

Notice of meeting and agenda



Cabinet

Venue: Council Chambers,
Midlothian House, Dalkeith, EH22 1DN

Date: Tuesday, 19 April 2016

Time: 11:00

John Blair
Director, Resources

Contact:

Clerk Name: Gordon Aitken
Clerk Telephone: 0131 271 3159
Clerk Email: gordon.atiken@midlothian.gov.uk

Further Information:

This is a meeting which is open to members of the public.

Audio Recording Notice: Please note that this meeting will be recorded. The recording will be publicly available following the meeting, including publication via the internet. The Council will comply with its statutory obligations under the Data Protection Act 1998 and the Freedom of Information (Scotland) Act 2002.

1 Welcome, Introductions and Apologies

2 Order of Business

Including notice of new business submitted as urgent for consideration at the end of the meeting.

3 Declarations of Interest

Members should declare any financial and non-financial interests they have in the items of business for consideration, identifying the relevant agenda item and the nature of their interest

4 Minutes

4.1 Minutes of Special Cabinet of 1 March 2016 **3 - 10**

4.2 Minutes of Cabinet of 1 March 2016 **11 - 16**

5 Public Items (Education Interest)

5.1 Minutes of Education Appointment Committee of 11 March 2016 **17 - 18**

5.4 Midlothian Council Adoption Service - Report by Head of Children's Services **19 - 58**

5.2 Midlothian Council Residential Service for Young People - Report by Head of Children's Services **59 - 96**

5.3 Midlothian Council Fostering Service - Report by Head of Children's Services **97 - 132**

6 Public Items (No Education Interest)

6.1 Borders Rail - Access Initiative - Report by Head of Commercial Operations **133 - 142**

7 Private Items (Education Interest)

No private business to be discussed

8 Private Items (No Education Interest)

No private business to be discussed

Minute of Meeting

Cabinet
Tuesday 19 April 2016
Item No 4.1



Special Cabinet

Date	Time	Venue
Tuesday 1 March 2016	9.00 am	Council Chambers, Midlothian House, Dalkeith, EH22 1DN

Present:

Councillor Constable	Chair
Councillor Bryant	
Councillor Johnstone	
Councillor Parry	
Councillor Rosie	
Margaret Harkness	Religious Representative

Chair: Councillor Johnstone advised the Cabinet that the Vice Chair, Councillor Constable would Chair this meeting.

1. Apologies

1.1 Apologies were received from Mr Bourne and Rev R Halley.

2. Order of Business

The order of business was confirmed as outlined in the agenda that had been circulated.

3. Declarations of interest

No declarations of interest were received.

4. Minutes of Previous Meetings

There was no minutes submitted to this meeting for approval.

5. Reports

Report No.	Report Title	Presented by:
5.1	Midlothian Council Performance Report Quarter 3 2015/16	Chief Executive

Outline of report and summary of discussion

The Quarter 3 2015/16 Performance Report for Midlothian Council was submitted detailing delivery of Midlothian Council's priorities through the Community Planning Partnership and the Single Midlothian Plan. The Council Transformation Strategy and Individual Service Plans outlined how Midlothian Council would deliver its contribution to the Single Midlothian Plan. The Chief Executive highlighted to the Cabinet the following notable items and also the challenges going forward from the Report:

- The work on intermediate care and successful Hospital at Home service for older people.
- The positive inspection for a number Children's Services including Adoption Service, the Fostering Service and the Residential Service.
- The successful award of LEADER EU funding to Tyne/Esk programme.
- The successful bid to zero waste Scotland for funding in support of the new food waste service.
- The financial challenges in relation to setting the budget for 2016/17, the significant ongoing progress in relation to transformational change and the focus on the Delivering Excellence programme, also the significant challenges with regard to collecting rental income, non-domestic rates and council tax.

- The challenges with regards to Newbyres and the progress of this and also in general within Health and Social Care integration.
- The challenges in relation to Education with the volume of legislation and some of the constraints in terms of transforming and improving this service.
- Market conditions in respect of Recycling and the potential financial challenge this brings.
- In terms of PI summary, the percentage of invoices paid in 30 days has dropped slightly after a huge improvement and this will be closely monitored.

The Elected members requested an update in respect of the Care Inspectorate's return visit to Newbyres Care Home. The Head of Adult and Social Care presented an update to the Cabinet on the progress within Newbyres and the challenges they were still facing although the Care Inspectorates had not returned for a follow up visit the management and staff were looking forward to their return.

Decision

- To note the progress in Newbyres Care Home.
- To note the improvement on the Sickness absence.
- To otherwise note the Report.

Report No.	Report Title	Presented by:
5.2	Customer and Housing Services Performance Report Quarter 3 2015/16	Head of Customer and Housing Services

Outline of report and summary of discussion

The Quarter 3 2015/16 Performance Report for Customer and Housing Services were submitted. The Head of Customer and Housing Services highlighted to the Cabinet the progress in the delivery of strategic outcomes and summary of the emerging challenges as detailed in the Report.

Decision

- To note the establishment of the Midlothian Police, Fire and Rescue Committee.
- To note the progress of the building rationalisation.
- To note the improvement and collection of Rent and Council Tax
- To note the increase of virtual visitor numbers to services as a result of online interactions
- To otherwise note the report.

Report No.	Report Title	Presented by:
5.3	Adult Social Care Performance Report Quarter 3 2015/16	Head of Adult and Social Care

Outline of report and summary of discussion

The Quarter 3 2015/16 Performance Report for Adult and Social Care were submitted. The Head of Adult and Social Care highlighted to the Cabinet the progress in the delivery of strategic outcomes and summary of the emerging challenges as detailed in the Report.

Decision

- To note the future development of use of the Community Hospital and the 'Hot Topics Group'.
- To circulate the information from the 'Hot Topics Group' to Elected members
- To otherwise note the Report.

Action

Head of Adult and Social Care

Report No.	Report Title	Presented by:
5.4	Children's Services Performance Report Quarter 3 2015/16	Head of Children's Services

Outline of report and summary of discussion

The Quarter 3 2015/16 Performance Report for Children's Services Performance Report Quarter 3 was submitted. The Head of Children's Services highlighted to the Cabinet the progress in the delivery of strategic outcomes and summary of the emerging challenges as detailed in the Report.

Decision

- To note the three positive Care Inspectorate Reports for Fostering, Adoption and Residential Services.
- To note the Kinship Care interim funding received from Scottish Government.
- To otherwise note the Report.

Report No.	Report Title	Presented by:
5.5	Communities and Economy Performance Report Quarter 3 2015/16	Chief Executive

Outline of report and summary of discussion

The Quarter 3 2015/16 Performance Report for Communities and Economy Performance Report Quarter 3 was submitted. The Chief Executive highlighted to the Cabinet the progress in the delivery of strategic outcomes and summary of the emerging challenges as detailed in the Report.

Decision

- To note the funding secured for participatory budget was very positive.
- To receive more detail with regard to participatory budgeting projects in Woodburn and Mayfield.
- To note the challenges in relation to the road access and transport links to Easter Bush.
- To note that retailers within Dalkeith no longer sell new psychoactive substances (NSP) after intervention by Trading Standards and Police Scotland.
- To otherwise note the Report.

Report No.	Report Title	Presented by:
5.6	Education Performance Report Quarter 3 2015/16	Head of Education

Outline of report and summary of discussion

The Quarter 3 2015/16 Performance Report for Education Performance Report Quarter 3 was submitted. The Head of Education highlighted to the Cabinet the progress in the delivery of strategic outcomes and summary of the emerging challenges as detailed in the Report.

Decision

- To note the establishment of the Early Years peripatetic team.
- To note that young people moving into positive destinations were still above the Scottish average.
- To otherwise note the Report.

Report No.	Report Title	Presented by:
5.7	Commercial Operations Performance Report Quarter 3 2015/16	Director Resources

Outline of report and summary of discussion

The Quarter 3 2015/16 Performance Report for Commercial Operations was submitted. The Director of Resources highlighted to the Cabinet the progress in the

delivery of strategic outcomes and summary of the emerging challenges as detailed in the Report.

Decision

- To note the Joint Health and Safety Training Calendar for Midlothian and East Lothian.
- To congratulate the Road Services who were finalists in the Association for Public Service Excellence for best Performer for Roads, Highways and winter maintenance.
- To note the progress of the issues around blue bin recycling and the part Midlothian Council has played in highlighting this to the Scottish Government.
- To note the positive destinations within land services achieving 314 working days against the target of 250 for this year and the continuation of promoting opportunities in the Council for young people.
- To note the successful introduction of the food waste programme.
- To otherwise note the Report.

Report No.	Report Title	Presented by:
5.8	Integrated Service Support Performance Report Quarter 3 2015/16	Director Resources

Outline of report and summary of discussion

The Quarter 3 2015/16 Performance Report for Finance and Integrated Service Support was submitted. The Director, Resources highlighted to the Cabinet the progress in the delivery of strategic outcomes and summary of the emerging challenges as detailed in the Report.

Decision

- To note the support this service gave to all the Projects throughout Midlothian Council.
- To positively comment on the Council's People Strategy in terms of staff, workforce planning, pay and moving towards living wage and the contribution from the staff within Midlothian Council in taking this forward.
- To otherwise note the Report.

Report No.	Report Title	Presented by:
5.9	Property and Facilities Management Performance Report Quarter 3 2015/16	Director Resources

Outline of report and summary of discussion

The Quarter 3 2015/16 Performance Report for Finance and Integrated Service Support was submitted. The Director of Resources highlighted to the Cabinet the progress in the delivery of strategic outcomes and summary of the emerging challenges as detailed in the Report.

Decision

- To note the progress of the EWiM project and the work done by this team.
- To congratulate the Facilities Service who were awarded winners in the Association for Public Service Excellence for best Performer in Building Cleaning for the 4th time in 5 years.
- To otherwise note the Report.

Report No.	Report Title	Presented by:
5.10	2014/15 Local Government Benchmarking Framework Results	Chief Executive

Outline of report and summary of discussion

The Local Government Benchmarking Framework – 14/15 was submitted. The purpose of this report is to update the Cabinet on the Local Government Benchmarking Framework (LGBF) and to present an overview of the Council's performance against the indicators for 2014/15. The Chief Executive highlighted to the Cabinet that there was an error in the benchmarks on page 13, Cost of Trading standards where the figure rather than £8,189 should be £4,605 which means Midlothian Council's rank is 12th rather than 27th therefore overall it means that there are 27 in the top two quartiles and 22 in the lower two quartiles. Looking at indicators around performance two thirds are in the top two quartiles although there were indicators where performance could be improved, overall the report is positive.

Decision

The Cabinet agreed the recommendations:

- To note the 2014/15 Local Government Benchmarking Framework comparison results.
- To note the ongoing activity relating to the Family Groups.

6. Private Reports

No private reports were submitted to this meeting.

Meeting terminated at 9.53 am

Minute of Meeting

Cabinet
Tuesday 19 April 2016
Item No 4.2



Cabinet

Date	Time	Venue
1 March 2016	11am	Council Chambers, Midlothian House, Buccleuch Street, Dalkeith

Present:

Councillor Johnstone	Councillor Bryant
Councillor Constable	Councillor Parry
Councillor Rosie	

Religious Representatives:

Mrs M Harkness	
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1 Apologies

1.1 Apologies received for Mr V Bourne and Rev R Halley

2 Order of Business

The order of business was confirmed as outlined in the agenda that had been circulated.

3 Declarations of interest

No declarations of interest were received.

4 Minutes of Previous Meetings

The Minutes of the Meetings of the Cabinet of 12 January and 9 February 2016 were submitted and approved as correct records.

Reports

Agenda No	Report Title	Presented by:
4.2	Cabinet Portfolios	Director, Resources

Outline of report and summary of discussion

Director, Resources invited the Cabinet to approve the proposed Cabinet portfolios and further to confirm the appointments of the Cabinet Members to each of the portfolios.

Decision

That the proposed Portfolios be approved and that the Portfolio Holders be confirmed as:-

- (i) Adult and Social Care – Councillor Johnstone
- (ii) Education and Children's Services – Councillor Constable
- (iii) Planning Communities and Economy – Councillor Bryant
- (iv) Finance and Integrated Service Support with Customer and Housing Services – Councillor Parry
- (v) Commercial Services and Property and Facilities Management (including Borders Railway) – Councillor Rosie

Action

Democratic and Document Services Manager

Agenda No	Title	Presented by:
4.4 and 4.5	Minutes of Education Appointment Committees of 5 February 2016	

Outline and summary of item

There was submitted the Minutes of Education Appointment Committees of 5 February 2016 with regard to the appointment of Head Teacher, Bilston Primary School and North Gorebridge Primary School.

Decision

That the posts of Head Teacher, Bilston Primary School and North Gorebridge Primary School be offered to S Wallace and P Marr respectively.

Action

Director Education, Communities and Economy

Agenda No	Report Title	Presented by:
4.6	Council House Building Programme Phases 1 and 2 Progress Report, February 2016	Head of Property and Facilities Management

Outline of report and summary of discussion

There was submitted a report dated 17 March 2016 by the Head of Property and Facilities Management providing an update to Cabinet on the progress made on the Council Housing Programmes. The report advised that Phase 1 of the Housing Programme provided 864 additional Council Homes within the Midlothian area over a period of 7 years and within the total budget of £108,684,000.

The Phase 2 Housing Programme planned to deliver a further 420 Council homes by 2018 within the approved total development budget of £63,663,000 which was funded from the Council's Capital Plan.

Current sites under design development were programmed to be completed in 2018 but further sites were still required to complete the remaining target of 102 units. The delivery of these final sites was expected to be during 2019 subject to site availability.

The availability of further sites was currently under review and was dependent on securing sufficient build sites acceptable to meeting housing needs.

Decision
To note the content of the Report and the progress made on Phases 1 and 2 of the Council House Building Programme.
Action
Head of Property and Facilities Management.

Agenda No	Report Title	Presented by:
4.7	Local Affordable Rent Housing Trust	Joint Director, Health & Social Care

Outline of report and summary of discussion
<p>There was submitted a report dated 16 February 2016, by the Joint Director, Health & Social Care providing information on the LAR (Local Affordable Rent) Housing Trust, ("LAR"), which was a Scottish Charitable Incorporated Organisation aimed at providing affordable homes at below market rent levels in Scotland.</p> <p>The report advised that since 2006 Midlothian Council and local housing associations had completed 1,416 new build homes, which was one of the largest affordable housing development programmes for a small council in Scotland and helped to meet the need for affordable housing in this area. However, despite this considerable investment and agreement for a 3rd phase of new council housing, a total of 4,876 households are on Midlothian's Common Housing Register list.</p> <p>The Scottish Futures Trust assisted in setting up LAR Housing Trust which had been funded by a £55 Million loan from the Scottish Government with a further £75 Million anticipated from private investment. LAR aims to be a long term provider of high quality, energy efficient, mid-market rental homes in Scotland and intended to build approximately 1,000 units across Scotland which would be rented out at below market levels to eligible households.</p>

Decision
<p>(a) To note the contents of the Report and;</p> <p>(b) To support the use of LAR to provide affordable housing on affordable housing policy sites and for officers to consider for the suitability of LAR in addition to council housing on suitable sites.</p>
Action
Joint Director, Health & Social Care

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Agenda No	Report Title	Presented by:
5.1	East High Street Public Realm Improvements including the Burns Monument	Head of Communities and Economy

Outline of report and summary of discussion

There was submitted a report dated 15 February 2016, by the Head of Communities and Economy advising Cabinet on the proposals to improve part of the public realm in eastern High Street Dalkeith, to restore and relocate the Burns Memorial Fountain (known locally as the Burns Monument), and to recommend allocation of Dalkeith Town Centre Developer Contributions to this project.

The project would be undertaken in partnership with Dalkeith Business Renewal, which was expected to allocate funding to this project.

In June 2013, a bid led by Midlothian Council was submitted to the Scottish Government Regeneration Capital Grant Fund to undertake public realm and building improvements in East High Street, Dalkeith. The bid was unsuccessful. In May 2014, Midlothian Council submitted a reduced bid to the Scottish Government Regeneration Capital Grant Fund to undertake public realm and building improvements in East High Street, Dalkeith. This bid was also unsuccessful.

The report further advised that an opportunity has now arisen to undertake public realm improvements to part of eastern High Street and to restore and relocate the Burns Monument to a more historic setting. Works would be paid for by a combination of Dalkeith town centre Developer Contributions and funding from Dalkeith Business Renewal.

Decision

(a)The implementation of the proposals to improve part of the public realm and restore and relocate the Burns Monument at East High Street, Dalkeith;

(b)To approve the use of Dalkeith town centre Developer Contributions for this project;

(c)To recommend to Council that a provision of £120,000 be made in the General Services Capital Plan, funded by the utilisation of £60,000 of developer contributions and £60,000 contribution from Dalkeith Business Renewal : and

(d)To note that the recommendations above were subject to formal written confirmation by Dalkeith Business Renewal of its expected financial contribution to the project.

Action

(a) and (b) Director Education, Communities and Economy and
(c) Democratic and Document Services Manager

The meeting terminated at 11.15am.

MINUTES of MEETING of the EDUCATION APPOINTMENT COMMITTEE held in the Committee Room, Midlothian House, Dalkeith on Friday 11 March 2016 at 1.15pm.

Councillors Present:- Muirhead (Chair) and Rosie.

Religious Representative Present:- Mr V Bourne

St Matthew's RC Primary School Parent Representatives Present:- Mr G Houlston and Ms D Partridge.

In Attendance:- Ms N McDowell (School Group Manager).

Exclusion of Members of the Public

In view of the nature of the business to be transacted, the Committee agreed that the public be excluded from the meeting during discussion of the undernoted item, as contained in the Addendum hereto, as there might be disclosed exempt information as defined in paragraph 1 of Part I of Schedule 7A to the Local Government (Scotland) Act 1973:-

Appointment of Head Teacher, St Matthew's RC Primary School.

The meeting terminated at 3.55pm

**Inspection of Midlothian Council Adoption Service
Report by Joan Tranent, Head of Children's Services****1 Purpose of Report**

This report outlines the outcome of the above announced inspection as carried out by the Care Inspectorate on 18 November 2015.

2 Background

2.1 Midlothian Council Adoption Service is based in Lawfield Primary School and provides an adoption service for children and young people aged 0-18 years, and their families, who are assessed as in need of this service.

2.2 The Care Inspectorate is the independent scrutiny and improvement body for care and children's services and they inspect every registered care service, and local authority social work departments on a regular basis to make sure that providers are meeting standards required and are working to improve the quality of care for everyone. Every time they inspect these services they produce an inspection report.

2.3 Based on the findings of this inspection the Care Inspectorate awarded the following grades:

Quality of Care and Support	Grade 4 – Good
Quality of Staffing	Grade 4 – Good
Quality of Management and Leadership	Grade 4 – Good

2.4 The report and grades represent the Care Inspectorate assessment of the quality of the areas of performance which were examined during the unannounced inspection.

2.5 The Care Inspectorate noted the significant improvements in relation to the following:

- The service had significantly improved the way they tracked the planning for children in their area.
- This tracking system has reduced the amount of delay in decision making for children.
- Greater partnership working across teams has supported flexible working aimed at promoting positive outcomes for children in need of adoption.

2.6 The Inspection Team noted the following strengths:

- Adopters told us about the good quality of support they received from their Supervising Social Worker.
- Staff were skilled and experienced in their work and had good access to training.
- Staff worked effectively together to identify children in need of permanent care.

- 2.7 The Inspection Team reported that the following areas for improvements are:
- We could do more to provide life history information for children and adoptive families in a more child friendly way.
 - The agency should adopt a more comprehensive approach to planning how the service will develop and share this with people who use the service and stakeholders.
 - The adoption agency gave appropriate attention to detail when linking and matching children. This meant that adopters were better able to meet adopters needs.
- 2.8 The Inspection Team concluded that there was a continued commitment from Midlothian Council to improve adoption services for children in their area. Staff and adoptive families were committed to providing good quality care to children and young people.

3. Current Context

- 3.1 Midlothian Council's Adoption Service is now a well established team whose aim and objectives are: to provide for the recruitment, assessment, training and ongoing support of carers and adoptive parents to meet the identified needs of looked after children and adopters.

4. Report Implications

4.1 Resource

There are no resource issues arising from this report.

4.2 Risk

The Care Inspectorate regulate all care services in Scotland using the [National Care Standards](#), set out by the Scottish Government, as a benchmark for how each type of service should perform. These standards are the minimum that children and young people should expect when using care services.

If the standards are not being fully met, the Care Inspectorate would note this in the inspection report and require the service manager to address these. The Care Inspectorate could impose an additional condition on the service's registration if the provider persistently, substantially or seriously fails to meet the standards or breaches a regulation. They also have the power to issue an improvement notice detailing the required improvement to be made and the timescale for this.

Monitoring, review and evaluation of progress by officers in Children and Families is the control measure in place to reduce the risk of failure of the care services and to demonstrate their capacity to improve.

4.3 Single Midlothian Plan and Business Transformation

Themes addressed in this report:

- ☐ Community Safety
- ☐ Adult Health, Care and Housing
- ☒ Getting it Right for every Midlothian Child
- ☐ Improving Opportunities in Midlothian
- ☐ Sustainable Growth
- ☐ Business Transformation and Best Value
- ☐ None of the above

4.4 Impact on Performance and Outcomes

Performance and outcomes will continue to be measured through the monitoring, review and evaluation process.

4.5 Adopting a Preventative Approach

The Service will continue to improve its work in line with its improvement plan and the Education, Communities and Economy Directorate will continue to challenge and support the Service in relation to developing and implementing a range of quality improvement strategies.

4.6 Involving Communities and Other Stakeholders

In addition to obtaining our own feedback, as part of their inspection process the Care Inspectorate sent out questionnaires to Adopters and the Adoption Panel members. Completed questionnaires were returned prior to the inspection. The contents of the questionnaires were used to inform the Care Inspectorate findings and are referred to in the Inspection Report.

The Inspectors also met with adoptive families and informal discussions with some children. They also attended a Fostering Panel and met with the manager of the adoption service.

Copies of the report have been made available to Elected Members, staff and other interested parties.

4.7 Ensuring Equalities

An action plan has been prepared to address the areas for improvement recommended in the report. The action plan will be screened for equalities implications.

4.8 Supporting Sustainable Development

The Service Improvement Plan allows for sustainable development and improvement.

4.9 IT Issues

There are no IT issues arising from this report.

5 Recommendations

Cabinet is requested to:

- (i) note the content of the inspection report;
- (ii) pass this report to the Performance, Review and Scrutiny Committee for its consideration;
- (iii) congratulate the Management and staff connected with the Midlothian Council Adoption Service on the strengths identified in the report.
- (iv) note that the Council will continue to challenge, support and monitor the service in relation to our delivering excellence framework.

24 February 2016

Report Contact:

Name: Joan Tranent, Tel No 0131 271 3721

joan.tranent@midlothian.gov.uk

Background Papers:

Care Services Inspection Report dated 18 November 2015

Care service inspection report

Full inspection

Midlothian Council Adoption Service Adoption Service

Lawfield Primary School
26 Lawfield Road
Mayfield
Dalkeith

Service provided by: Midlothian Council

Service provider number: SP2003002602

Care service number: CS2004083727

Inspection Visit Type: Announced (Short Notice)

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and set out improvements that must be made. We also investigate complaints about care services and take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

Contact Us

Care Inspectorate
Compass House
11 Riverside Drive
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www.careinspectorate.com

 [@careinspect](https://twitter.com/careinspect)

Summary

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change after this inspection following other regulatory activity. For example, if we have to take enforcement action to make the service improve, or if we investigate and agree with a complaint someone makes about the service.

We gave the service these grades

Quality of care and support	4	Good
Quality of staffing	4	Good
Quality of management and leadership	4	Good

What the service does well

- Adopters told us about the good quality of support they received from their Supervising Social Worker.
- Staff were experienced and skilled in their work and had good access to training.
- Staff worked effectively together to identify and assess children in need of permanent care.
- We thought the adoption agency gave appropriate attention to detail when linking and matching children. This meant that adopters were better able to meet children's needs.

What the service could do better

We assessed that the agency could do more to provide life history information for children and adoptive families in a more child friendly way.

The agency should adopt a more comprehensive approach to planning how the service will develop, and share this with people who use the service and stakeholders.

What the service has done since the last inspection

The service had significantly improved the way they tracked the planning for children in their area and this had reduced the amount of delay in decision making for children. We noted for some children there had been some delay in decision making.

Greater partnership working across teams has supported flexible working aimed at promoting positive outcomes for children in need of adoption.

Conclusion

We concluded that there was a continued commitment from Midlothian Council to improve adoption services for children in their area. Staff and adoptive families were committed to providing good quality care to children and young people.

1 About the service we inspected

The Care Inspectorate regulates care services in Scotland. Prior to 1 April 2011, this function was carried out by the Care Commission. Information in relation to all care services is available on our website at www.scswis.com.

This service was previously registered with the Care Commission and transferred its registration to the Care Inspectorate on 1 April 2011.

Midlothian Council Adoption Service provides an adoption service for children and young people aged 0-18 years, and their families, who are assessed as in need of this service. The functions of an adoption service are detailed in the Adoption and Children (Scotland) Act 2007.

These functions are to:

- assess children who may be adopted
- assess prospective adopters
- place children for adoption
- provide information about adoption and
- provide adoption support services.

Midlothian Council Adoption Service operates within a small geographical area. The local authority is part of an active consortium of neighbouring local authorities who share adoptive placements for children.

During the past year there have been a number of changes within the Agency. One new social worker and a social work assistant have been recruited to the family placement team. A new manager has also been appointed and has been of positive benefit in developing the service.

At the time of the most recent annual return (January 2015), the agency had three approved adopters, one of whom was awaiting a child being placed. A further five applications had been received from people wishing to adopt.

One child had been registered as in need of adoption and had been placed with an adoptive family within the year. A further six children had been approved for adoption and were waiting for a family to be identified.

The aims and objectives of the service are:

- "To provide for the recruitment, assessment, training and ongoing support of carers and adoptive parents to meet the identified needs of looked after children and adopters".

Recommendations

A recommendation is a statement that sets out actions that a care service provider should take to improve or develop the quality of the service, but where failure to do so would not directly result in enforcement.

Recommendations are based on the National Care Standards, SSSC codes of practice and recognised good practice. These must also be outcomes-based and if the provider meets the recommendation this would improve outcomes for people receiving the service.

Requirements

A requirement is a statement which sets out what a care service must do to improve outcomes for people who use services and must be linked to a breach in the Public Services Reform (Scotland) Act 2010 (the "Act"), its regulations, or orders made under the Act, or a condition of registration. Requirements are enforceable in law.

We make requirements where (a) there is evidence of poor outcomes for people using the service or (b) there is the potential for poor outcomes which would affect people's health, safety or welfare.

Based on the findings of this inspection this service has been awarded the following grades:

Quality of care and support - Grade 4 - Good

Quality of staffing - Grade 4 - Good

Quality of management and leadership - Grade 4 - Good

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change following other regulatory activity. You can find the most up-to-date grades for this service by visiting our website www.careinspectorate.com or by calling us on 0345 600 9527 or visiting one of our offices.

2 How we inspected this service

The level of inspection we carried out

In this service we carried out a low intensity inspection. We carry out these inspections when we are satisfied that services are working hard to provide consistently high standards of care.

What we did during the inspection

We wrote this report after an inspection which took place between Tuesday 3 November 2015 and Wednesday 18 November 2015. We told the service a few days in advance of our intention to start the inspection. The inspection was undertaken by one Inspector. An inspection of the fostering agency took place at the same time by another inspector.

As requested by us, the adoption service sent us an annual return. They also completed a self-assessment of their service prior to the inspection starting.

We asked the service to send out short questionnaires to adopters and panel members. We received three responses from adoptive families and four responses from panel members.

In this inspection we gathered evidence from various sources, including the relevant sections of policies, procedures, records and other documents including:

- evidence from the services most recent self evaluation
- evaluations of the service collected by the service
- Midlothian Council website which contained information about - becoming an adopter
- adopters' files
- children's files.

We had discussion with:

- the manager of the adoption service
- the Children's social workers and their managers
- the Looked After Children Review Officer
- staff within the family placement team
- adoptive families and
- informal discussion with children.

We also attended a fostering panel.

Grading the service against quality themes and statements

We inspect and grade elements of care that we call 'quality themes'. For example, one of the quality themes we might look at is 'Quality of care and support'. Under each quality theme are 'quality statements' which describe what a service should be doing well for that theme. We grade how the service performs against the quality themes and statements.

Details of what we found are in Section 3: The inspection

Inspection Focus Areas (IFAs)

In any year we may decide on specific aspects of care to focus on during our inspections. These are extra checks we make on top of all the normal ones we make during inspection. We do this to gather information about the quality of these aspects of care on a national basis. Where we have examined an inspection focus area we will clearly identify it under the relevant quality statement.

Fire safety issues

We do not regulate fire safety. Local fire and rescue services are responsible for checking services. However, where significant fire safety issues become apparent, we will alert the relevant fire and rescue services so they may consider what action to take. You can find out more about care services' responsibilities for fire safety at www.firescotland.gov.uk

The annual return

Every year all care services must complete an 'annual return' form to make sure the information we hold is up to date. We also use annual returns to decide how we will inspect the service.

Annual Return Received: Yes - Electronic

Comments on Self Assessment

Every year all care services must complete a 'self assessment' form telling us how their service is performing. We check to make sure this assessment is accurate.

The self assessment was fully completed and supported the inspection process.

Taking the views of people using the care service into account

We spoke with three adoptive families and received written representations from a further three families. Their views and comments about the service are contained within the main body of the report.

Children in the sample were generally young. We observed children with their adoptive parents and noted a good quality of relationships.

Taking carers' views into account

We did not speak with birth parents as part of this inspection.

3 The inspection

We looked at how the service performs against the following quality themes and statements. Here are the details of what we found.

Quality Theme 1: Quality of Care and Support

Grade awarded for this theme: 4 - Good

Statement 1

"We ensure that service users and carers participate in assessing and improving the quality of the care and support provided by the service."

Service strengths

We looked at this statement at the time of the last inspection and assessed that there were good opportunities for adopters to make comments about the quality of support within the service. This statement was examined during this inspection as the participation of adopters and the children and young people in their care, is very important to achieving good outcomes for them.

In 2015-16 all services are being inspected against this statement. During this inspection we confirmed there continued to be opportunities to assess and improve the quality of support within the service.

The service told us in their self assessment about a number of ways in which adoptive families and birth families can influence aspects of care and support.

These included:

- requests for feedback at all stages of the assessment process
- access to the manager of the service at a second opinion visit

- good quality relationships between the staff of the agency and adoptive families so any issues can be discussed openly
- the promotion of partnership working between staff of the agency and adoptive families
- social workers work closely with children to ensure their views and needs are taken into account.

We considered evidence presented by the service and spoke with adoptive families. We considered, and adoptive families confirmed that the range of information available for people who wished to adopt in Midlothian was generally appropriate, and supported people to make decisions about becoming adopters.

Comments included:

- "We took part in a preparation course which provided very useful information as well as putting us in contact with other adopters which became an additional support network."

Adoptive families told us about the good working relationships with their workers. This supported them to be open during the assessment process and raise issues about the process of becoming adopters. Most adopters had continued with the same worker throughout the approval process and beyond. This supported them to feel connected to the service and engaged in the adoption process.

One adopter told us:

- "We both feel that in the future if we require any guidance we will not hesitate to contact our social worker."

We confirmed that formal feedback opportunities were in place and were used to inform service improvement where appropriate. This included questionnaires following preparation training and attendance at the panel.

Second opinion visits carried out by the manager of the service, provided opportunities for adopters to reflect on the preparation process and the quality of support they received.

Children, where they were of an age to do so, could write reports for 'Looked After Children Reviews' and be involved in planning for their future. Birth parents were routinely invited to meetings considering their children's future including adoption panel meetings - we could see that their views were taken into account when planning for children.

During our interviews with staff and managers within the service, we were told about a number of developments in relation to improving participation. We were told that the service intended to produce a newsletter aimed at keeping adoptive families up to date with what was happening within the service, and any future learning or development opportunities. Some adopters also confirmed that they had been invited to attend an adoption support group.

The service intended to consider facilitating groups for adopted children dependent of the ages and stages of children. We saw that these developments formed part of the service action plan.

Areas for improvement

The service provided a range of evidence for this inspection. This included a participation strategy for children using Midlothian Council Services. As part of this a 'Champions Group' had been established and the launch event had been well attended by over 40 children and young people.

A children's survey had been distributed asking for children's views about the performance of the council. We thought the service should build on this and translate the corporate strategy into a service wide strategy, to ensure that children and young people who had been adopted had a voice in relation to improving adoption services.

As children being placed for adoption are very young, this means that the service should seek to promote ongoing engagement for adoptive families - so that the children being adopted now will be able to engage in discussions about adoption when they are of an age to do so.

Two adoptive families told us they would have liked more practical information about finance including child benefit, adoption pay and legal costs for adoption petitions. We suggested that this should be factored into the preparation to become an adopter. This would support adopters to assess their finances more realistically and reduce potential stressors after children are placed and before the adoption order is granted.

When looking at children's files it appeared that there may have been some gaps in social workers visiting children. However, staff in the family placement team had seen children in the intervening periods. The service should take steps to ensure a full record of when the child had been seen is in the child's file.

In conclusion, we assessed that in relation to care and support issues, adopters had opportunities to raise issues individually and in some cases collectively and the Agency was likely to take action in respect of these.

We assessed that the service should continue to develop formal feedback opportunities for adopters and young people. Asking adopters to reflect on their journey at the end of the adoption process may support adopters to give a candid view of what has worked well and what areas could be improved. Similarly continuing to promote links to the agency post adoption can help young people who have been adopted become more involved in developing adoption services in the future. This has informed the grade of good for this statement.

Grade

4 - Good

Number of requirements - 0

Number of recommendations - 0

Statement 2

"We enable service users to make individual choices and ensure that every service user can be supported to achieve their potential."

Service strengths

We looked at this statement at the time of the last inspection and assessed that the Adoption Agency had made significant improvements in how they supported adopters and children to achieve their potential. We decided to consider this statement again at this inspection to consider whether this improvement had been sustained.

In their self assessment the agency told us that they:

- continued to link with other Adoption Agencies and adoption organisations to find families for children;
- had developed links between teams to ensure children in need of adoption were identified early and plans progressed appropriately;
- ensured good quality linking and matching of children with adoptive families
- ensured post adoption planning takes place.

During our inspection we saw that family finding was a high priority within the service and links had been formed with neighbouring local authorities to maximise choice of families for children. The sharing of resources between local authority areas supported a range of family options for children.

We assessed and the adoption panel reported, that written assessments, particularly for children had significantly improved. As children grew, the information in these assessments would support them in understanding their origins and developing a sense of identity.

Adopters told us they felt well prepared to take on the parenting role and one stated:

- "We felt very well prepared to become parents..... we found the training very beneficial covering a wide range of situations... helping us to make sense of our own personal strengths, weaknesses and abilities."

We noted continued improvement in planning for children aimed at reducing any drift and delay. Teams worked effectively together to quickly identify children in need of permanence and to ensure that assessments were carried out within appropriate timescales. Systems were flexible to meet the needs of the child, for example, additional adoption panels could be arranged or child care reviews could be brought forward. We noted improved confidence in staff when planning for adoption.

Matching and linking of children with families was of a good quality. Adopters found the information given to them from foster carers, education staff, medical staff and social workers helpful. Good levels of information supported adopters to make informed decisions about being able to provide good quality care for children.

The coordination process was the process by which the transition from foster carers to the adoptive family was planned. We saw that this was generally child centred and adopters told us they had benefitted from meeting with foster carers to review photographs and momentos so that each could be assigned meaning.

The service told us they planned to improve post adoption support planning. Some adopters told us they had attended life story training events. Where there were issues for families we saw that appropriate post adoption plans had been put in place.

Areas for improvement

We made a recommendation at the time of the last inspection in respect of post adoption work. We considered that there continued to be significant gaps in providing information to children in relation to their life story. None of the children in the sample we considered or other children we considered who had been adopted for some time, had a life story book or a later life letter. We considered that social workers were less confident in this area of work.

Although we assessed that the service were keen to improve in this area and had developed policies and included training and staff development in their action plan, we did not see that outcomes for children had particularly improved at the time of the inspection. We considered that there continued to be a need for the service to take this work forward. **(See recommendation 1 made under Quality Theme 1 – Statement 2).**

We saw for some children that there remained some evidence of delays in decision making. This was at times related to changes in staffing and at others the reasons for the delay were unclear. The service was aware of delays and had begun to take steps to address these. For example, where it was appropriate, some social workers in the family placement team had become case accountable social workers for children to complete life story work. We were satisfied that the 'framework for permanence' combined with improved partnership with locality staff was having an impact but we still considered that delays in some cases remained significant and could potentially affect outcomes for children and young people. We look forward to hearing about further improvement in this area at the next inspection.

We noted that one foster carer had identified that there perhaps needed to be more attention paid to when pets should be introduced during the coordination process – but that overall the coordination process was of a good quality particularly the time spent with the foster carer.

We tracked one child who was placed at a distance from Midlothian. We saw that support plans were in place, however questioned whether this plan had been fully implemented or that contingency plans were in place. For example the worker supporting the adopters left quite quickly after the children were placed, a life story book had not been developed by the time of the third coordination meeting and there was no evidence within the children's contact notes in their file that the children had been seen. The adopters told us they were unclear about who was advocating for, or supporting the children. Outwith the coordination minute, there were no clear written agreements in place with other agencies to support Midlothian children where this was necessary. **(See Recommendation 2 made under Quality Theme 1 - Statement 2).**

We thought many of the strengths associated with this statement were of a good or very good standard and supported positive outcomes for children. However, to maintain these positive outcomes, we assessed that the service should take action to address areas of improvement particularly around developing post adoption support including life story and progressing planning for children. We thought that the lack of this work was a significant gap in supporting children to develop a strong sense of identity and support stable families.

Grade

4 - Good

Number of requirements - 0

Recommendations

Number of recommendations - 2

1. The service should ensure that post adoption work is completed for each child.

The 'Life Story' work should be completed with the adopter and child, if appropriate, to ensure that adopters have a comprehensive life story for their child.

A later life letter should be completed by the social worker or person who was witness to the child's journey.

National Care Standards adoption agencies. Standard 9: getting help.

2. The service should ensure that clear written agreements are in place about how children will be supported and these should be shared appropriately with adopters.

National Care Standards adoption agencies. Standard 8: after you move in.

Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 4 - Good

Statement 1

"We ensure that service users and carers participate in assessing and improving the quality of staffing in the service."

Service strengths

We considered this statement at the time of the last inspection and assessed that there were good opportunities for adopters to make comments about the quality of staffing within the service. We decided to consider this statement again at this inspection to monitor any improvements

Strengths highlighted in Quality Theme 1 - Statement 1 are also relevant to this statement.

Within their self assessment, the service told us that adopters were invited to training events and can feedback on the quality of the presentation by staff.

Following our inspection we noted that some adopters had been involved in sharing their experiences of adoption with other adopters during preparation training. This supported staff to understand adoption from a number of different perspectives.

As panel members, adopters could make comment about the quality of the work of the service including the quality of assessment and planning by staff in the service.

Second opinion visits and coordination meetings offered prospective adopters an opportunity to speak directly with the manager of the service, and to make comments about the quality of work undertaken by the supervising social worker.

The service told us that they planned to support adopters to be involved in recruitment processes.

Areas for improvement

The service should develop increased opportunities for adopters, young people and birth parents to comment specifically on staffing issues and for this feedback to be linked to improvements in staff performance.

In conclusion we assessed that in relation to staffing issues, adopters had some opportunities to raise issues individually and collectively through the adoption panel and the Agency was likely to take action in respect of these. This has informed the grade of good for this statement.

Grade

4 - Good

Number of requirements - 0

Number of recommendations - 0

Statement 3

"We have a professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice."

Service strengths

We looked at this statement at the time of the last inspection and at that time we assessed that the staff were operating at a good level within the agency. We decided to look at this statement again to measure any improvement. During this inspection we noted that many of the strengths of the staff continued to be in evidence.

In their self assessment the agency told us they were committed to ensuring their staff were professional, trained and motivated. They ensured regular supervision, appraisal, training and access to current research and best practice.

Since the last inspection two new social workers have been recruited to the family placement team, the team responsible for assessing and supporting adoptive families. A new manager had also been appointed. Staff reported that the new manager had been of positive benefit to the Agency and a new sense of creativity and service improvement has raised motivation levels generally within the team. Generally we noted that staff within the agency had a level of trust in their management. Managers were accessible and approachable.

There has been some turnover of staff in one of the locality teams and this has meant some changes for children. We noted some flexibility in how children were supported during times of change and have already reported on some poorer outcomes for children as a result of staff turnover. On a positive note, the emerging culture within the local authority means new staff are inducted into a role where partnership working across teams is the expectation and normal practice. The wider council aim is for all children's services staff to be based in the same building to support greater communication and working together.

During the inspection we confirmed that all staff within the agency were professional and appropriately registered with the Scottish Social Services Council (SSSC). The SSSC is the regulatory body for workers working in social care settings (www.sssc.com).

All Staff told us they regularly received supervision of a good quality and this supported them to feel confident in their work. Where appropriate all staff had had an annual appraisal where their training needs were identified.

All staff told us that they had very good access to training both internally and externally and we confirmed that there was a wide range of training available. Development sessions are organised regularly and attended by all staff in children's services and adoption panel members and children's hearing members. This supported shared understanding of issues and promoted partnership working. Staff told us they had recently attended a range of training appropriate to their role. We assessed that staff were confident in their work.

Regular team meetings supported staff to raise practice issues and discuss how they could improve the service. We noted that some staff were leading on key areas of service development such as developing an adoption newsletter.

We saw a well established and well used resource library which supported staff in their work and assisted them to keep up to date with emerging research and good practice.

Good links had been established with a number of agencies such as Scottish Adoption, Birth Link and Adapt Scotland.

All the adopters we spoke with told us that they thought their supervising social workers were knowledgeable and skilled in their work and as a result they felt well supported.

Areas for improvement

We assessed that there was a need for further staff development in the area of post adoption support. Staff generally appeared less confident in this area.

In conclusion, we noted that there were major strengths in the quality of staffing and the areas identified for improvement did not call into question the knowledge, skills or motivation of the staff group. However, we assessed that service now needed to maintain and build on this stability and take action in respect of the areas identified to ensure continued good practice. This has informed the grade of good for this statement.

Grade

5 - Very Good

Number of requirements - 0

Number of recommendations - 0

Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 4 - Good

Statement 1

"We ensure that service users and carers participate in assessing and improving the quality of the management and leadership of the service."

Service strengths

We considered this statement at the time of the last inspection and assessed that there were good opportunities for people who used the adoption service to make comments about the quality of the service. We decided to look at this statement again to monitor any improvements.

Strengths highlighted in Quality Theme 1 - Statement 1 and Quality Theme 3 - Statement 1 are also relevant to this statement.

Within their self assessment, the service told us that all adopters approved by Midlothian Council were subscribed to Adoption UK. Membership of this organisation kept adoptive families informed about national adoption initiatives and opportunities for adopters to participate in these.

The complaints process was well publicised within the organisation and although no complaints had been made, adopters felt confident that the service would positively respond to any issues raised.

Panel membership included one person who had adopted. This meant that comments could be made about a range of issues including the quality of management and leadership, the quality of assessment and the quality of decision making.

The service told us they planned to develop a participation strategy.

Areas for improvement

We saw that the agency was committed to involving people with experience of adoption more widely in the service. However, their attempts had not been as successful as they had hoped.

In conclusion, we assessed that in relation to management and leadership issues, adopters had some opportunities to raise issues individually through questionnaires during their preparation and in a more limited setting through the adoption panel. We assessed that the service should continue to develop formal feedback opportunities for adopters, young people and birth families.

Continuing to promote links to the agency post adoption can help adopters and young people who have been adopted become more involved in developing adoption services in the future. We have retained the grade of good but will continue to monitor engagement throughout the service.

Grade

4 - Good

Number of requirements - 0

Number of recommendations - 0

Statement 4

"We use quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service we provide"

Service strengths

We looked at this statement at the time of the last inspection and assessed that the Agency had adequate systems in place to support the quality of work they did. We decided to look at this statement again during this inspection to assess whether any improvements had been made.

In their self assessment the agency told us they monitored the quality of their service in a number of ways:

- An annual report was produced detailing the work of the agency and identifying improvements.
- A detailed action plan had been developed in response to feedback from staff, adopters, panel members, birth parents to promote service improvement.
- Benchmarking groups and 'Key Performance Indicators' were used to assess quality.
- Staff supervision and appraisal monitored the effectiveness of staff.
- The adoption panel supported the quality of work of the Agency.
- Surveys elicited views from a range of people including adopters, panel members and staff.

The 'Framework for Permanence' had continued to be developed. This provided managers with an effective overview of planning for children and supported them to identify any drift or delay for children. We saw how this overview had supported the service to develop guidance about contact and its role when placing children for adoption and also to identify the need for more availability for prospective adopters to attend preparatory training.

Staff reported the flowchart which had been produced supported them to feel confident in their work. A range of other policies and procedures supported consistency in practice across the local authority area. Regular staff supervision monitored staff practice and performance.

Clear policies and procedures in relation to file auditing were in place although we noted there could be some technical issue in relation to dates when these took place. We asked the service to check on this.

The adoption panel provided an important quality assurance measure for the service. We were not able to attend an adoption panel as part of this inspection. However, we elicited the views of the chairs of the panel and panel members and read the panel's annual report and development plan. Generally members of the panel thought the panel was working well. Most confirmed they had received an appraisal as a panel member and training had been identified.

Panel members could and did attend service development days organised through children's services. Panel business meetings were held regularly where panel members had opportunities to raise any issues, keep up to date with what was happening within the Adoption Agency and offer feedback to the agency in relation to the quality of its work.

Generally we saw that good links and relationships existed between the adoption panel and the Adoption Agency and this in turn supported good quality work in assessments and decision making for children in need of adoption.

Quality Assurance systems involved a range of key people. Adopters were asked about the quality of the service during their preparation and through membership of the fostering panel, and more informally through their relationship with their resource worker.

Staff raised issues at team meetings and had recently completed a staff survey.

Areas for improvement

The agency produced as evidence of their quality assurance systems, the 'Corporate Parenting Board Action Plan' which detailed a number of actions aimed at improving outcomes for 'Looked After Children'. As children who are adopted are not 'Looked After' it was difficult to understand how this related to these children. We asked the service to review their self assessment to ensure that appropriate information was recorded under each statement.

The team action plan focussed on recruitment of adoptive families, was in draft form and was out of date.

An adoption panel development plan for 2015 was submitted and identified some suggested areas for improvement. We did not see that these were included in the 'Adoption Service Action Plan' in an identifiable format.

The 'Adoption Service Action Plan' referenced specific action under each of the main Quality Statements used by the Care Inspectorate. However, we saw that many of these were at a very early stage particularly in regard to improving participatory opportunities for children who had been adopted and in post adoption support planning.

We concluded that there was no comprehensive plan of service improvement linked to an annual report of the whole Agency. We thought the service could actively improve in this area. **(See recommendation 1 made under Quality Theme 4 - Statement 4).**

Reports and plans could be shared more widely with service users, staff and stakeholders to build more transparency into the adoption agency. **(See recommendation 2 made under Quality Theme 4 - Statement 4).**

In conclusion, we noted that there were important strengths in the quality of management and leadership and the areas identified for improvement did not call into question the good practice in this area.

However, we assessed that the service now needed to build on these strengths and take action in respect of the areas identified to ensure continued good practice. This has informed the grade of good for this statement.

Grade

4 - Good

Number of requirements - 0

Recommendations

Number of recommendations - 2

1. The service should adopt a more comprehensive plan of service improvement linked to an annual report of the whole Agency.

National Care Standards adoption agencies. Standard 32: providing a good quality service.

2. The service should share reports and their future priorities with people who use the service and their stakeholders.

National Care Standards adoption agencies. Standard 32: providing a good quality service.

4 What the service has done to meet any requirements we made at our last inspection

Previous requirements

1. The provider must ensure that effective systems are in place to monitor visits to children, particularly those children placed outwith Midlothian. Where these visits are to be undertaken by another authority, clear records need to be kept in relation to any agreements reached.

This is in order to comply with: The Looked After Children (Scotland) Regulations 2009, Regulation 46(2) which details the statutory minimum visiting pattern for children.

Timescales: within six months of the publication of this report.

This requirement was made on 16 May 2014

We saw that children had been visited regularly and within statutory timescales. We noted that the service had plans in place to monitor visits to children to ensure these took place at regular intervals. However, we noted some issues in relation to audit procedures, a need to ensure that children's files are kept up to date and that written agreements are in place and shared appropriately with adopters.

We have made a recommendation in respect of these areas.

(See recommendation 1 made under Quality Theme 1 - Statement 2).

Met - Within Timescales

5 What the service has done to meet any recommendations we made at our last inspection

Previous recommendations

1. This recommendation was made under Quality Theme 1 - Statement 2.

The service should ensure that post adoption work is completed for each child.

The "Life Story" work should be completed with the adopter and child, if appropriate, to ensure that adopters have comprehensive life story for their child.

A later life letter should be completed by the social worker or person who was witness to the child's journey.

National Care Standards adoption agencies. Standard 9: getting help.

This recommendation was made on 16 May 2014

The service submitted a detailed action plan advising how they would evidence (through key performance indicators) that this work had been completed. Policies and procedures had been updated to reflect when life story, later life letters and post adoption plans should be in place.

Work was to be completed by March 2015. Although we could see evidence of this work being undertaken, at the time of the inspection, we could not evidence that outcomes had improved for children.

We made a recommendation in respect of this.

(See Recommendation 2 made under Quality Theme 1 - Statement 2).

2. This recommendation was made under Quality Theme 4 - Statement 4.

The service should share their annual report and their future priorities with people who use the service and their stakeholders.

National Care Standards adoption agencies. Standard 32: providing a good quality service.

This recommendation was made on 16 May 2014

We did not see that the service had taken steps to address this recommendation and have made a recommendation following this inspection.

(See recommendation 2 made under Quality Theme 4 - Statement 4).

3. This recommendation was made under Quality Theme 4 - Statement 4.

The service should consider who their stakeholders are and how their views might influence service design

This recommendation was made on 16 May 2014

The service had identified adopters as their stakeholders and participants at adoption panels. Second opinion visits had been reviewed and feedback from panel attendance had been presented to all attendees.

6 Complaints

No complaints have been upheld, or partially upheld, since the last inspection.

7 Enforcements

We have taken no enforcement action against this care service since the last inspection.

8 Additional Information

There is no additional information.

9 Inspection and grading history

Date	Type	Gradings	
16 May 2014	Announced	Care and support Environment Staffing Management and Leadership	4 - Good Not Assessed 4 - Good 3 - Adequate
27 May 2013	Announced (Short Notice)	Care and support Environment Staffing Management and Leadership	2 - Weak Not Assessed 4 - Good 3 - Adequate
22 May 2012	Announced (Short Notice)	Care and support Environment Staffing Management and Leadership	3 - Adequate Not Assessed 4 - Good 4 - Good
23 Feb 2011	Announced	Care and support Environment Staffing Management and Leadership	4 - Good Not Assessed Not Assessed 3 - Adequate
15 Mar 2010	Announced	Care and support Environment Staffing Management and Leadership	3 - Adequate Not Assessed 4 - Good 3 - Adequate
5 Mar 2009	Announced	Care and support Environment Staffing Management and Leadership	3 - Adequate Not Assessed 2 - Weak 2 - Weak

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**Inspection of Midlothian Residential Service for Young People
Report by Joan Tranent, Head of Children's Services****1 Purpose of Report**

This report outlines the outcome of the above unannounced inspection as carried out by the Care Inspectorate in November 2015.

2 Background

2.1 Midlothian Residential Services consists of three, 4 bed-roomed residential homes in Penicuik, Dalkeith and Gorebridge. Each home cares for four young people who are aged between 10 and 18 years, who cannot safely stay with their own family. The homes in Penicuik and Dalkeith are purpose built single storey houses. The home in Gorebridge is on older property on two levels. At the time of the inspection only the homes in Penicuik and Gorebridge had young people staying there.

2.2 The Care Inspectorate is the Independent scrutiny and improvement body for care services in Scotland. They inspect all registered care services and local authority social work department on a regular basis to ensure that providers are meeting standards required and are working to improve the quality of care for everyone. Every time they inspect these services they produce an inspection report.

2.3 Based on the findings of this Inspection the Care Inspectorate awarded the following grades:

Quality of care and support	Grade 5	– Very Good
Quality of Environment	Grade 5	– Very Good
Quality of Staffing	Grade 5	– Very Good
Quality of Management and Leadership	Grade 5	– Very Good

The Inspectors reported that the service was operating to a very good standard in relation to all areas that were inspected.

2.4 The Inspection Team noted the following strengths:

- At the time of the Inspection all of the young people were attending school, involved in training or in employment. Care plans evidenced that staff worked with education resources to support the young person in their learning.
- We found a good range of methods to involve young people in the assessment and improvement of the service.
- The houses were equipped and decorated to a high standard. They were comfortable and attractive and a plan was in place to continually update and improve.

2.5 The Inspection Team reported that the authority could do better in the following areas:

- The service provider should review the recording of care plans and risk assessments to make them clear about young people's target and strategies, and to identify progress and next steps.
- The service should continue to build in staff training and cohesion of the team and further develop the training programme to ensure they keep up to date with current themes in child care practice.
- Managers need to ensure that all required notifications are submitted to the care inspectorate.

3 Summary

Midlothian Residential Services has just undergone a full review of its service. The positive outcome of which was acknowledged by the Care Inspectorate in relation to the newly established staffing team which the young people were involved in the staff recruitment process through devising questions and sitting on the interview panel. The Inspection team acknowledged the service continues to make improvements and that the needs of our young people are being met within the homes.

4 Report Implications

4.1 Resource

There are no resource issues arising from this report.

4.2 Risk

The Care Inspectorate regulate all care services in Scotland using the [National Care Standards](#), set out by the Scottish Government, as a benchmark for how each type of service should perform. These standards are the minimum that children and young people should expect when using care services.

If the standards are not being fully met, the Care Inspectorate would note this in the inspection report and require the service manager to address these. The Care Inspectorate could impose an additional condition on the service's registration if the provider persistently, substantially or seriously fails to meet the standards or breaches a regulation. They also have the power to issue an improvement notice detailing the required improvement to be made and the timescale for this.

Monitoring, review and evaluation of progress by officers in Children's Services is the control measure in place to reduce the risk of failure of the care services and to demonstrate their capacity to improve.

4.3 Single Midlothian Plan and Business Transformation

Themes addressed in this report:

- ☐ Community safety
- ☐ Adult health, care and housing
- ☒ Getting it right for every Midlothian child
- ☐ Improving opportunities in Midlothian
- ☐ Sustainable growth
- ☐ Business transformation and Best Value
- ☐ None of the above

4.4 Impact on Performance and Outcomes

Performance and outcomes will continue to be measured through the quarterly reporting, review and evaluation process, e.g. to support the target of reducing the number of repeat Child Protection registrations by 5% per annum.

4.5 Adopting a Preventative Approach

The Service will continue to improve its work in line with its improvement plan the Education, Communities and Economy Directorate will continue to challenge and support the Service in relation to developing and implementing a range of quality improvement strategies.

4.6 Involving Communities and Other Stakeholders

As part of their inspection process the Care Inspectorate spoke with 4 young people during the inspection and met with two more.

Prior to the inspection taking place, Inspectors sent 8 Care Standard questionnaires to be given to young people so they could give their views about staying in Midlothian Residential Services. Five completed questionnaires were received by the Inspectors and are referred to in the report. All five reported they were happy with the quality of care they received.

Copies of the report have been made available to Elected Members, staff and other interested parties.

- Proposal has been developed in partnership with service users;
- A stakeholder engagement programme has been used to develop this proposal;

4.7 Ensuring Equalities

An action Plan has been prepared to address the areas for improvement recommended in the report. The action plan will be screened for equalities implications.

4.8 Supporting Sustainable Development

The Service Improvement Plan allows for sustainable development and improvement.

4.9 IT Issues

There are no IT issues.

5 Recommendations

Cabinet is requested to:

- Note the content of the Inspection report.
- Pass the report to the Performance, Review and Scrutiny Committee for consideration.
- Acknowledge the continued improvement since the last Inspection and the positive and ongoing work by management and staff connected with the Midlothian Residential Services for Young People.

Date: 29 February 2016

Report Contact:

Name Joan Tranent Tel No 271 3721

joan.tranent@midlothian.gov.uk

Background Papers: (Please see Appendix 1)

Care Service Inspection Report, dated 23 November 2015.

Care service inspection report

Full inspection

Midlothian Residential Service for Young People Care Home Service

23 Ladybrae
Gorebridge

Service provided by: Midlothian Council

Service provider number: SP2003002602

Care service number: CS2003011085

Inspection Visit Type: Unannounced

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and set out improvements that must be made. We also investigate complaints about care services and take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

Contact Us

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 [@careinspect](https://twitter.com/careinspect)

Summary

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change after this inspection following other regulatory activity. For example, if we have to take enforcement action to make the service improve, or if we investigate and agree with a complaint someone makes about the service.

We gave the service these grades

Quality of care and support	5	Very Good
Quality of environment	5	Very Good
Quality of staffing	5	Very Good
Quality of management and leadership	5	Very Good

What the service does well

The service worked with young people presenting them with opportunities to broaden their experiences and achieve their goals. They were committed to working with young people in the long term until they were ready to move on.

The staff team had many skills which they used to work with individual young people.

What the service could do better

The service should consider carrying out further training with staff on care planning. Particularly in identifying actions and outcomes based on SHANARRI indicators.

What the service has done since the last inspection

The service had made significant progress in streamlining the staff structure which meant that more staff time was available for young people.

The local authority had launched a new consultation initiative for looked after and accommodated children.

Conclusion

Midlothian Residential Services was committed to continued improvement. They were passionate about providing good quality care to young people.

The manager had a very good overview of the running of the home and had an hands on approach providing appropriate role modelling for staff.

1 About the service we inspected

The Care Inspectorate regulates care services in Scotland. Information about all care services is available on our website at www.careinspectorate.com

This service was previously registered with the Care Commission and transferred its registration to the Care Inspectorate on 1 April 2011.

Midlothian Residential Services consist of three small residential homes in Penicuik, Dalkeith and Gorebridge. Each home cares for a maximum of four young people who are aged between 10 and 18 years who cannot safely stay with their own family, or in any substitute family, and whose needs would best be met in a residential setting.

The homes in Penicuik and Dalkeith are purpose built single storey houses. The home in Gorebridge is an older property on two levels. All of the homes are close to local amenities and have good transport links. At the time of this inspection only the homes in Penicuik and Gorebridge had young people staying there.

Recommendations

A recommendation is a statement that sets out actions that a care service provider should take to improve or develop the quality of the service, but where failure to do so would not directly result in enforcement.

Recommendations are based on the National Care Standards, SSSC codes of practice and recognised good practice. These must also be outcomes-based and if the provider meets the recommendation this would improve outcomes for people receiving the service.

Requirements

A requirement is a statement which sets out what a care service must do to improve outcomes for people who use services and must be linked to a breach in the Public Services Reform (Scotland) Act 2010 (the "Act"), its regulations, or orders made under the Act, or a condition of registration. Requirements are enforceable in law.

We make requirements where (a) there is evidence of poor outcomes for people using the service or (b) there is the potential for poor outcomes which would affect people's health, safety or welfare.

Based on the findings of this inspection this service has been awarded the following grades:

Quality of care and support - Grade 5 - Very Good

Quality of environment - Grade 5 - Very Good

Quality of staffing - Grade 5 - Very Good

Quality of management and leadership - Grade 5 - Very Good

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change following other regulatory activity. You can find the most up-to-date grades for this service by visiting our website www.careinspectorate.com or by calling us on 0345 600 9527 or visiting one of our offices.

We took all of the above evidence into consideration when writing this report. We also took into account the Public Services Reform (Scotland) Act 2010 and associated Statutory Instruments, the National Care Standards for care homes for children and young people, and the Scottish Social Services Council (SSSC) Codes of Practice for Social Service Workers and Employers.

Grading the service against quality themes and statements

We inspect and grade elements of care that we call 'quality themes'. For example, one of the quality themes we might look at is 'Quality of care and support'. Under each quality theme are 'quality statements' which describe what a service should be doing well for that theme. We grade how the service performs against the quality themes and statements.

Details of what we found are in Section 3: The inspection

Inspection Focus Areas (IFAs)

In any year we may decide on specific aspects of care to focus on during our inspections. These are extra checks we make on top of all the normal ones we make during inspection. We do this to gather information about the quality of these aspects of care on a national basis. Where we have examined an inspection focus area we will clearly identify it under the relevant quality statement.

Fire safety issues

We do not regulate fire safety. Local fire and rescue services are responsible for checking services. However, where significant fire safety issues become apparent, we will alert the relevant fire and rescue services so they may consider what action to take. You can find out more about care services' responsibilities for fire safety at www.firescotland.gov.uk

2 How we inspected this service

The level of inspection we carried out

In this service we carried out a low intensity inspection. We carry out these inspections when we are satisfied that services are working hard to provide consistently high standards of care.

What we did during the inspection

We wrote this report following an unannounced inspection that took place on 30 October and 4 November 2015. We gave feedback to the manager the Service Manager of Children and Families and The Head of Children's Services on 23 November 2015.

As requested by us, the provider of the service sent us an annual return. They also sent us a completed self assessment.

During this inspection we asked the service to show us evidence to support their self assessment. We looked at records:

- care plans and young people's files
- participation materials
- medication records
- meeting minutes
- incident records
- a variety of policies and procedures.

Before the inspection we sent the service eight questionnaires to be given to the young people who use the service. We received five completed questionnaires. We spoke with four young people during the inspection and met two more.

During the inspection we had discussion with the manager two senior practitioners and three child care practitioners.

The annual return

Every year all care services must complete an 'annual return' form to make sure the information we hold is up to date. We also use annual returns to decide how we will inspect the service.

Annual Return Received: Yes - Electronic

Comments on Self Assessment

Every year all care services must complete a 'self assessment' form telling us how their service is performing. We check to make sure this assessment is accurate.

The Care Inspectorate received a completed self assessment document from the service provider. The self assessment identified the strengths of the service. The grades the service awarded themselves reflected what we found at inspection.

Taking the views of people using the care service into account

Before the inspection we sent out eight Care Standard Questionnaires (CSQ's) to be given to the young people. We received five completed CSQ's. Details of the responses are contained in the body of this report.

Three young people strongly agreed and two agreed, with the statement:

'Overall I am happy with the quality of care I get here'.

Comments included:

"I want staff to sit with me and they can't sometimes"

"I like potato and leek soup but the shop did not sell it"

"I want a key (for my door)"

"Sometimes staff are with others when I want to talk"

"It's different living with others"

"Please keep diluting juice out of the cupboard"

"I feel happier here than I did before".

Taking carers' views into account

Carers include parents, guardians, relatives, friends and advocates. They do not include care staff. We did not receive any views from carers at this inspection.

3 The inspection

We looked at how the service performs against the following quality themes and statements. Here are the details of what we found.

Quality Theme 1: Quality of Care and Support

Grade awarded for this theme: 5 - Very Good

Statement 1

"We ensure that service users and carers participate in assessing and improving the quality of the care and support provided by the service."

Service strengths

This statement was examined as the participation of children and young people in their care and support is very important to achieving good outcomes for them. In 2015-16 all services are being inspected against this statement.

At this inspection we saw a very good range of methods to involve young people in the assessment and improvement of the service. Evidence to support this included:

- Looked After and Accommodated Children (LAAC) reviews
- one to one sessions with keyworkers
- advocacy through 'Who Cares'
- involvement in staff recruitment
- midlothian Council Champions Group
- informal discussion.

Young people were encouraged to attend their LAAC reviews so that they could influence their future plans and tell the people caring for them what they felt was important.

Staff helped young people who did not want to attend LAAC reviews to write their views down so that they could be presented to the meeting. In this way, young people were supported to influence their care plans and be involved in planning for their future.

Where relevant, family members were encouraged to visit the service and offer their views to managers and staff. They did this through attendance at LAAC reviews and through discussions with keyworkers.

Each young person has a keyworker. The keyworker was an identified member of staff who worked with them during their stay. Young people told us that they met with their keyworker regularly, sometimes for a chat or sometimes to go out on an activity. The keyworker helped the young person to plan for their future. They helped them to identify the things they needed support with and what they could do to achieve their goals. They talked with young people about what was important to them and gave direction about how to keep themselves safe. In the main we found that the young people had close relationships with their keyworker. The keyworker provided an opportunity for young people to talk about what they liked about staying at the home and what would make it better. The keyworker could then discuss this with the manager and other staff and carry forward young people's suggestions.

The young people at Midlothian Residential Services were actively involved in 'Who Cares'. Who Cares is a national advocacy group who support young people who are looked after and accommodated. Midlothian Council paid for the services of a Who Cares worker to meet regularly with young people to ensure they had an independent outlet to present their views. In addition young people attended national events hosted by Who Cares to focus on improvement within residential services for young people.

We heard that young people had been involved in staff recruitment. They had devised questions and met with prospective staff. They presented their views to the interview panel and these were taken into account when appointing staff.

Midlothian Council were proactive in looking for the views of young people. A recent initiative was the launch of a Champions Board. All looked after and accommodated young people were included in the launch. The board included the council chief executive, councillors, and young people.

The board hopes to actively seek the views of young people and use them to improve services throughout the local authority. We saw some evidence of how this had impacted already, whereby young people were involved in internships within the council and offered training opportunities.

Throughout the inspection we saw quality discussion and negotiation between staff and young people. Young people were confident in their approach to staff and staff were respectful of their views. We heard examples of young people's views being taken into account such as getting a pet and starting a football team. In addition young people could influence menu planning through regular discussions with the cook.

Most of the young people told us they were confident that their views will be respected and they felt included, in the day to day running of the home.

Replies to the 'Care Standard Questionnaire' showed two young people strongly agreed two agreed, and one disagreed with the statement:

'The Manager and staff ask me for my ideas and use them to make things better'.

Three young people strongly agreed, one agreed and one disagreed with the statement:

'The Managers and staff ask me for my ideas often enough'.

Two young people strongly agreed and three agreed with the statement:

'I get to choose things about how I look, like what clothes I wear and how I do my hair'.

Areas for improvement

The service should now fully embed the consultation methods and use feedback from young people and their parents to make improvements and evidence how they impact on the lives of the young people.

Grade

5 - Very Good

Number of requirements - 0

Number of recommendations - 0

Staff participated alongside young people, providing encouragement and praise. They made sure that the equipment needed was available and was of a suitable quality. In addition staff encouraged young people to broaden their horizons and try out new activities. Young people told us they had enjoyed trips away on holiday.

Through discussion we found that staff had ambitions for the young people. They expressed genuine commitment to helping them to achieve. Young people were also engaged in positive activities around the house. computer games, board games and arts and crafts activities were available and young people told us they enjoyed these. This all helped to provide a warm and nurturing environment where young people were encouraged to reach their full potential.

Staff expressed clear and consistent messages in relation to expected behaviour which helped young people to set their own boundaries. Sanctions were clear and sensible. They could be negotiated when appropriate which meant that young people had an opportunity to recompense for their actions. The young people said the sanctions were fair. Achievement was celebrated with incentive and reward. We heard that incentives were linked to the preferences of young people such as tickets for football match or to a concert.

Incidents involving young people were appropriately recorded. Claire and Jo go over Incidents were monitored by the manager and the children's services manager to identify patterns or increases in incidents. The Manager and staff used this information to find strategies to reduce incidents.

Young people had care plans which reflected the Getting it Right for Every Child (GIRFEC) paper produced by the Scottish Government. The care plans reflected young people's individual needs. We saw some care plans which were very well written and clearly identified the strategies staff should use when working with young people.

We saw evidence that staff worked closely with other professionals to support young people. We saw very good outcomes whereby staff and other agencies worked together to help young people manage and reduce unsafe behaviours.

Statement 2

"We enable service users to make individual choices and ensure that every service user can be supported to achieve their potential."

Service strengths

We chose to look at this quality statement because we wanted to find out about young people's experiences in relation to education, training, work, personal interests and achievements.

We found that the service was operating to a very good standard in relation to this statement.

At the time of the inspection all of the young people were attending school, involved in training or in employment. Care plans evidenced that staff worked with education resources to support the young people in their learning. We saw that the staff actively encouraged young people to attend school and training and made sure they had the correct clothing and equipment to make best use of the experience. We saw that young people's school timetables and reports were available and keyworkers attended parent consultations in absence of parents. The benefits to young people of school attendance were not only academic but also allowed young people to develop friendships and socialise with their peers in the community. In circumstances where young people were not fully engaged in learning or employment staff actively helped them to identify their abilities and look for alternative opportunities. Staff were successful in advocating for young people and creative at finding meaningful ways to help them improve their skills. Most of the young people we spoke with had friends who live in the local community and accessed various activities with these friends. Staff worked very hard to ensure that young people could meet with friends in a safe way and supported them in travel arrangements.

The staff at Midlothian Residential Services know the young people well. They identified the likes and dislikes of the individual young people and talked proudly about their skills and achievements. They told us that all of the young people had particular talents and interests such as football, boxing and fishing.

All of the young people we spoke to said that Midlothian Residential Services was a good place to stay. Sometimes they did not get along with each other, however they said that staff helped them to manage this. Sometimes they disagreed with the direction of their care plan or staff decisions, but they said that they could negotiate and there was always someone to talk to. During inspection we saw young people and staff in very meaningful conversation where young people were sensitively encouraged to take responsibility and use the supports offered.

The service had achieved stage two of the Health Promoting Unit initiative whereby they actively encouraged young people to live and achieve healthy lifestyles.

At the last inspection we made a recommendation that managers should review recording processes. They should consider why records are kept and streamline the process of recording. They should discuss with their Information technology department how the systems could support their needs and how documents could be better identified. We saw some progress in this area. The service had moved to a different computer system whereby it was easier to identify documents. We also refer to this within areas for development.

Replies to the 'Care Standard Questionnaire' showed two young people strongly agreed two agreed and one strongly disagreed with the statements:

'I feel protected from abuse'

'I feel protected from bullying'.

Three young people strongly agreed, one agreed and one indicated they did not know in response to the statement:

'Staff treat me fairly and with respect'.

Two young people strongly agreed and three agreed with the statement:

'Staff help me to go along to any activities I want to do like hobbies, clubs and sports'

Two young people strongly agreed, two agreed and one disagreed with the statement

'Staff understand the things that are important to me'.

Areas for improvement

Whilst we saw some very good examples of care plans we also assessed that this was an area where the service could make improvement.

The service operated between paper and computer based records. We found instances where the two formats did not match. We concluded that this could be confusing for staff and could result in mixed messages in response to strategies for working with young people. Managers need to ensure consistency between these two systems.

In some instances care plans and risk assessments were not updated promptly following any incidents or changes in young people's circumstances.

Whilst some care plans were very clear and identified the actions needed to support young people we also found some which were not clear. We asked that staff consider the language used in care plans so that they can be easily understood. The care plans also need to be more evaluative and identify progress or changes to strategy.

Some care plans were incomplete, not signed or dated

See recommendation 1

Grade

5 - Very Good

Number of requirements - 0

Recommendations

Number of recommendations - 1

1. The service provider should review the recording of care plans and risk assessments to make them clear about young people's targets and strategies. They should identify progress and next steps. All care plans should be completed in full, signed and dated by the writer.

National Care Standards - Care homes for children and young people - Standard 4 - Support arrangements

Quality Theme 2: Quality of Environment

Grade awarded for this theme: 5 - Very Good

Statement 1

"We ensure that service users and carers participate in assessing and improving the quality of the environment within the service."

Service strengths

Evidence found in Quality of Care and Support, Statement 1, also applies to this statement. We found that the service used the same processes to consult parents and young people about the environment.

The young people living in Midlothian Residential Services had personalised their rooms with posters and soft furnishings. They were also consulted about and involved in any redecoration in the house.

Areas for improvement

Evidence in Quality of Care and Support, Statement 1 also applies to this statement.

Grade

5 - Very Good

Number of requirements - 0

Number of recommendations - 0

Statement 3

"The environment allows service users to have as positive a quality of life as possible."

Service strengths

We found this service was performing to a very good standard in the areas covered by this statement.

Both of the houses were equipped and decorated to a high standard. They were comfortable and attractive and a plan was in place to continually upgrade and improve. All of the staff tried very hard to create a homely environment for the young people.

As already stated, young people were very involved in influencing the environment of the service. This meant that they had an investment in maintain the houses and keeping them looking nice. There was an established culture in the service of taking care of the surroundings. Broken items were quickly replaced and maintenance was of a high standard.

Each young person had their own bedroom which provided them with a personal private space. They had chosen the decoration of their rooms and had personalised them to suit their tastes. Young people said that their bedroom doors could be locked so that their personal possessions could be safe. Bedrooms were comfortable and young people had things which they needed, such as a TV and game machine so that they could spend time on their own if they wished.

There were enough communal rooms to allow young people to meet together if they wished and also to have privacy when they needed it.

Staff actively encouraged young people to treat each other with respect and we saw that staff handled disputes sensitively. Young people told us that Midlothian Residential Services was a safe place to stay.

All aspects of safety such as security and fire safety were managed effectively.

Replies to the 'Care Standard Questionnaire' showed that four young people strongly agreed and one agreed with the statements:

'This is a nice place to stay'.

Replies to the 'Care Standard Questionnaire' showed that three young people strongly agreed and two agreed with the statements:

'I can lock my door if I want to'.

Areas for improvement

Managers should continue to monitor and maintain the very good standard of quality shown at this inspection. They should ensure they continue to identify areas of improvement and implement action plans to address these.

Grade

5 - Very Good

Number of requirements - 0

Number of recommendations - 0

Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 5 - Very Good

Statement 1

"We ensure that service users and carers participate in assessing and improving the quality of staffing in the service."

Service strengths

Evidence found in Quality of Care and Support, Statement 1, also applies to this statement. We found that the service used the same processes to consult parents and young people about the quality of staffing.

Young people from Midlothian Residential Services had been involved in staff interviews.

Areas for improvement

Evidence in Quality of Care and Support, Statement 1 also applies to this statement.

Grade

5 - Very Good

Number of requirements - 0

Number of recommendations - 0

Statement 3

"We have a professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice."

Service strengths

At this inspection we found that the service was operating to a very good standard in relation to this quality Statement.

Since the last inspection there the review of residential services for children had been completed. From the review changes had been made within the staffing structure. A reduction in senior staff allowed an increase in front line staff which resulted in more contact time with young people. The staff we spoke with reported positively on the changes and said that they were very happy with the process used and the level of consultation they had received.

There had also been changes within the staff group. A group of core staff remained since the last inspection which provided an element of consistency for young people. The manager reported that new staff employed since the last inspection had previous experience in residential childcare which meant that they joined the team with a good understanding of the expectations of them when working with young people.

Changes to staff hours had resulted in increased capacity and more time for staff to spend with young people. It had also provided better consistency in staffing. At the time of the inspection the home has a few staff vacancies. These were being covered by sessional staff however these staff were known to young people and use was minimal. Posts had been advertised and it was hoped that the services would have full staffing imminently.

In addition changes to the administrative duties meant that the manager had more time to focus on practice tasks.

At this inspection staff told us that they received formal supervision every four to six weeks. Supervision included discussion about case work, practice and personal development. The staff we spoke with told us that they felt supervision helped them to do a good job, improve their skills and provided them with support in their work with the young people.

All of the staff were registered with the Scottish Social Services Council (SSSC) and were aware of their Codes of Practice. The SSSC are the body who regulate care staff and decide the level of qualification for each post.

Staff had access to the Midlothian council intranet system where they could access policies and procedures, and information to support them in their work with the young people.

Core training such as child protection, First Aid and Food Hygiene was supplemented by specialist training such as, Team teach, Promoting positive behaviour and sexual health and relationships.

Staff meetings took place regularly and provided a system for professional discussion and practical matters in relation to the home.

Staff held appropriately delegated responsibilities such as managing staff rotas and medication overview. All of the staff played an active part in the smooth running of the home.

We saw that the very committed staff group were motivated and enthusiastic in their work at Midlothian Residential Services. They said they felt they worked well together as a team and felt supported by their managers. They were respectful and caring towards each other and provided very good role models for the young people.

Areas for improvement

The service should continue to build on staff training and cohesion of the team. They should further develop the training programme to ensure they keep up to date with current themes in child care practice.

Grade

5 - Very Good

Number of requirements - 0

Number of recommendations - 0

Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 5 - Very Good

Statement 1

"We ensure that service users and carers participate in assessing and improving the quality of the management and leadership of the service."

Service strengths

Evidence found in Quality of Care and Support, Statement 1, also applies to this statement. We found that the service used the same processes to consult parents and young people about the quality of management and leadership.

Areas for improvement

Evidence in Quality of Care and Support, Statement 1 also applies to this statement.

Grade

5 - Very Good

Number of requirements - 0

Number of recommendations - 0

Statement 4

"We use quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service we provide"

Service strengths

We chose this Quality Statement because we wanted to find out if the audit systems we found at the last inspection were being maintained and improved.

We found this service was performing to very good standard in the areas covered by this statement.

At the last inspection we made a recommendation that the management team should continue to develop quality assurance processes and clearly identify areas for development and progress. At this inspection we found that managers have a high profile in the service they work alongside staff to identify areas of good practice and areas for development. Through the service review they had identified the need to make changes with the staffing structure to improve contact for young people.

We found that managers have high expectations of staff. They provide opportunities for staff to ask questions and work within a feedback loop to ensure that staff are kept up to date.

The manager was actively involved in groups outwith the service to bring in new ideas and to identify where practice could be improved and where the service was operating effectively. Staff development sessions were used to consider the ethos of the service and plans were in place to develop new aims and objectives with the inclusion of young people.

We found that the service continued to look for the views of other professionals through care planning meetings, after any visits to the service and through direct discussion. The manager had heightened the profile and work of the service through presentation to other staff within the local authority.

Records indicated that staff spoke regularly with outside agencies and that they were welcomed into the home.

Some audit systems were in place where delegated staff reported audit outcomes to the Manager. This covered areas medication audits and premises audits. We saw some areas which had been reported to the manager and steps had been taken to address issues.

We saw evidence that the manager responded promptly to issues of concern and was proactive in supporting the young people.

The manager had a very good overview of the running of the service and delegated appropriate responsibilities to staff. She was aware of the importance of positive role modelling, and supporting and encouraging staff and actively reflected these values in her own practice.

In addition the external manager carried out supervision with the manager where they identified areas for improvement and formed a vision for the future of the service.

Areas for improvement

The service should continue to develop the ethos, aims and objectives and demonstrate how this impacts on improved outcomes for young people.

Managers need to sample care plans and ensure that they are clear and identify strategies and identified outcomes for working with young people.

Managers need to ensure that all required notifications are submitted to the care Inspectorate.

Grade

5 - Very Good

Number of requirements - 0

Number of recommendations - 0

4 What the service has done to meet any requirements we made at our last inspection

Previous requirements

There are no outstanding requirements.

5 What the service has done to meet any recommendations we made at our last inspection

Previous recommendations

There are no outstanding recommendations.

6 Complaints

No complaints have been upheld, or partially upheld, since the last inspection.

7 Enforcements

We have taken no enforcement action against this care service since the last inspection.

8 Additional Information

There is no additional information.

9 Inspection and grading history

Date	Type	Gradings	
28 Oct 2014	Unannounced	Care and support	5 - Very Good
		Environment	5 - Very Good
		Staffing	5 - Very Good
		Management and Leadership	4 - Good
7 Mar 2014	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and Leadership	3 - Adequate
23 Sep 2013	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and Leadership	3 - Adequate
26 Feb 2013	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	4 - Good
		Management and Leadership	3 - Adequate
17 Aug 2012	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	4 - Good
		Management and Leadership	2 - Weak
12 Jan 2012	Unannounced	Care and support	5 - Very Good
		Environment	3 - Adequate
		Staffing	4 - Good
		Management and Leadership	4 - Good

21 Mar 2012	Re-grade	Care and support Environment Staffing Management and Leadership	Not Assessed Not Assessed Not Assessed 3 - Adequate
5 Mar 2012	Re-grade	Care and support Environment Staffing Management and Leadership	Not Assessed Not Assessed Not Assessed 1 - Unsatisfactory
7 Jun 2011	Unannounced	Care and support Environment Staffing Management and Leadership	5 - Very Good 3 - Adequate 4 - Good 4 - Good
21 Dec 2010	Unannounced	Care and support Environment Staffing Management and Leadership	5 - Very Good 2 - Weak Not Assessed Not Assessed
18 May 2010	Announced	Care and support Environment Staffing Management and Leadership	5 - Very Good 4 - Good Not Assessed Not Assessed
10 Feb 2010	Unannounced	Care and support Environment Staffing Management and Leadership	5 - Very Good 4 - Good Not Assessed Not Assessed
16 Sep 2009	Announced	Care and support Environment Staffing Management and Leadership	4 - Good 4 - Good 4 - Good 4 - Good
31 Mar 2009	Unannounced	Care and support Environment Staffing Management and Leadership	3 - Adequate 3 - Adequate 3 - Adequate 3 - Adequate

Inspection report

11 Feb 2009	Announced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	2 - Weak
		Management and Leadership	2 - Weak

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**Inspection of Midlothian Council Fostering Service
Report by Joan Tranent, Head of Children's Services****1 Purpose of Report**

This Report outlines the outcome of the above announced inspection as carried out by the Care Inspectorate on 18 November 2015.

2 Background

2.1 Midlothian Council Fostering Service is based in Lawfield Primary School and provides a fostering service for children and young people aged 0-18 years, and their families, who are assessed as in need of this service.

2.2 The Care Inspectorate is the independent scrutiny and improvement body for care and children's services and they inspect every registered care service and local authority social work departments on a regular basis to make sure that providers are meeting standards required and are working to improve the quality of care for everyone. Every time they inspect these services they produce an inspection report.

2.3 Based on the findings of this inspection the Care Inspectorate awarded the following grades:

Quality of Care and Support	Grade 4 – Good
Quality of Staffing	Grade 5 – Very Good
Quality of Management and Leadership	Grade 4 – Good

2.4 The report and grades represent the Care Inspectorate assessment of the quality of the areas of performance which were examined during the unannounced inspection.

2.5 The Care Inspectorate noted that since the last inspection the service has further developed:

- The service continued to offer a good quality of service to foster carers and those wanting to become foster carers: The past year has been a period of rapid development with the appointment of a new manager.

2.6 The Inspection Team noted the following strengths:

- Foster Carers told us they currently received a very good service which supported them and their families.
- The service has made a concerted effort to develop and improve group support opportunities.
- The management and leadership of the service was highlighted as a positive for those providing feedback to the inspectors.

- 2.7 The Inspection Team reported that following areas for improvements:
- Where the service has identified delay issues, they should target resources to improve assessment and planning.
 - There have been some missed opportunities for the involvement of service users.
 - The service would benefit from a clear, outcomes focussed, service development plan.
- 2.8 The Inspection Team concluded that changes in management have had a positive impact on the staff morale and has empowered what is a knowledgeable and experienced group of practitioners to continue to improve the service. The provider is committed to further improvement but specific planning for this service must be improved to build upon what has been achieved.

3. Current Context

- 3.1 Midlothian Council's Fostering Service is committed to providing foster placements where each child will have stability, security and a warm, safe and caring environment. The importance of having local carers caring for local children and young people reinforces the ethos that where possible all Midlothian children and young people live within their own communities and attend their local school whilst having to reside with a foster family. The service are committed to ensuring that young people and carers views are adequately represented in developing and shaping the service. Moreover, the report reinforces and legitimises the direction of travel undertaken by Midlothian Council.
- 3.2 Since the inspection report Midlothian Council is working on a number of actions to improve the service. Namely;
- Developing an outcome focussed service development plan.
 - Ensuring that better information is passed to the foster carer when a child is accommodated.

4. Report Implications

4.1 Resource

There are no resource issues arising from this report.

4.2 Risk

The Care Inspectorate regulate all care services in Scotland using the [National Care Standards](#), set out by the Scottish Government, as a benchmark for how each type of service should perform. These standards are the minimum that children and young people should expect when using care services.

If the standards are not being fully met, the Care Inspectorate would note this in the inspection report and require the service manager to address these. The Care Inspectorate could impose an additional condition on the service's registration if the provider persistently, substantially or seriously fails to meet the standards or breaches a regulation. They also have the power to issue an improvement notice detailing the required improvement to be made and the timescale for this.

Monitoring, review and evaluation of progress by officers in Children and Families is the control measure in place to reduce the risk of failure of the care services and to demonstrate their capacity to improve.

4.3 Single Midlothian Plan and Business Transformation

Themes addressed in this report:

- ☐ Community safety
- ☐ Adult health, care and housing
- ☒ Getting it right for every Midlothian child
- ☐ Improving opportunities in Midlothian
- ☐ Sustainable growth
- ☐ Business transformation and Best Value
- ☐ None of the above

4.4 Impact on Performance and Outcomes

Performance and outcomes will continue to be measured through the monitoring, review and evaluation process.

4.5 Adopting a Preventative Approach

The Service will continue to improve its work in line with its improvement plan and the Education, Communities and Economy Directorate will continue to challenge and support the Service in relation to developing and implementing a range of quality improvement strategies.

4.6 Involving Communities and Other Stakeholders

In addition to obtaining our own feedback, as part of their inspection process the Care Inspectorate had discussions with foster carers, staff members, management, panel members and other professionals including allocated social workers.

Feedback in writing was provided by a range of stakeholders.

Review of documentation included some children's files, carers' files, policies and procedures, team meeting minutes and other quality assurance information.

Copies of the report have been made available to Elected Members, staff and other interested parties.

4.7 Ensuring Equalities

An action plan has been prepared to address the areas for improvement recommended in the report. The action plan will be screened for equalities implications.

4.8 Supporting Sustainable Development

The Service Improvement Plan allows for sustainable development and improvement.

4.9 IT Issues

There are no IT issues arising from this report.

5 Recommendations

Cabinet is requested to:

- (i) note the content of the inspection report;
- (ii) pass this report to the Performance, Review and Scrutiny Committee for its consideration;
- (iii) congratulate the Management and staff connected with the Midlothian Council Fostering Service on the strengths identified in the report.
- (iv) note that the Council will continue to challenge, support and monitor the service in relation to the delivering excellence framework.

24 February 2016

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Background Papers:

Care Services Inspection Report dated 18 November 2015

Care service inspection report

Full inspection

Midlothian Council Fostering Service Fostering Service

Lawfield Primary School
26 Lawfield Road
Mayfield
Dalkeith

Service provided by: Midlothian Council

Service provider number: SP2003002602

Care service number: CS2004083731

Inspection Visit Type: Announced (Short Notice)

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and set out improvements that must be made. We also investigate complaints about care services and take action when things aren't good enough.

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Summary

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change after this inspection following other regulatory activity. For example, if we have to take enforcement action to make the service improve, or if we investigate and agree with a complaint someone makes about the service.

We gave the service these grades

Quality of care and support	4	Good
Quality of staffing	5	Very Good
Quality of management and leadership	4	Good

What the service does well

All foster carers told us they currently received a very good service which supported them and their families well.

The management and leadership of the service was highlighted as a positive for those providing feedback to the inspectors.

All of the carers we spoke with reflected positively on the availability of training and other professional development opportunities.

The service has made a concerted effort to develop and improve group support opportunities.

What the service could do better

Where the service has identified delay issues they should target resources to improve assessment and planning.

There have been some missed opportunities for the involvement of service users.

The service would benefit from a clear, outcomes focussed, service development plan.

What the service has done since the last inspection

The service continued to offer a good quality of service to foster carers and those wanting to become foster carers: The past year has been a period of rapid development with the appointment of a new manager.

Assessed and approved 4 new foster carers in 2015.

7 deregistration's. 15 reviews and 15 changes of approval.

Conclusion

Changes in management have had a positive impact on the staff morale and has empowered what is a knowledgeable and experienced group of practitioners to continue to improve the service. The provider is committed to further improvement but specific planning for this service must be improved to build upon what has been achieved.

1 About the service we inspected

Midlothian Council Fostering Service provides a fostering and family placement service for children and young people aged from 0 to 18 years 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 throughout the area of Midlothian.

The service is based within a community school in Mayfield, Midlothian. It is managed on a by a Team Leader who is supported by a Service Manager and the head of children's services who also has an overview of the whole fostering service. The Family Placement Team are supported by dedicated administrative staff.

The Adoption service was also recently inspected and the report can be found at www.careinspectorate.com

Recommendations

A recommendation is a statement that sets out actions that a care service provider should take to improve or develop the quality of the service, but where failure to do so would not directly result in enforcement.

Recommendations are based on the National Care Standards, SSSC codes of practice and recognised good practice. These must also be outcomes-based and if the provider meets the recommendation this would improve outcomes for people receiving the service.

Requirements

A requirement is a statement which sets out what a care service must do to improve outcomes for people who use services and must be linked to a breach in the Public Services Reform (Scotland) Act 2010 (the "Act"), its regulations, or orders made under the Act, or a condition of registration. Requirements are enforceable in law.

We make requirements where (a) there is evidence of poor outcomes for people

using the service or (b) there is the potential for poor outcomes which would affect people's health, safety or welfare.

Based on the findings of this inspection this service has been awarded the following grades:

Quality of care and support - Grade 4 - Good

Quality of staffing - Grade 5 - Very Good

Quality of management and leadership - Grade 4 - Good

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change following other regulatory activity. You can find the most up-to-date grades for this service by visiting our website www.careinspectorate.com or by calling us on 0345 600 9527 or visiting one of our offices.

2 How we inspected this service

The level of inspection we carried out

In this service we carried out a low intensity inspection. We carry out these inspections when we are satisfied that services are working hard to provide consistently high standards of care.

What we did during the inspection

The findings are based on a short notice announced Inspection carried out between Wednesday 4 November and Friday 13 November.

We carried out a range of activities and considered information from a variety of sources including:

Discussion with foster carers, staff members, management, panel members and other professionals including allocated social workers.

Feedback in writing was provided by a range of stakeholders.

Review of documentation included some children's files, carers files, policies and procedures, team meeting minutes and other quality assurance information.

We spent time in the office in Lawfield PS and Dalkeith SWC, observed a fostering panel, held a focus group with carers, visited other carers at home and spoke to other stakeholders on the phone.

Grading the service against quality themes and statements

We inspect and grade elements of care that we call 'quality themes'. For example, one of the quality themes we might look at is 'Quality of care and support'. Under each quality theme are 'quality statements' which describe what a service should be doing well for that theme. We grade how the service performs against the quality themes and statements.

Details of what we found are in Section 3: The inspection

Inspection Focus Areas (IFAs)

In any year we may decide on specific aspects of care to focus on during our inspections. These are extra checks we make on top of all the normal ones we make during inspection. We do this to gather information about the quality of these aspects of care on a national basis. Where we have examined an inspection focus area we will clearly identify it under the relevant quality statement.

Fire safety issues

We do not regulate fire safety. Local fire and rescue services are responsible for checking services. However, where significant fire safety issues become apparent, we will alert the relevant fire and rescue services so they may consider what action to take. You can find out more about care services' responsibilities for fire safety at www.firescotland.gov.uk

The annual return

Every year all care services must complete an 'annual return' form to make sure the information we hold is up to date. We also use annual returns to decide how we will inspect the service.

Annual Return Received: Yes - Electronic

Comments on Self Assessment

Every year all care services must complete a 'self assessment' form telling us how their service is performing. We check to make sure this assessment is accurate.

The self assessment was well completed and provided a good outline of the strengths and areas for further development across the quality themes and individual statements.

Taking the views of people using the care service into account

During this inspection we had access to a number of sources of feedback from young people of the service, specifically the service's own survey and the feedback children provide to the fostering panel. We met with a group of carers and visited 4 carers at home. We spoke with others on the phone and also received written feedback.

Taking carers' views into account

We did not speak with families during this inspection. Families views on the service were reflected in planning meetings for children and in other documentation we looked at.

3 The inspection

We looked at how the service performs against the following quality themes and statements. Here are the details of what we found.

Quality Theme 1: Quality of Care and Support

Grade awarded for this theme: 4 - Good

Statement 1

"We ensure that service users and carers participate in assessing and improving the quality of the care and support provided by the service."

Service strengths

This statement was examined after an examination of: the self-evaluation returned to the Care Inspectorate, the previous inspection report, service user questionnaires, placing agencies feedback and any notifications and complaints we received.

This statement was examined as the participation of children and young people in their care and support is very important to achieving good outcomes for them. In 2015-16 all services are being inspected against this statement.

The service was performing to a very good standard for this statement. The following strengths were evidenced on the inspection and we could also see that outcomes for children and young people were very good.

The self assessment provides a good outline of the efforts aimed at encouraging service users to take part in improving the service and good evidence of these being used.

We saw the effective involvement and influence of service users during the inspection. The service has a proactive approach to getting feedback from

service users and does this through the participation group, young persons focus group, the annual survey, feedback from training and in individual supervision with carers. This is complemented by a concerted effort on the part of the organisation to properly involve service users exemplified by the development of the champions board.

The service takes advantage of existing panel processes to get feedback from carers, young people and other stakeholders. We heard that the panel chair and team manager regularly review the feedback received related to panels.

More informal opportunities have been maintained, including the summer barbeque, Christmas party and the recent coffee and cake event. Although the latter was ostensibly a meet and greet for the new manager this is something the service is considering continuing with.

Staff, carers and other stakeholders are encouraged to take part in the annual care inspectorate inspection and provided extensive written and verbal feedback during this inspection.

The service has made a concerted effort to develop and improve group support opportunities. The post approval group (run in conjunction with another local authority), the men's group and the newly reinstated support group for all carers have been well received by carers. The latter has also embedded a participation group which ensures a focus on carer involvement across the service. We were also aware of the continued development of the sons and daughters group (now co-led with a young person) and the establishment of a 'young person focus group'.

We were impressed with the efforts to improve involvement both within the service and in relation to the broader organisation. We noted that this was developed with the further investment in relationships with independent advocacy agencies.

There is a specific policy for participation of young people, which outlines the rationale for participation and includes a good outline of the potential opportunities young people have to participate.

As well as providing a report to the carer's review young people are also consulted in supervisory meetings. The birth children of carers are also asked for their views at the annual review and also a key part of the initial assessment of carers.

Carers are fully involved in the assessment process and play a central role in the matching and linking of children. Carers are also expected to develop close working relationships with social workers and other professionals and are supported in this by their supervising social worker.

The carers we heard from expect to be involved in all aspects of the service and feel empowered to do so largely through their relationship with individual workers. The carers feel respected and listened to and we saw that they encourage children and young people to also have their voice heard. We also saw evidence of carers being encouraged to be involved with other organisations at a national level.

We were impressed with the efforts to support carers and their families and to improve involvement both within the service and in relation to the broader organisation. We noted that this was developed with the further development of relationships with independent advocacy.

The evidence above showed some real strength in this area and we could also see that outcomes for children and young people were very good. Young people are empowered to have their voice heard, the carers expect to have their views listened to and action to be taken. They also expect to have access to senior staff and the organisation is good in making this happen.

Areas for improvement

We found that there had been a number of missed opportunities in the last year and while we would recognise the challenges to taking every opportunity we were convinced that a more focussed approach would be helpful for incremental achievements. We would suggest that the service has a specific area for participation in any service development plan. We would encourage

this to include the involvement of service users in recruitment and appraisal of staff, developing the carer training plan, and further development of chronologies. The service should refer to their own looked after children participation policy to ensure that all young people are aware of the opportunities available and the responsibility of the service to ensure these opportunities exist.

While there were some specific examples of the influence that service users have had e.g. in the format of questionnaires, the development of carer profiles and the agreement to provide ID cards, carers found it difficult to talk about their role in the development of the service or the influence they have had over the last year. We would suggest that the service provides carers with an annual overview of the influence they have had and opportunities for taking part in the future. This would improve the confidence that carers have in their ability to influence positive change and may reduce the frustration of some that things take a long time to happen.

The service is gathering feedback from service users from a various number of resources but we did not find any clear evidence of this being collated, analysed and used to inform changes or developments.

The service provides quarterly newsletters to carers but some of the carers we spoke with did not seem aware of recent newsletters. We would encourage the service to make these newsletters available to other stakeholders. We would encourage the service to speak to the carers about the potential content of these newsletters as we heard some clear ideas from the carers we spoke with.

From speaking with carers we heard a number of ideas for improving participation including: a 'carer representative', electronic feedback, buddying/mentoring.

On balance and in recognition of efforts made to address areas for improvement from last year the service has maintained quality in this area and will be evaluated as very good grading for this theme statement.

Grade

5 - Very Good

Number of requirements - 0

Number of recommendations - 0

Statement 2

"We enable service users to make individual choices and ensure that every service user can be supported to achieve their potential."

Service strengths

This statement was examined after an examination of: the self-evaluation returned to the Care Inspectorate, the previous inspection report, service user questionnaires, placing agencies feedback and any notifications and complaints we received.

While this statement was examined as we are looking at the educational outcomes for children and young people in this inspecting year, we are interested in all improved outcomes for children and young people and the parts played by care services in achieving these.

The self assessment clearly outlines the core elements of the work that the service does to achieve this and we found enough evidence on the inspection to convince us that the service remains good in this area.

All foster carers told us they currently received a very good service which supported them and their families well. The level of support for carers was very good and carers consistently referred to the availability of key staff and the sense that they were always available and willing to support at any time.

All of the carers we spoke with reflected positively on the availability of training and other professional development opportunities. There was a particular emphasis on the 'team teach' training provided to carers and a number of comments on this being available to individual families focussing on the specific needs of the child placed with the foster family.

The respective files for carers and children are well presented and plans are clear about the needs of children, the desired outcomes and how these will be met.

The matching process in the last year was consistently identified by those we heard from as an area of strength and reflected what some referred to as a culture change away from resource led decisions to what one carer described as a better understanding of the child and the fostering family. We were satisfied that contrary evidence we received preceded the last inspection but we were concerned that a negative perception persisted with some carers. The service should consider how it evidences and communicates this 'new' approach to matching.

We were convinced from speaking to almost all team members that there was a shared commitment to identifying who could provide the best care to individual children rather than what was described as a 'heads on beds' approach previously. We were satisfied that matches were made to ensure that placements had the best chance to succeed. We also heard about the development of the disruption policy and looked at the completion of disruption meeting which were clearly seen as an opportunity to learn any lessons.

Support for carers is very good and this is evidenced in regular visits, regular telephone calls, support groups, professional development opportunities (as part of an established training plan). We were specifically encouraged to hear about the further development of the post approval programme and a commitment to providing 'raising children with confidence' 12 week course. Feedback from carers at annual reviews is overwhelmingly positive as was the feedback received during this inspection.

We heard a number of reports from those we spoke with during the inspection about good outcomes for young people and saw this in other evidence. It was clear that children and young people have been helped to develop in a number of areas: engagement and achievement in education (improved attendance and relationships with peers); becoming more active in the community (accessing leisure and sporting activities); and finding permanence for children in nurturing placements.

We were encouraged that the service has committed to improving its linking with locality teams and this has directly benefitted children where fostering service staff have worked in partnership with locality workers to support placements when there are difficulties. This has ensured continuity of care in

these circumstances and may have reduced the number of placements in some of the cases we looked at.

We heard a number of examples where the service offered direct specific support to care for individual children including additional team teach training, direct work with children by fostering service staff and advocating on their behalf to education and health specialist services.

We were satisfied that the service used multiple means for recruiting carers. In the past year the service had a clear strategy for the recruitment of new carers. They have made a concerted effort in this area and will review the implementation of this strategy with the intention of learning from the experience. We look forward to hearing about this at the next inspection.

We heard from the service that they were giving consideration to the impact of continuing care legislation and we heard from senior staff about plans to prepare for this development. We will look at how this has developed at the next inspection.

While the placement of children with carers out with their approval range have not decreased in the past year we found that the process for agreeing these and the scrutiny applied to these decisions (through management and the panel) had been improved since the last inspection.

Carers raised the issue of access to leisure facilities and specifically the provision of 'leisure access cards' for carers. We heard from the provider that from January 2016 these cards will be provided to carers as well as young people. We will look at the implementation and impact of this action on outcomes for young people at the next inspection.

Areas for improvement

We heard from a number of people and saw in children's files evidence of delays in decision-making. This was at times related to changes in staffing and at other times the reasons for the delay were unclear. Service was aware of delays and we would encourage them to consider how they resource these cases to take them forward. We were satisfied that the 'framework for permanence' combined with improved partnership with locality staff was

having an impact but we still considered that delays remained significant and could potentially affect outcomes for children and young people. We look forward to hearing about further improvement in this area at the next inspection.

We found that while there was good evidence of regular visits to carers we also found contrary evidence where there were significant gaps between visits which was inconsistent with the service's policy aimed at best practice. These appeared to coincide with summer holiday periods. We would suggest the service considers how it maintains level of support during holiday periods.

Unannounced visits were inconsistent across the files we looked at and there was evidence that the regularity of these did not match the service policy which was aimed at achieving best practice.

From discussion with some carers, a specific finance issue remains an ongoing issue and they appeared frustrated at the lack of clarity about this. We accept that the service is currently considering this matter and we will look at this again at the next inspection. The service should ensure that carers are clear about timescales for coming to a final decision.

One specific improvement idea from carers we think the service should consider is electronic recording and reporting (for carers) - two carers were clear that this would help improve communication and reduce time spent on administrative tasks.

We heard from staff about the proposal to undertake a skills audit to inform training planning for the future. We will look at progress in this area at the next inspection.

The status of the disruption policy was unclear and there was some variance in the format of these meetings. We were unable to find the formal record of one disruption meeting in the relevant carers file. We accept that this is a policy under development but we would expect to see evidence of fuller implementation at the next inspection and consistency of practice.

Training for carers was raised by a number of respondents and while comments

were largely positive some did comment on what should be considered mandatory and there was a view that the training list could be a bit more ambitious for carers. We would suggest that the service consults widely with carers on the training plan.

On balance the service is evaluated as good in this area with some clear areas for improvement which we will look at the next inspection.

Grade

4 - Good

Number of requirements - 0

Number of recommendations - 0

Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 5 - Very Good

Statement 1

"We ensure that service users and carers participate in assessing and improving the quality of staffing in the service."

Service strengths

This statement was examined after an examination of: the self-evaluation returned to the Care Inspectorate, the previous inspection report, service user questionnaires, placing agencies feedback and any notifications and complaints we received.

(Please see also Theme 1, Statement 1, Quality of Care and Support: "We ensure that service users and carers participate in assessing and improving the quality of the care and support provided by the service.")

At this inspection we considered that the performance of the service was very good for this statement.

Areas for improvement

In addition to the relevant areas of improvement identified at Quality Theme 1, Quality Statement 1 we would reiterate here that the service should the involvement of young people and foster carers in the recruitment and development of staff, and panel members.

Grade

5 - Very Good

Number of requirements - 0

Number of recommendations - 0

Statement 3

"We have a professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice."

Service strengths

This statement was examined after an examination of: the self-evaluation returned to the Care Inspectorate, the previous inspection report, service user questionnaires, placing agencies feedback and any notifications and complaints we received.

The self assessment clearly outlines the core elements of the work that the service does to achieve this and on the balance of evidence the service is evaluated as being very good in relation to this statement.

We found that staff are very motivated, committed to their work, have good relationships with each other, with carers, with young people, with managers and with other stakeholders. Evidence from the survey emphasised that fact that carers felt well supported by their allocated worker.

The appointment of a new manager at the turn of the year has had a very positive impact on the morale of staff. We found that staff were very positive about their work and described an increased confidence to contribute to the team and come up with ideas.

There is a clear view that staff can take on leadership roles for specific areas e.g. recruitment or training, and we found that supervision and appraisal were embedded and staff largely reported positively on these.

Team meetings are greatly valued and all members of the team are committed to attend and contribute. We observed a team meeting and noted that the discussions were full and at times robust but from this and looking at other meeting minutes there was clear evidence that staff felt empowered to have their voice heard.

Good development opportunities are accessible. The service tries to keep up to date with developments at a national level and maintains good links with other local authorities. Fostering service staff now sit on fostering panels for other local authorities and we heard the positive effect this has had on sharing practice and increasing knowledge.

This is a team of experienced practitioners, there is a low level of sickness and there has been little turnover in the last year; this all evidences a settled group of staff. There was some contradictory evidence on turnover of staff and numerous changes in link social workers but we were satisfied that these were historical issues. Even so we would encourage the service to continue to communicate with carers on staffing issues, perhaps through the newsletter.

There is a shared sense of purpose within the team and in individual discussions and from looking at team meeting minutes we found there was a clear focus on four main areas for development; links with locality teams, rigorous matching, effective supervision, and support groups (for children and fostering families). In addition to these the team had a clear commitment to the recruitment of high quality carers and spoke coherently about improving screening processes in the past year.

The fostering panel members have access to training and development opportunities and make good use of 'business' meetings to consider their own functioning and any areas for further development. There is a considerable wealth of experience on the fostering panel and we were satisfied that new panel members were provided with some support to fulfil their role but this could be improved.

We found that the knowledge and experience of the administrative staff within the service was very good and the role they have in supporting the work of the service and coordinating the fostering panel is key. They are a consistent presence within the service and this provides some reassurance to staff, carers and panel members.

Areas for improvement

One finding from the survey of carers required some consideration for the team. A quarter of those responding reported that they didn't get good information on the children they were asked to care for. We would expect to see improvement in this area as part of any service development plan and will consider this at the next inspection.

The development of links with locality teams are at an early stage and there is still some room for improvement in the development of these relationships.

The panel members we heard from noted a general improvement in the quality of assessment and reports in the last year but still considered that there was a variance in quality. We would intend to look at this again at the next inspection with a view to finding evidence of further improvement.

On balance considering the evidence gathered we feel that the service should be evaluated as very good in this area.

Grade

5 - Very Good

Number of requirements - 0

Number of recommendations - 0

Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 4 - Good

Statement 1

"We ensure that service users and carers participate in assessing and improving the quality of the management and leadership of the service."

Service strengths

This statement was examined after an examination of: the self-evaluation returned to the Care Inspectorate, the previous inspection report, service user questionnaires, placing agencies feedback and any notifications and complaints we received.

(Please see also Quality Theme 1 Statement 1: "We ensure that service users and carers participate in assessing and improving the quality of the care and support provided by the service.")

At this inspection we considered that the performance of the service was very good for this statement.

The carers we spoke with largely felt that management was accessible and we heard that they felt they could contact the team manager and the service manager at any time. They appreciated that management had attended support groups and had made a good effort to engage with carer groups.

Areas for improvement

In addition to those areas for improvement identified at Quality Theme 1. Statement 1. and Quality Theme 3. Statement 1 we would suggest that the service also looks at: service user involvement in the recruitment of senior staff,

establishment of a forum where senior managers meet with carer representatives; and 'You said we did' communications in relation to service and larger organisational feedback.

Grade

5 - Very Good

Number of requirements - 0

Number of recommendations - 0

Statement 4

"We use quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service we provide"

Service strengths

This statement was examined after an examination of: the self-evaluation returned to the Care Inspectorate, the previous inspection report, service user questionnaires, placing agencies feedback and any notifications and complaints we received.

At this inspection we considered that the performance of the service was good for this statement.

The management and leadership of the service was highlighted as a positive for those providing feedback to the inspectors. Managers are seen as approachable and available to staff and carers. There was a consensus that the change in management had affected a positive culture change within the service. This change was described in relation to matching as moving away from heads on beds to thinking who can best care for this child. One of the carers we spoke with also noted that she felt her family was now being viewed as a fostering family rather than a 'resource'.

The service continues to have well established quality assurance processes which are largely effectively implemented and discussed throughout the report.

- Review of carers (incorporating reports from fostering families, young people, social workers)
- Reviewing processes for all placements
- Monthly visits
- Unannounced visits
- Panel feedback forms
- Panel business meetings
- Supervision of staff
- Team meetings

- Practice development meetings
- Support groups
- Review of policies and procedures
- Panel annual report
- Feedback to FPT on assessment reports

The service has a fostering service action plan which is formulated against the inspection theme statements and outlines the actions required and evidence provided for completion.

The panel was described as having improved in the last year and there was a specific reference to the high quality of leadership of the panel chair; running the panel and ensuring that the work of the service was properly scrutinised in the panel. We also heard that feedback from those attending the panel was reviewed by the chair and team manager on a regular basis. The chair has regular meetings with the service manager and a system of appraisal is in place.

Areas for improvement

The service would benefit from a clear, outcomes focussed service development plan which incorporates: findings from the inspection, the focus areas already identified by the team (See Quality Theme 3, Statement 3), specific plans for participation and any outstanding issues from the previous 'action plan'. This should be a SMART plan and must be developed in consultation with young people, carers, staff and other stakeholders.

The service should also take forward other developments discussed during the inspection, including:

- full implementation of the disruption policy to ensure consistent practice,
- an analysis of 'matching' practices to increase learning and evidence impact of changes,
- report on technical issues related to file auditing to ensure these are properly recorded,

- encourage the completion of reports from allocated social workers to panel reviews,
- ensure some consistency in the recording of carer supervision/visits;
- the involvement of service users and staff in the completion of the self assessment.
- the involvement of service users and staff in the review of aims and objectives of the service

The service has addressed areas for improvement from last time (e.g. panel feedback forms, permanence framework to improve knowledge of permanence planning, and the appointment of a new manager which has improved the confidence of staff to use their experience and knowledge.) and on balance remains good in relation to this theme statement.

Grade

4 - Good

Number of requirements - 0

Number of recommendations - 0

4 What the service has done to meet any requirements we made at our last inspection

Previous requirements

There are no outstanding requirements.

5 What the service has done to meet any recommendations we made at our last inspection

Previous recommendations

1. The agency should ensure that every young person has a personal risk assessment of their needs completed which includes a risk management plan to safeguard young people and carers. This is in line with best practice and up to date knowledge and practice.

National Care Standards for foster care and family placement services: Standard 13:3 Management and Staffing and Standard 2:2 Promoting good quality care

This recommendation was made on 26 August 2014

During this inspection we have randomly sampled files alongside specific case tracking and we were satisfied that the relevant action has been taken.

2. The provider should ensure they use methods that reflect up-to-date knowledge and best practice guidance, and that the management are continuously striving to improve practice.

National Care Standards for Foster Care and Family Placement services: 13.3 Management and Staffing.

This recommendation was made on 26 August 2014

On this inspection we found that the appointment of a new manager had added expertise to the team and empowered staff to use their own knowledge and experience to improve the service.

6 Complaints

No complaints have been upheld, or partially upheld, since the last inspection.

7 Enforcements

We have taken no enforcement action against this care service since the last inspection.

8 Additional Information

There is no additional information.

9 Inspection and grading history

Date	Type	Gradings
26 Aug 2014	Announced	Care and support 4 - Good Environment Not Assessed Staffing 4 - Good Management and Leadership 4 - Good
16 May 2014	Announced	Care and support 2 - Weak Environment Not Assessed Staffing 4 - Good Management and Leadership 3 - Adequate
27 May 2013	Announced (Short Notice)	Care and support 5 - Very Good Environment Not Assessed Staffing 5 - Very Good Management and Leadership 4 - Good
22 May 2012	Announced (Short Notice)	Care and support 4 - Good Environment Not Assessed Staffing 4 - Good Management and Leadership 4 - Good
23 Feb 2011	Announced	Care and support 4 - Good Environment Not Assessed Staffing Not Assessed

		Management and Leadership	3 - Adequate
15 Mar 2010	Announced	Care and support Environment Staffing Management and Leadership	4 - Good Not Assessed 4 - Good 4 - Good
5 Mar 2009	Announced	Care and support Environment Staffing Management and Leadership	2 - Weak Not Assessed 3 - Adequate 3 - Adequate

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ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

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Borders Rail - Access Initiatives

Report by Ricky Moffat, Head of Commercial Operations

1 Purpose of Report

This purpose of this report is to outline a potential bid for funds that will maximise opportunities for economic activity by developing Midlothian as a destination for walking and cycling through improved access opportunities to the area brought about by the Borders Railway.

2 Background

- 2.1** With around £98 million of tourism income brought into Midlothian annually, 38% of visitors are coming to Midlothian to visit the countryside and to walk and cycle.
- 2.2** Midlothian is beginning to realise, fully, the opportunity to become “*Edinburgh’s Countryside*” – taking advantage of the beautiful countryside and the existing off road facilities.
- 2.3** The Borders Railway Blueprint Fund offers a significant opportunity to attract many more visitors to cycle and walk in the area which will drive income to the local economy.
- 2.4** The Borders Rail also provides an impetus to build on the excellent opportunities for people to take day visits to Midlothian. Improved facilities and information regarding walking and cycling along with some smart but simple marketing will create the first steps to make this part of the tourism market more accessible to visitors.
- 2.5** There are three proposals contained in this report for which funding will be sought.
 - a)** *Gateway to Midlothian* - Create a gateway to explore Midlothian from Eskbank Station along Midlothian’s spinal Cycle Walkway
 - b)** *Station to Station* - Making the Most of Midlothian’s Stations to Walk and Cycle in the area
 - c)** *Connecting Gorebridge* – Creating links from the station to the Gore Glen Woodland Park and the wider countryside

Further details of these proposals are contained in Appendix 1.

3 Report Implications

3.1 Resource

The estimated costs are contained within Appendix 1. The overall estimated cost of the works including manufacture, production and preparation of the various features is £109,500.

This is summarised in the following table;

	Total	Blueprint	Other external funding	Council Funding
Proposal 1	£76,500	£38,250	£32,500	£5,750
Proposal 2	0	0	0	0
Proposal 3	£33,000	£16,500	£15,000	£1,500
	£109,500	£54,750	£47,500	£7,250

It is anticipated that matched funding, which is a requirement of the Borders Rail Blueprint Fund, will be sourced from Leader, Forestry Commission, SITA (Landfill Tax) and the Land and Countryside budget.

3.2 Risk

The principle risk is the timescales linked to the various funding streams. The Leader fund is not yet established to receive applications but it is understood this will be in place by September 2016 which in itself is not a risk to the project.

3.3 Single Midlothian Plan and Business Transformation

Themes addressed in this report:

- ☐ Community safety
- ☐ Adult health, care and housing
- ☐ Getting it right for every Midlothian child
- ☐ Improving opportunities in Midlothian
- ☒ Sustainable growth
- ☐ Business transformation and Best Value
- ☐ None of the above

3.4 Key Priorities within the Single Midlothian Plan

This project will support economic recovery and growth by contributing to *“visitors and residents benefitting from Midlothian’s quality of environment and attractions”* as well as increasing the number of people undertaking day-spend in the area.

The proposal will build on the opportunities presented by the Borders Rail for day visits using sustainable transport and active travel for recreation within the Midlothian area.

3.5 Impact on Performance and Outcomes

The project will promote the area for active travel and for sustainable tourism through walking and cycling.

3.6 Adopting a Preventative Approach

Increased walking and cycling, using the railway as a gateway and/or a start point will support sustainable travel by visitors and support healthy living for residents in the Midlothian area.

3.7 Involving Communities and Other Stakeholders

Local communities and key stakeholders will be consulted on key elements of the project.

3.8 Ensuring Equalities

An Equalities Assessment has been carried out for this project.

3.9 Supporting Sustainable Development

Sustainable tourism, through low carbon travel modes, is central to this project and should increase numbers of visitors to the Midlothian area. Additionally, the project will provide opportunities for local people to cycle and walk with confidence and with additional health benefits.

3.10 IT Issues

There are no IT issues resulting from this report other than additional web based information being provided.

4 Summary

This project uses the Borders Rail to make Midlothian a natural destination for walking and cycling - in particular for the Edinburgh market - through the three proposals described. The objective is to deliver more days-spend in the area to promote sustainable growth. The proposal will also provide further opportunities to Midlothian residents to live healthy lives through sustainable recreation and active travel.

5 Recommendations

Cabinet is asked to;

- 1) note the bid to the a range of funders including the Borders Rail Blueprint Fund to promote Midlothian as a destination for walking and cycling from the City Region in particular.
- 2) note that a further report will be provided once the outcome of the various bids is known.

1 April 2016

Report Contact:

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Background Papers:

APPENDIX 1

Borders Rail

A Gateway to Midlothian's Countryside and its Visitor Attractions

With around £98 million of tourism income brought into Midlothian annually, 38% of visitors are coming to Midlothian to visit the countryside and to walk and cycle.

Midlothian is beginning to realise, the opportunity to become "*Edinburgh's Countryside*" - taking advantage of the beautiful countryside and the existing off road facilities.

The Borders Railway Fund offers a significant opportunity to attract many more visitors to cycle and walk in the area which will drive income to the local economy.

The Borders Rail provides an impetus to build on the excellent opportunities for people to take day visits to Midlothian. Improved facilities and information about walking and cycling along with some smart but simple marketing will create the first steps to make this part of the tourism market more accessible to visitors.

PROPOSALS

Proposal 1

Create a gateway to explore Midlothian from Eskbank Station along Midlothian's spinal Cycle Walkway (See Image 1)

The Gateway

The Dalkeith to Penicuik Cycle Walkway is an 8 mile off-road spinal route connecting key settlements. It is used predominantly by local people and probably has over a million local visits each year making it one of Midlothian's most well used facilities.

For visitors, it provides a potential off-road gateway either as a destination in itself and/or as a means to explore the wider area and linking to key visitor attractions. It starts at Bonnyrigg less than 200m from Eskbank Station and is easily accessed on foot and by bicycle from the station. The proposed gateway will provide a starting point for using walking and cycle routes to explore Midlothian (see image 1).

This initiative will make Dalkeith Cycle/Walkway both a destination and starting point from which to cycle and walk in the wider countryside and to increase footfall at visitor attractions. This work will add value to the Smarter Choices initiative¹ being undertaken at the stations for walking and cycling in the area.

Improving What We Have

The following interpretative materials will be installed along the cycle walkway:

- orientation panels will provide information on the cultural and natural history of the route – these will replace the panels which are now redundant due to the changes caused by the Borders Rail (see image 4).

- a series of departure points from which to explore Midlothian on foot and/or by bicycle will be signed with small maps showing the routes (see image 2).
- totemic station signs will be installed at all the old stations to provide users with a historic context of the walkway and their journey along it (see image 7)
- promoting links to visitor attractions and key places of interest from departure points

Marketing

One of the main barriers to increasing visitor numbers is knowing how to get to Midlothian by bike, train, bus and car and linking this to a walk or cycle and of course the return journey .

To address this problem the redesigned web pages will categorise each route (see image 3) according to the different transport modes. The council web-pages will have phone friendly versions of the routes that can also be downloaded as a stand-alone leaflet.

Another important barrier to increasing visitor numbers is getting the message across to the right people i.e. the potential market. To achieve this, attractions will be promoted to both offline and online customers through word of mouth marketing.

Offline endorsement can often be the most powerful way of getting more people to use a particular product. To achieve this, a series of postcards will be distributed by staff and volunteers to key organisations and retail outlets such as outdoor and cycling shops over a 2-3 year period (see image 7).

An ongoing social media campaign will provide an online platform for using word of mouth recommendations.

These are low cost marketing options that, if properly executed over a 2-3 year period, should yield a much larger number of people using the area and its facilities.

Key Outputs of Proposal 1

- Design, manufacture and installation of a gateway facility to the Dalkeith-Penicuik Cycle Walkway near Eskbank Station (see image 1)
- Prepare and produce information and graphics for a series of 6 circular walks and cycles posted at departure points along the cycle/walkway and which link to Eskbank Station and which connect to Midlothian's key visitor attractions –(See Image 2 and 3)
- Up to date visitor information orientation panels along the walk/cycleway (See image 4)

- Redesign and update web pages incorporating graphics materials used above.
- Series of “totemic” station signs to mark the historic stations between Eskbank and Penicuik (See Image 5)
- Supply and install train related children play equipment at key points along the walkway (See Image 6)
- Preparation and printing of promotional postcards for distribution to key recreational organisations and retail outlets (see Image 7)
- Preparation of ongoing social media campaign.

PROPOSAL 1				
COSTS AND FUNDING CONTRIBUTIONS				
NO	ITEMS	EST. COST	BORDERS RAIL BLUEPRNT	MATCH FUNDING/CONTRIBUTORY RESOURCE
1	Temporary member of staff for 4 months to prepare routes and graphic information prior to production and installation of promotional materials	£10,000	£5,000	Contribution from Land & Countryside budget £5,000
	Proposal 1			
2	Supply and installation of a gateway facility to the Dalkeith- Penicuik-Cycle Walkway (near Eskbank Station)	£15,000	£7,500	Leader and/or SITA to match fund £7500
3	Prepare and produce information and graphics for a series of 6 circular walks and cycles from and to walkway/Eskbank Station (downloadable from web)	See item 1	See item 1	See item 1
4	Up to date visitor information orientation panels along the walk/cycleway	£8,000	£4,000	Leader and/or SITA to match fund £4,000
5	Prepare and produce information and graphics for departure points for maps for walks and cycles	See item 1	See item 1	See item 1
6	Supply and install departure point maps for walks and cycles	£6,000	£3,000	Leader and/or SITA to match fund £3000
7	Refresh update web pages using graphics materials used above (See image 4)	See item 1	See item 1	See item 1

8	Supply and install a series of “totemic” station signs to mark the historic stations between Eskbank and Penicuik (See Image 6)	£6000	£3,000	Leader and/or SITA to match fund £3000
9	Supply and install train related children play equipment at key points along the walkway (See Image 7)	£ 30,000	£15,000	Leader to match fund £15,000
10	Preparation and printing of promotional postcards for distribution to key retail outlets	£1,500	£750	Contribution from Land & Countryside budget £750
11	Preparation of ongoing social media campaign			Existing resource – Communications

PROPOSAL 2

Making Midlothian’s Stations Key Departure Points for Walking and Cycling in Midlothian

There are currently very few promoted countryside walks and cycles that connect directly to Midlothian’s new stations. It is proposed that information is prepared on a series of walks and cycles that starts and/or finish at these railway stations. If properly marketed, these routes will drive economic activity in the area

There has already been some work undertaken preparing web based walking and cycling routes throughout Midlothian by the Land and Countryside service along with volunteers which have been included in the Smarter Choices project. Around 20 maps are ready to be published on consoles at the stations and on the Council’s web page this year. (See Image 6)

Key Outputs of Proposal 2

- Preparation of walks and cycle routes from and to the stations at Shawfair, Eskbank, Newtongrange and Gorebridge (See Image 2).
- Promote linkages between the stations, Midlothian’s countryside and visitor attractions
- Preparation and printing of promotional post cards (See Image 8)
- Preparation of ongoing social media campaign

PROPOSAL 2			
COSTS AND FUNDING CONTRIBUTIONS			
ITEM	EST. COST	BORDERS RAIL BLUEPRINT	MATCH FUNDING/CONTRIBUTORY RESOURCE
No costs over and above Proposal 1 as included in work to be undertaken by temporary post	See item 1	See item 1	See item 1

PROPOSAL 3

Connecting Gorebridge and its station to the Gore Glen Woodland Park and the wider countryside

As a consequence of the railway, Gore Glen Woodland Park no longer has visitor information that reflects the significant physical changes that have been made to the site as a result of the railway. With major new housing development in the area, this 14 hectare open space comprising woodland walks will provide a key recreational space for local people. However it is not easily accessible on foot by local users or visitors to the area arriving by train. The Woodland Park also forms part of the Gorebridge Circular route that connects to Gorebridge station

The proposal is to improve the path network into the woodland park in conjunction with a bid to the Forestry Commission. The Woodland Park forms part of the Gorebridge Circular route that connects to Gorebridge station

Outline Proposal

- Upgrade and sign main path from Gorebridge to Gore Glen Woodland Park
- Renew interpretation for the Woodland Park to reflect changes caused by the railway
- Prepare walk leaflet from station to Gore Glen Woodland Park and beyond as part of Proposal 2

PROPOSAL 3		
COSTS AND FUNDING CONTRIBUTIONS		
Upgrade of path and steps to Gore Glen Woodland Park and wider countryside with potential link to future Gore Water path project.	£30,000	Forestry Commission £15,000
Preparation and installation of orientation panel for Gore Glen Woodland Park	£ 3,000	Existing resource replacement due to removal by Network Rail £1,500

4. ESTIMATED COSTS

Delivery of this project will require a member of staff to be externally funded for four months to undertake the preparation of information including drafting route maps, leaflets, postcards and redesign and populating the web pages. Internal staff will undertake the procurement of capital works once all the graphic information is completed. Internal staff will also prepare and co-ordinate the various funding bids required to match fund Borders Rail Blue Print funding.

As a consequence of the Borders Rail, visitor information at two of Midlothian's key visitor sites is now redundant due to an oversight by the project team.

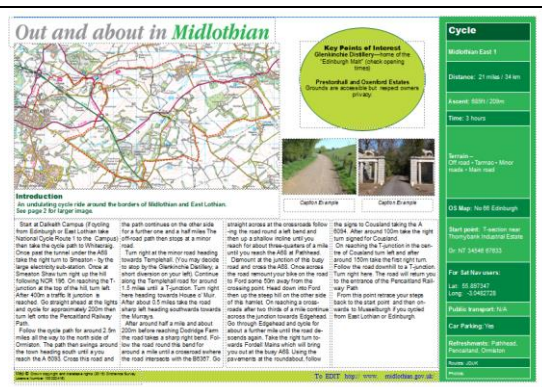
Smarter Choices is Scottish Government funded initiative to encourage modal shift in transport use away from use of the car to buses, trains, and bicycle and on foot.



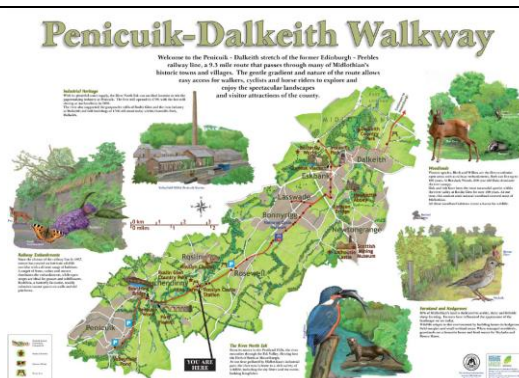
1. Gateway Feature



2. Example of Departure Points with maps



3. Actual example of cycle leaflet



4. Orientation Panel



5. Example of totemic station sign



6. Example of train themed play equipment



7. Actual example of postcards

