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**Quality Control of Adoption Work**

About this document

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| Title | **Quality Control of Adoption Work** |
| Purpose | **To set out the procedure for Quality Control of Adoption Work** |
| Updated by | **Jill Nancolas** |
| Originally Approved by | **Quarterly Adoption Forum** |
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Version Control

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**Intended Audience**

This document has been issued to the following people for Information (I). The procedure is mandatory and must be shared with all staff/foster carers/children / other services.

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| **Name** | **Position** | **S/R/I** |
| All SCS/SFS staff | All | I |
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**Quality Assurance : Children with Adoption Plans**

Local arrangements in Surrey are as follows

**Child’s Adoption Pathway**

A draft Child’s Permanence Report (CPR) is completed by the case worker, and birth parents are given opportunity to comment on the information about them. Initial QA is provided by the case worker’s line manager.

**The Childs Permanence report** is a complicated document as it has three purposes

1. To provide the relevant information to the Agency Decision Maker in order that they can be clear that adoption should be the plan for the child. (– Adoption Agency Regulations require that a Childs Adoption Decision ( ie that the child ‘should be placed for adoption’) is required before a placement order application can be made to the court, this provides a level of independent internal scrutiny on adoption planning )
2. The provide the information that prospective adoptive parent/s will require in order to identify that the child is a child that they could parent and meet their needs.
3. The CPR is the first document that the child will have access to which fully lays out their history and the reasons that adoption was the plan made for them. It needs to clearly communicate the level of care and commitment that those working with the child and their birth family felt in coming to those decisions for the child.

Quality is evidenced by well written reports that illustrate clearly the child’s journey and the decision making process that have brought us to this point. As well as good level of descriptions of the child, their family and their present needs, there is consideration of their life long needs and how these might best be met.

The voice of the child is present, taking account of the age and means of communication available to the child. Planning as regards contact and how this supports identity has been well considered, as have the issues of placing siblings together or apart (where this needs to be determined.)

For the purposes of obtaining a Childs adoption decision the Adoption Agency Medical Advisor must provide a comprehensive Medical Advisors Summary which must be inserted into the Childs Permanence Report.

In completing the CPR, the case worker must also provide an analysis of the relative merits of all reasonable permanency options-in line with current case law.

As such, it should be apparent that options such as rehabilitation to one or both parents or placement with a connected person has been given adequate consideration and that only an adoption plan would meet the child’s needs throughout their life, making it both a necessary and proportionate measure (given that it would severe irrevocably any legal relationship with the birth family)

**The Role of the Permanency Planning Managers**

Permanency Planning Managers in Surrey are the counties adoption advisors and have close links with the Adoption Agency connected to Surrey ( Adoption South East)

The Permanency Planning Managers hold an overview of all children with possible adoption plans and attend the Permanency Planning Meeting which regularly review Childrens Permanency Planning. It is possible to contact them at any time to discuss parallel planning, albeit that for many children adoption will not be the final outcome.

**Adoption Planning Meetings** are held when it is clear that the care plan for the child is adoption, attended by the Permanency Planning Manager and Childs social worker, Any amendments needed to the CPR are agreed, and the finalised report is signed off by the case worker’s line manager.

Once the Medical Advisors summary is received and inserted into the CPR, The Permanency Planning Manager forwards the CPR and any additional reports required to gain independent legal advice and then to the Agency Decision Maker (ADM) for an agency decision (or to the adoption panel in the first instance where the child is being relinquished for adoption rather than subject to care proceedings.)

In the event that the ADM has concerns about the quality of information provided and feels unable to make an agency decision they will discuss with the Permanency Planning Manager whether additional information or amendments to the CPR is likely to assist in reaching a decision.

In the event that the ADM is satisfied with the information provided but does not agree with the Social worker’s analysis of the reasonable options the case is returned to the case holding team for further care planning.

If a Childs Adoption Decision is made then a placement order application is lodged with the court prior to the final hearing.

**Following the Making of a Placement Order –**

**the role of the Adoption Agency (Adoption South East)**

***Adoption panels are multi-disciplinary bodies independent of the agency. They play an important quality assurance role for the agency, providing objectivity and having the ability to challenge practice that is not in the interests of children or fall short of the Regulations of National minimum Standards. Panels should provide regular feedback to the agency (National Minimum Standard 17.2)***

***The agency adviser should maintain an overview of the quality of the agency reports, both to the panel and to the ADM, and liaises with the team managers to quality assure the child’s permanence report. Where there are concerns about a report, the agency adviser and the panel chair should consider whether it is adequate for submission to the panel. It will be for the agency adviser alone to decide whether the report is adequate for submission to the ADM. (Statutory guidance on Adoption 2014)***

**Quality assurance of proposed matches**

Following identification of adopters, an Adoption Placement Report and Adoption Support Plan are completed with assistance from the relevant adoption team. Initial QA is provided by the case worker’s line managers.

The agency adviser ensures that all required reports are available and current (updates might be needed where there has been delay between the Child Adoption Decision and match) Where adopters have been approved for more than 12 months a copy of their most recent review should be made available to panel and the ADM

The agency decision maker consults with the panel chair in the event that there are quality concerns about the information provided, and decides whether the case can go ahead on the scheduled date. On rare occasions the panel date might be postponed in the hope that improved information will assist the panel and ADM to reach a conclusion.

**Where panel or ADM subsequently wish to comment upon quality of reports or practice.**

In many instances panel and the ADM are greatly assisted by high quality reports, reflecting good practice and verbal praise for workers is appropriately given. Where panel or the ADM wish this to be recorded and shared with the worker’s own managers, this will be taken forwards by the agency adviser.

In situations where panel or the ADM have practice concerns (e.g where there has been considerable delay in care planning for a child, or delay securing an appropriate match) the agency adviser will liaise with the managers of the operational teams. The purpose of doing this will be to encourage reflection and learning within a Safer Surrey approach

* What went well?
* What were we concerned about
* What more do we need to know?
* What needs to happen next?

The service will agree to provide a briefing within 20 working days, for feed back to the panel chair and or ADM. This is uploaded to the child’s adoption file by the service.

Agency adviser will escalate to relevant area senior managers where there is no adequate or timely response from the service.