

Midlothian Council Adoption Service Adoption Service

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Announced (short notice)

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Service provided by:
Midlothian Council

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About the service

Midlothian Council Adoption Service is provided for children and young people, aged from birth to 18 years and their families who are assessed as being in need of this service. The agency recruits and supports adoptive parents to provide families for those children who cannot live with their birth parents or extended family members and who need permanent alternative care through adoption.

The service aims to 'recruit, train and support a range of adopters who are committed, empathic and knowledgeable and who can give permanent homes to children and young people in Midlothian'. However, in recent years due to staffing capacity the service has not been able to.

As the findings in this inspection are based on a sample of children's experiences, we cannot assure the quality of experience for every single child receiving a service. An inspection of the fostering service took place at the same time as this inspection and a separate report for that service is available.

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 two 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 three caregivers using the service
- spoke with three 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
- considered questionnaire feedback from staff, carers and other professionals.

Key messages

- Some children benefitted from the love and care of attuned adoptive parents who cared for them with understanding. However, this was not the experience for all children and young people.
- 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.
- 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.
- The service needs to ensure that all adoptive families benefit from a clear and individualised adoption.

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?	3 - Adequate

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.

Some children benefitted from the love and care of adoptive parents who were very attuned and cared for them with understanding and compassion. This meant that those young people enjoyed a sense of security with nurturing caregivers which allowed them to grow and flourish. However, not all children and young people shared this experience. Unfortunately, some young people and carers experienced poor outcomes including difficult unplanned endings which resulted in significant disruption and loss. **(This will be considered further in Key Question 2)**

Staffing shortages and changes meant that caring households had experienced inconsistent support from the service. Very few of the caregiving households we considered have benefitted from enduring, positive relationships with supervising social workers. Most people have found this difficult and it impacted negatively on experiences for adopters, prospective adopters and children. **(See Area for Improvement 1)**

Children and adoptive families sometimes experienced periods of high-quality support but several families working with the adoption service in recent years felt that they had not continued to be well supported throughout their journey. Adoptive parents told us of having to access independent adoption support, as workers within the service did not have 'the skills or the time' to provide them with the help they needed. Unfortunately, a disproportionately high number of children within the service had experienced adoption disruptions within the period being considered in this inspection. Considering the complex needs of many children living within adoptive families, it is vital that the lack of consistent support is addressed within the service development plan going forward and this will form a requirement. **(See Requirement 1)**

Children and their adoptive families benefitted from planning that sought to maintain birth family connections. We saw thoughtful practice around uniting previously separated siblings in adoption, promoting the children's positive sense of identity which will have lifelong benefits. We also heard that ongoing contact between adopted children and their previous foster carers is promoted, although carers have not always received sufficient guidance or support to effectively manage ongoing foster carer contact after placement.

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.

Adopters and prospective adopters had access to a wide range of relevant and helpful training, including learning opportunities provided by Adoption UK. This ensured that carers had a good understanding of the basics of therapeutic parenting and supported them to approach the needs of their children with compassion and understanding.

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.

Although permanence across the authority is not monitored and tracked to the extent it was previously, plans for children and young people were being progressed and drift was highlighted appropriately. This was particularly apparent for children for whom the permanent plan was for adoption. However, we noted that a high proportion of permanent arrangements including adoptions 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.

We noted that good practice is followed in matching children with prospective adopters. Information is usually shared between professionals and prospective adopters in a clear and transparent way, with potential adopters having access to good quality written and verbal information.

Requirements

1. By 15 January 2024 the provider must provide high quality support, which consistently meets the needs of children and their adoptive parents at all stages of the adoption process including post adoption support.

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.

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

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)

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 instability 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 her 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 an area for improvement was made in respect of quality assurance mechanisms within the service. We identified that this had not been met in full 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)**

Although senior management have acknowledged key areas for improvement within the service, significant challenges with capacity and stability have impacted the ability to implement and sustain improvement work within family centred care. We have particularly seen an impact of this upon the adoption service. This has impacted on all areas of the service, from the recruitment of carers to family finding and the placement of children as well as the provision of post adoption support.

People approaching the service considering applying to become adopters have been advised since 2022 that the service is 'closed' to new adoption assessments and prospective adopters have been encouraged to consider permanent fostering, where there is greater need within the local authority area. People who are committed to adoption are sometimes being signposted to other services, although recruitment records did not reflect that this was always the case. This policy is not reflected in the plan for the adoption service or reflected in the service's aims or objectives. The local authority must ensure that they are meeting their legal obligations to provide an adoption service, including post adoption support and should have a clear and transparent plan about how this is being provided if not directly by the local authority. **(See Requirement 2)**

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 ensure that the adoption service is able to fulfil their legal responsibilities and complete the core functions of the service.

To do this the provider must as a minimum:

- a) Review and update the service's aims and objectives and service development plan.
- b) Ensure there is a competent and well-trained staff team with the capacity to undertake this area of work.
- c) Ensure that caregivers are adequately supported and advised at all stages of their adoption journey, including post adoption support.

This is to comply with The Adoption Agencies (Scotland) Regulations 2009.

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: 'My care and support meets my needs and is right for me' (HSCS 1.19) and 'I use a service and organisation that are well led and managed.' (HSCS 4.23)

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.

The current staff team have a range of relevant experience and have access to core mandatory training which supports them in their role, including mandatory child protection and adult support and protection training. However, although there is a learning framework in place for the team there is limited evidence of staff learning and development having a positive impact on outcomes for children, young people and their caregivers, as this is undermined by the staffing crisis.

The unstable staff team has had a particularly significant impact upon the adoption service, which has been effectively 'paused'. We could see that the team manager and some workers have continued to support adopters as fully as possible; however, we heard about negative experiences and inconsistent and limited support.

The new team manager clearly has a wealth of knowledge and experience in adoption work. However, this expertise is less apparent within the current staff team. This means there is a gap in knowledge and skills that will have to be addressed for the adoption service to provide a high level of trauma informed support to adopters in the future. **(See Areas for Improvement 1)**

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

Areas for improvement

1. To support care giver and children's wellbeing, learning and development, the provider should ensure that all staff are sufficiently confident, supported and enabled to respond to the support needs of adopter families.

This should include but is not limited to ensuring:

a) Staff have the opportunity to attend training that will enable them to confidently provide high quality adoption support.

b) Staff have the opportunity for reflection and development, via individual supervision and team meetings.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes.' (HSCS 3.14)

How well is our care and support planned?

3 - Adequate

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

Some children benefitted from careful planning around children's transitions from foster care to their adoptive parents. On occasion we found that the adoption service could have demonstrated more confidence in promoting good transition practices when children were placed from other local authorities, who took the lead with transition planning. However, the team has also embraced and supported emerging practice from other authorities, including 'bump into' or chemistry meetings and child appreciation days to promote a better understanding of the children's needs before transitions begin. We heard that the service has plans to develop this practice for Midlothian children and we look forward to seeing how this has progressed at the time of the next inspection.

The service has undertaken some positive work supporting birth parents with meaningful letterbox contact. This has been experienced as helpful and valuable by the parents involved and has led to birth parents being better able to manage this difficult task. However, out with the letterbox service we saw very little recent evidence of a post adoption support service.

From the small practice sample available we found that practice around the co-production of adoption support plans needs to be improved. The service have a clear policy outlining how adoption support planning should be approached and how these should be reviewed. This was not routinely followed and within recent adoption support plans, there were significant issues with the timing of planning meetings, the quality of the written plans and the process of ensuring the families views and needs were fully considered and addressed.

As explored earlier, there is a lack of capacity within the team to provide the therapeutic social work intervention many adoptive families need.

Practice in the area of adoption support planning needs to be significantly improved, in order to ensure the adoption service meets the requirements set out in the adoption regulations and this will form a requirement. **(See Requirement 1)**

Requirements

1. By 15 January 2024 the provider must adopt a strategic approach to providing post adoption support services.

To do this the provider must as a minimum ensure:

- a) All adoptive families have a co-produced adoption support plan in place and that this is reviewed in line with legislation and good practice guidance.
- b) Ensure that staff are fully aware of their roles and adopters are aware of their rights in relation to the development of adoption support plans.

This is to comply with Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that the quality of care and support is consistent with the Health and Social Care Standards (HSCS) which state: '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 areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

To promote the safety and well-being of children and young people and to ensure appropriate record keeping, we encouraged the agency to make improvements in the areas highlighted, taking into account our 'Safer Recruitment Through Better Recruitment' guidance 2015.

HSCS 4.24 'I am confident that the people who support me have been appropriately and safely recruited.'

This area for improvement was made on 11 March 2020.

Action taken since then

This was found to be fully met.

Previous area for improvement 2

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 is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: 'I benefit from different organisations working together and sharing information about me promptly where appropriate and I understand how my privacy and confidentiality are respected.' (HSCS 4.18) and 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.' (HSCS 4.19)

This area for improvement was made on 11 March 2020.

Action taken since then

As outlined in the main body of the report, key quality assurance systems were not in place or were not working well. This area for improvement has been included in a new and expanded requirement in relation to quality assurance.

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?	3 - Adequate
5.1 Assessment and care planning reflects the outcomes and wishes of children, young people and adults	3 - Adequate

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