

Midlothian Council Fostering Service Fostering Service

Family Placement Team
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Midlothian Council

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About the service

Midlothian Council Family Centred Care Team provides a fostering and family placement service for children and young people aged from 0 to 18 year and their families, who are assessed as in need of this. The service is responsible for the recruitment, assessment and support of carer families to provide a fostering service to a range of children and young people throughout the area of Midlothian. It is co-located with other children's services.

The inspection of this service took place alongside the inspection of the Midlothian Council continuing care service. Separate reports are produced for each service. This report should be read in conjunction with the report for the continuing care service.

About the inspection

This was a short notice (announced) inspection which took place between 11 September 2023 and 29 September 2023. The inspection was carried out by 2 inspectors from the Care Inspectorate. To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection. In making our evaluations of the service we:

- spoke with 5 caregivers and 3 young people, people using the service and observed 2 younger children with their carers.
- spoke with 7 members of staff and management, the Chief Social Work officer and Agency Decision Maker
- observed practice
- reviewed documents
- spoke with the panel chairs for both the permanence and adoption and the fostering panels
- spoke with the 2 placing social workers
- considered questionnaire feedback from staff, carers and other professionals.

Key messages

Significant staffing changes meant that caring households had experienced multiple changes in allocated worker over recent years which had negatively impacted people's experience.

Staffing issues at front line and management level limited the ability of the service to drive forward and sustain improvements.

Poor outcomes linked to lack of support from the service were identified.

The service showed a clear commitment to ensuring brothers and sisters remained together.

The importance of young people understanding their life story and of promoting a positive sense of identity was clear within caring households.

Quality assurance mechanisms were not comprehensive enough to fully support clear overview and improvement within the service.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	3 - Adequate
How good is our leadership?	3 - Adequate
How good is our staff team?	3 - Adequate
How well is our care and support planned?	4 - Good

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing? **3 - Adequate**

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

Carers knew children and young people in their care well and relationships were built on empathy, compassion and trust. For many children and young people these relationships were stable and enduring. This meant that young people enjoyed a sense of security with nurturing caregivers. We also saw examples of carers maintaining relationships with young people who had moved on from their care. This reinforced to young people how important these relationships are and the carers commitment to them.

However, not all children and young people shared this experience. Unfortunately some young people and carers experienced poor outcomes due to difficult unplanned endings which resulted in significant disruption and loss. This will be considered further in Key Question 2.

Staffing changes meant that caring households had experienced multiple changes in allocated worker over recent years. This meant that very few caregiving families have benefitted from enduring, positive relationships with supervising social workers. Although the impact on caregiver families varied, most people have found this difficult, and it impacted negatively on experiences. **(See Area For Improvement 1)**

Poor outcomes linked to lack of support from the service were identified. These were reflected in a number of areas including de-registrations, unplanned endings and complaints. This was also evident in the variable quality and consistency of supervision for carers. **(See Requirement 1)**

Carers consistently presented young people's views however we saw limited examples of this being achieved through an independent route within the fostering service. This was particularly evident within foster carer reviews in conjunction with a consistent lack of reports being provided by the child's social worker. The service acknowledged this was an area that requires further development, and we will consider progress at the next inspection. **(See Area for Improvement 2)**

Children and young people's safety was promoted by a robust response to child protection concerns. Practice in this area was also supported by specific staff and carer training. However, we identified that young people and their caregivers were disadvantaged by inconsistent messaging and guidance in relation to the use of restraint and restrictive practices. This acted to reduce clarity and increase risk. **(See Area For Improvement 3)**

The service showed a clear commitment to ensuring brothers and sisters remained together where this was in their assessed best interests. This offered security and stability to young people and recognised the importance of these relationships and their shared experiences as a family unit.

The service worked well with practice team colleagues to ensure that family connections were supported when children and young people were living apart from their family. Carers also endeavoured to achieve and sustain positive relationships and communication with birth family members. This also provided birth family and young people with positive experiences of carer interactions with family members which were respectful and sensitive.

Carers also worked hard to support friendship and community connections for young people, allowing them to expand their social networks and experiences. This helped young people feel part of their community and offered them opportunities to explore areas of interest and build confidence.

Young people were seen to achieve positive outcomes in relation to learning and education which were well supported by carers and by services working effectively together.

Carers were clear on expectations around mandatory training, and they had access to a range of materials. A learning culture was seen to be in place and this supported carers in their complex role.

Young people's health and wellbeing was prioritised, and carers worked hard and advocated passionately to ensure needs were met, including where complex needs were present. Good multi-agency working with health professionals supported this.

The importance of young people understanding their life story and of promoting a positive sense of identity was clear within caring households and was consistently supported using memory boxes, memory books and open discussions. This helped children and young people understand their circumstances and reduced uncertainty.

We had some concerns about the emerging practice of carers attending panel being urged to consider extending their approval range. This had the potential to undermine the confidence of assessing workers and authorising managers. In addition, this meant that in some cases, the voices of carers and needs of young people within the caring households lost influence. **(See Area For Improvement 4)**

Although permanence across the authority is not monitored and tracked to the extent it was previously, plans were being progressed and drift was highlighted appropriately. However, we noted that a high proportion of permanent arrangements had broken down. This meant that despite permanence being legally secured, young people did not always experience the stability of remaining within the same family into adulthood.

High quality assessments were not consistently achieved reflecting the high turnover of staff and this was reflected in other key documentation. Additionally, limited or delayed assessments had significantly impacted experiences and outcomes. **(See Requirement 2)**

Requirements

1. By 15 January 2024 the provider must provide high quality support which consistently meets the needs of caring households.

To do this, the provider must, as a minimum:

- a) Identify vulnerabilities and support needs at an early juncture.
- b) Ensure supports are provided in a timely manner.
- c) Ensure the provision of regular high-quality supervision to caring households which is well recorded.

This is to comply with Regulation 4(1)(a) (welfare of users) of the Social Care and Social Work improvement Scotland (Requirements for care services) regulations 2011 (SS1 2011/210)

This is to ensure that care and support is consistent with the health and Social Care Standards (HSCS which state that:

'1 experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11)

2. By 15 January 2024 the provider must ensure that the safety and wellbeing of young people is supported through best practice in relation to assessment of caring households.

To do this, the provider must as a minimum:

- a) Ensure that assessments are comprehensive and of a high quality
- b) Ensure that assessments are carried out timeously
- c) Ensure assessments are undertaken promptly to reflect changes to circumstances in caring households

This is to comply with Regulation 4(1)(a) (welfare of users) of the Social Care and Social Work improvement Scotland (Requirements for care services) regulations 2011 (SS1 2011/210)

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS which state that:

'If I have a carer, their needs are assessed and support provided' (HSCS 4.26) and;

'I experience high quality care and support because people have the necessary information and resources' (HSCS 4.27)

Areas for improvement

1. To promote positive outcomes the service should establish and sustain important relationships with carers and young people. This should include, but is not limited to, achieving consistency of workers supporting caring households.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I experience stability in my care and support from people who know my needs, choices and wishes, even if there are changes in the service or organisation.' (HSCS 4.15) and;

'If I am supported and cared for by a team or more than one organisation, this is well co-ordinated so that I experience consistency and continuity.' (HSCS 4.17)

2. To support young people's meaningful involvement and ensure they can influence their care and support the service should consistently and effectively seek their views.

This is to ensure that care and support is consistent with the health and Social Care Standards (HSCS which state that:

'I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve.' (HSCS 4.8)

3. To ensure the safety and wellbeing of children and young people the service should ensure a shared understanding across the service and caring households in relation to restrictive practice. This should include, but not be limited to, a clear written policy and consistent messaging. In addition, the staff team should be provided with de-escalation training to enable them to more effectively support caring

households.

This is to ensure that care and support is consistent with the health and Social Care Standards (HSCS which state that:

'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities' (HSCS 3.20)

4. To support the safety and wellbeing of children and young people the service should ensure that carer approvals accurately reflect assessed capacity, strengths and vulnerabilities. This should also take account of carer preferences and the needs of children within caring households.

This is to ensure that care and support is consistent with the health and Social Care Standards (HSCS which state that:

'My care and support meets my needs and is right for me' (HSCS 1.19)

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

Significant changes within the management and front-line staff team combined with reliance on short term contract workers has significantly impacted the service over recent years. This continues however the service is endeavouring to achieve stability through permanent staffing recruitment.

Although staff spoke very positively about the current acting manager of the service, some staff reflected that prior to this appointment, and due to a number of management changes, they did not feel their concerns about practice within the service were thoroughly addressed when raised. This increased risk and reduced confidence in leadership within the service.

Similarly, although regular, well attended carers meetings provide an opportunity for carers to meet with senior managers, some carers reflected a feeling of disengagement from the wider service and senior managers and felt that they were not always listened to.

At the time of the last inspection a Requirement was made in respect of quality assurance mechanisms within the service. We identified that this had not been fully addressed and that there is a lack of key comprehensive quality assurance systems which offer strategic and practice overview. These would provide a supportive function for the acting manager in their new role and to the broader service. We assessed this also limits opportunities for learning and improvement. **(See Requirement 1)**

We advised the service to review and amend the Aims and Objectives and Statement of Purpose as these were not up to date and did not cite the current Health and Social Care Standards.

The service did not hold an accurate overview of all unplanned endings and a consistent approach to these events was not being applied. This was linked to further poor experiences for some carers and young people and limited the service's scope for improvement. **(See Requirement 2)**

There have been a number of changes in panel chairs and panel membership however we recognise the breadth of experience new recruits have brought. We welcome the services' ongoing panel recruitment

endeavours and efforts to expand diversity of membership. This will enhance panel functioning and reduce the risk of conflicts of interest.

Although recognising the panels were working effectively, we assessed that they could further support and enhance quality assurance functions within the service. In addition, we urged the service to address the consistent lack of placing social worker reports provided for carer reviews as this would impact on comprehensive discussion and decision making. We will consider progress in these areas at the next inspection.

Requirements

1. By 15 January 2024 the provider must ensure quality assurance systems are robust and effectively support a strategic and practice overview and improvement work.

To do this, the provider must as a minimum:

- a) Implement systems for tracking key areas and benchmark progress
- b) Ensure care inspectorate annual return information is accurate

This is to comply with Regulation 4(1)(a) (welfare of users) of the Social Care and Social Work improvement Scotland (Requirements for care services) regulations 2011 (SS1 2011/210)

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19)

2. By 15 January 2024 the provider must adopt a robust approach to unplanned endings to support improved practice within the service and improved outcomes for young people and caring households.

To do this, the provider must as a minimum:

- a) Revise the current policy in relation to unplanned endings, with particular consideration given to thresholds.
- b) Ensure practice is consistent with the revised policy
- c) Ensure the process for reviewing premature endings is timely
- d) Utilise quality assurance mechanisms to support a clear overview of young people and carers experiences of unplanned endings throughout their involvement with the service.

This is to comply with Regulation 4(1)(a) (welfare of users) of the Social Care and Social Work improvement Scotland (Requirements for care services) regulations 2011 (SS1 2011/210)

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19)

How good is our staff team?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

We assessed that the ongoing staffing crisis within front line and management levels had negatively impacted on caring households, staff morale and the ability of the service to provide consistency in service provision and support. We are aware that the service is striving to regain stability of staffing and we will consider this again at the time of the next inspection.

Current staff have a range of relevant experience and access to core mandatory training which supports them in their role. The staff team have undertaken mandatory Child Protection and Adult Support and Protection training but we identified that the staff group have not undertaken de-escalation training. We concluded that as a result they may not be equipped to fully support carers and young people in this area, undermining the capacity of the staff team to help carers to support distressed or risk taking young people. **(See again Key Question 1, Area For Improvement 3)**

We identified that learning activity is not currently being retained within the service due to staff turnover. This meant that although there is a learning framework for the team, there is limited evidence of staff learning and development having a positive impact on outcomes for children and young people.

Staff currently within the team have been largely positive about the support and supervision they are receiving which they reflected was regular and responsive. However, we heard that workers had not always felt that they had an available and approachable manager.

How well is our care and support planned?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for young people and clearly outweighed areas for improvement.

Children and young people's plans were subject to regular multi-agency reviews. This supported a responsive, holistic and flexible approach as circumstances and needs change. The fostering service is actively involved with this process.

These forums highlighted good multi-agency working which supported young people's plans being progressed and their needs being met. Carers provided key input to these meetings and their views were valued.

We saw some evidence of children and young people's participation and their views being presented in their statutory reviews. The fostering service acknowledged that this is an area which requires further development, and we will consider progress at the time of the next inspection.

Safer caring family policies were in place however these were predominantly generic in format. This meant that information personalised to children and young people within the household which should support the direction of their care and support was absent. **(See Area For Improvement 1)**

Areas for improvement

1. To ensure that children and young people within caring households receive the support that is right for them, the service should ensure that individualised safer caring policies are in place and regularly reviewed to capture emerging needs or changes in circumstances.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'My care and support meets my needs and is right for me' (HSCS 1.19)

'I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty' (HSCS 3.18)

What the service has done to meet any requirements we made at or since the last inspection

Requirements

Requirement 1

Midlothian Council must ensure that the health and well-being of children is always appropriately managed. In order to achieve this, the service must ensure foster carers receive sufficient and regular child and adult protection training.

This requirement was made on 4 March 2019.

Action taken on previous requirement

Foster carers were assessed as receiving sufficient and regular child and adult protection training as part of their mandatory training requirements.

Met - within timescales

Requirement 2

Midlothian Council must ensure that all family placement team staff members and the manager undertake appropriate child and adult support and protection training in line with the agency policy to ensure the safety and well-being of children and young people. In addition, a training needs analysis should be undertaken to identify areas of professional development for the team.

This requirement was made on 4 March 2019.

Action taken on previous requirement

The Family Centred Care Team were seen to have regular and up to date child and adult protection training in line with their policy and a clear learning framework. analysis of individual and team learning needs is ongoing in line with changing team members.

Met - within timescales

Requirement 3

Midlothian Council must ensure that quality assurance systems are robust and used effectively in order to identify areas for improvement. In addition they must notify the care inspectorate as detailed in the document: "Records that all registered care services (except childminding) must keep and guidance on notification reporting (2012)."

This requirement was made on 4 March 2019.

Action taken on previous requirement

We assessed that this had not been met and identified additional issues in relation to quality assurance within the service. As a result this will inform a new Requirement.

Not met

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement**Previous area for improvement 1**

Midlothian Council should ensure a joined up approach to care planning and risk management, where relevant documents are produced and updated timeously and interface effectively.

This area for improvement was made on 4 March 2019.

Action taken since then

We found risk assessments were in place and appropriately informed care planning.

Previous area for improvement 2

To promote the safety and wellbeing of children and young people, Midlothian Council should ensure appropriate recruitment record keeping.

This area for improvement was made on 4 March 2019.

Action taken since then

Recruitment documentation was considered and safer recruitment practice was found to be in place.

Previous area for improvement 3

Midlothian Council should ensure that the consolidation of positive, supportive relationships between staff and foster caring households includes children and young people living there.

This area for improvement was made on 4 March 2019.

Action taken since then

This aspect of service provision has been impacted by the ongoing staffing challenges and therefore this has not been the case for many caring households and is reflected in the report.

Previous area for improvement 4

Midlothian Council should implement annual reviews and a learning and development programme for foster panel members and chair.

This area for improvement was made on 4 March 2019.

Action taken since then

These systems were found to be in place at the time of this inspection.

Previous area for improvement 5

Midlothian Council should undertake appropriate policy updates within the context of the Family Placement Team to ensure continuous improvement.

This area for improvement was made on 4 March 2019.

Action taken since then

We found most policies were appropriately updated and highlighted to the service documentation which required to be revised.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
1.1 Children, young people, adults and their caregiver families experience compassion, dignity and respect	3 - Adequate
1.2 Children, young people and adults get the most out of life	4 - Good
1.3 Children, young people and adults' health and wellbeing benefits from the care and support they experience	4 - Good
1.4 Children, young people, adults and their caregiver families get the service that is right for them	3 - Adequate
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement are led well	3 - Adequate
How good is our staff team?	3 - Adequate
3.2 Staff have the right knowledge, competence and development to support children, young people, adults and their caregiver families	3 - Adequate
How well is our care and support planned?	4 - Good
5.1 Assessment and care planning reflects the outcomes and wishes of children, young people and adults	4 - Good

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