Staff policies encourage retention of salaried staff. Lewisham is currently undergoing a review of the pay structure. Retention of staff within these teams has been extremely high. Equal opportunities policy highlights flexible working, career breaks, childcare support and valuing all staff.

Total number of social work staff of the adoption service	11	Number of staff who have left the adoption service in the past 12 months	0
Number of social work posts vacant In the adoption service.	0		

Standard 22 (22.1 and 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?	2
----------------------------------	----------------------	----------

Lewisham strives to be a good employer. Social work staff commented on the approachability of the Director and felt listened to. Interviews with the Director and elected members evidenced a commitment to valuing staff.

There is a written whistle blowing policy, however all staff were not aware of this policy. All staff should be familiar with the whistle blowing procedure.

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

There is a clear plan for the on-going training and appropriate professional and skills development of all staff involved in child care and adoption work. Lewisham's Performance Evaluation Scheme provides a process for identification of appropriate training and development. The Performance Evaluation Scheme(PES) provides all staff with clear objectives. Three PES meetings take place over the year to set objectives, review them and evaluate performance in relation to them. Training is being planned in relation to changes in legislation.

Lewisham provides an annual in-house training programme and there is consultation with all services prior to the programme being finalised each year. Managers are consulted on the priorities for the annual training programme and allocated funding for external training. Routine training evaluation systems are in place for internal training.

The adoption service keeps all staff abreast of any changes in legislation, guidance and case law relevant to their job. Team Meetings were felt to be a well-established and well-attended forum for professional discussion.

Adoption team have been on a range of training which includes management and NVQ training, child protection, contact, attachment and loss, mental health risk assessment, theraplay, race issues and practice, IT training and abuse. Team Managers training has includes management training and Department Of Health task force training.

Training planned for next 12 months include birth relative initiated contact, intercountry for staff and panel, advanced skills in direct work with children, attachment styles interview training and training from a specialist adoption solicitor on legislative changes. Divisional training will provide courses on the assessment framework, court skills and life story work.

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?	2
---------------------------	---------------	---

Comprehensive and accurate case records are maintained for each child, prospective and approved adopters The files reflect a high standard of recording.

Lewisham's Access to Records and Good Recording practice policy provides guidance to staff in terms of recording and confidentiality. The system for keeping records is congruent with the Looking After Children System/Integrated Children's System.

Current adoption records are stored in Railex lateral filing cabinets which are fire-resistant. These cabinets are locked at the end of each working day. Closed cases are then transferred from St Paul's to Central Registry in Catford. There is a dedicated archive in Central Registry for adoption records. They are held in a fireproof lockable room (with consideration being given to upgrading of the doors). The only staff with access to this area are Central Registry staff and Post Adoption Social Workers.

Decisions by supervisors should be recorded on case files. Case discussion in supervision was not consistently recorded on files. Staff should ensure case discussion is consistently recorded on case files.

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?	2
---------------------------	---------------	---

All requests for information are dealt with in accordance with the access to information policy and guide for general public. The department aims for written record to be shown within forty days. A copy of information is available for a standard fee. The adoption service should ensure recommendations highlighted in Standard 26.2 are included in the relevant policies.

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?	2
----------------------------------	----------------------	----------

Comprehensive access to records policy and good recording policy is in place. Lewisham have adopted the Charter for Open Government in 1986. In addition to complying with the Social care and health case recording standards. These standards incorporates recording practice, principles and purposes of case recording, equal opportunities and management arrangements.

Case file audits are completed on a monthly basis by the Team Managers and Operational Manager. Files contained relevant information, practice and content was generally good. Paperwork however was unorganised and files were not useful working documents. The adoption service should ensure that files are maintained in an orderly manner.

Complaints are recorded locally within the service and within the Complaints Unit. Human Resources procedures address allegations in relation to staff. Child Protection procedures address allegations in relation to prospective / approved adopters. London Child Protection Procedures are followed. Separate records should be kept for allegations. Complaints were found to be appropriately dealt with a good management response. All adopters however, were not aware of complaints procedure. The adoption service should ensure all adopters are provided with the complaints procedure.

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?	2
----------------------------------	----------------------	----------

Personnel files are maintained for staff. During this inspection staff personnel files were examined by Social Services Inspectorate (SSI).

Lewisham have the majority of information required for panel member staff. This includes qualifications, experience and CRB checks. The adoption service must ensure personnel information for panel members is maintained in accordance with Schedule 3. Information must include photographic proof of identity, criminal records bureau check, two written references, documentary evidence of relevant qualifications, full employment history with satisfactory evidence of any gaps, if previously worked with children or vulnerable adults verification where practical, of why employment ended.

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
---------------------------	---------------	---

The adoption team is located on the first floor of a building shared with other child care services. The building is in a central position in the culturally diverse, Deptford High Street. Deptford British Rail and Deptford Bridge Docklands Light Railway stations are within walking distance. Various bus routes are available and there are several public car parks in the vicinity.

The building is in need of redecoration and refurbishment. The reception area and interview rooms should be more welcoming. Confidentiality is an issue; conversations can be overheard in the interview rooms and conference room. Confidentiality must be observed in these rooms. Files were stored securely in lockable cabinets. The building is adequately protected and insured; however a Disaster Recovery Plan should be developed.

Lewisham uses the SWIFT computer system and there is on-going work with the Central SWIFT (IT) team in relation to developing the system to meet the needs of an adoption service. The department has a policy, which details security measures relating to computer records. Staff have access to an internet based casework advice system. There is good provision of personal computers for staff. The team printer however is inadequate and the fax does not work. A new printer and fax must be purchased.

There is a lack of ventilation in team room 6, due to the window being unable to open. This ventilation issue must be addressed. Shelves should be considered for room 8, to provide much needed storage space.

PART C

LAY ASSESSOR'S SUMMARY

(where applicable)

Lay Assessor _____ **Signature** _____
Date _____

D.1 Local authority manager'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 21 January 2004 and any factual inaccuracies:

Please limit your comments to one side of A4 if possible

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

Amendments to the report were necessary	<input type="checkbox"/>
Comments were received from the provider	<input type="checkbox"/>
Provider comments/factual amendments were incorporated into the final inspection report	<input type="checkbox"/>
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 local authority adoption manager, both views will be made available on request to the Area Office.

D.2 Please provide the Commission with a written Action Plan by 28 April 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"/>
Action plan was received at the point of publication	<input type="checkbox"/>
Action plan covers all the statutory requirements in a timely fashion	<input type="checkbox"/>
Action plan did not cover all the statutory requirements and required further discussion	<input type="checkbox"/>
Provider has declined to provide an action plan	<input type="checkbox"/>
Other: <enter details here>	<input type="checkbox"/>

Public reports

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

D.3 PROVIDER'S AGREEMENT

Local authority manager's statement of agreement/comments: Please complete the relevant section that applies.

D.3.1 I _____ of London Borough of Lewisham Adoption Service 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.