

Midlothian Council Adoption Service Adoption Service

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Type of inspection:

Announced (short notice)

Completed on:

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Service provided by:

Midlothian Council

Service provider number:

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Service no:

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About the service

Midlothian Council Adoption Agency has been registered with the Care Inspectorate since the Care Inspectorate was formed in 2011. It was previously registered with the Care Commission.

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

Midlothian Adoption Service aims to "...recruit, train and support a range of adopters who are committed, empathic and knowledgeable and who can permanent homes to children and young people in Midlothian. Midlothian Council aims to ensure that children who are not able to live with their birth families grow up in safe, secure, nurturing families where they are enabled to develop to their full potential. We are committed to ensuring adopted children have access to a range of experiences which enable them to achieve their full potential and live happy and fulfilling lives. We are further committed to ensuring that adopted children have a clear, honest, coherent account of their life history that promotes development of a positive sense of self-esteem. "

Managers told us that the service was emerging from a period of transition following a service review. There had been significant change among family placement team staff and three changes of team manager since our last inspection visit in November 2017.

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

What people told us

We spoke with 5 adopters comprising 4 adoptive families in total. Three of these families had been assessed by Midlothian Council Adoption Agency and 1 family had been assessed by another agency and had been matched with children assessed and registered for adoption by Midlothian Council. We met 2 children whose plans were for adoption.

Children told us:

" (social worker name) is going to find me a new mummy and daddy "

" I like riding my bike "

" Sometimes I go to football and I get to go on my tablet "

" I go to nursery and I play with my friends "

"... I like to eat green crispies and dance and play the drum with drumsticks and the tambourine"

Adopters told us:

" I am very happy with all support and help I have at hand"

" I feel the service does well with matching children and carers".

"I feel communication between supervising and placement social workers is good".

" It was a tough process, lots of changes in social worker and we were in the process for over a year and a half.

We were initially allocated a locum who just did not get on with the work. Nice enough... but not effective or

reliable. Our approval panel was postponed several times by panel chair as there was not sufficient information within the assessment report"

" Some important information was not explained clearly - adoption allowances".

" We wouldn't do it again, the process has really put us off"

" Our child's social worker was brilliant, really kept us in the loop"

" We had no support while our supervising social worker was off sick"

" The transition was well managed and our daughter was ready to move, she is now thriving and has developed friendships and is enjoying school and life within our family"

" We got a quick response to our initial enquiry but then had a long wait until the preparation group".

"Good quality preparation, this was excellent, helpful and a real eye opener"

"The home study was an invaluable process, gave us lots of information and we were well prepared for the panel".

" Panel members put us at ease"

" We had a delay with medicals as our GP refused to do this."

" We know about post adoption support and about the training available for us, our social worker keeps us informed".

Self assessment

The service had not been asked to complete a self assessment in advance of the inspection. We looked at the annual return for the year January to December 2018 which was submitted during the inspection visit. We also looked at the service improvement plan as well as quality monitoring information in relation to children's plans and an annual report produced by the permanence and adoption panel.

From this inspection we graded this service as:

Quality of care and support	3 - Adequate
Quality of staffing	3 - Adequate
Quality of management and leadership	3 - Adequate

What the service does well

Overall we found that most children were protected from harm, neglect and abuse in their adoptive placements. Full assessments including criminal records checks, health and finance supported the agency to make decisions about the capacity of the adopter to meet the child's needs throughout their life time. Adopters told us they received important information about children, including about their health, birth families and early life experiences and that this helped them to be sure about their ability to provide a safe and loving family life for a child.

Children enjoyed good access to primary healthcare services ensuring regular monitoring and review of their health needs. Adopters were supported to register their children with a GP, dentist and health visiting service. Access to specialist services including for example speech and language therapy, were supported so that adopters could be involved in stimulating learning and development from the earliest opportunity.

Secure, nurturing relationships, stable living situations and healthy active lifestyles, supported children to grow in confidence. Access to introduction photos and videos, memory boxes, social stories and life story records meant

children were well supported in understanding the important changes in their lives and in developing their sense of identity.

Child centred coordination plans enabled arrangements for children's introductions to their new families to be led by the child's readiness to be adopted. We saw an example of this process being informed by foster carers and social workers who knew the child well and could gauge when a rest day was needed in order for the child to make sense of the changes that were happening.

Since our last inspection the agency had assessed and approved a small number of adoptive parents for children. They had made good use of Scotland's Adoption Register, Activity Days and Exchange days to support children to find their adoptive parents and for adoptive parents to find their child or children. The agency recognised the importance of on going support to adoptive families through post approval training, adoption allowances and support for children to have contact with birth families as directed within the adoption orders granted by the Courts.

We sampled a small number of reports which assessed a child's need for permanence and found these to be of a satisfactory quality. The need for siblings to be adopted together where appropriate and birth parents views were generally well recorded in the child's assessment report, through Looked After Child Reviews and in adoption panel minutes.

Adopters had experienced a thorough preparation to adopt course. This helped prospective adopters learn about children and the impact of early separation and trauma throughout children's lives. It also supported them to be clear about legal adoption processes and to be more prepared for their approval panel, family finding, linking and matching and coordination arrangements.

Social workers within the family placement team were responsible for the recruitment, assessment, preparation and support of adopters and adoptive families. They were also responsible for post adoption support and for coordinating any contact arrangements with birth families. Social workers within the children and families practice teams were responsible for carrying out children's assessments and for preparing children for adoption. We heard that social workers from both teams worked closely to find families and to support linking, matching and coordination of children's moves.

We noted there had been significant staff changes within the family placement team following a service review and since our last inspection and the team of 7 staff members (including 3 locum staff members) was now in place. We sampled 2 staff files which showed that safer recruitment practice and checks were completed for permanent staff members before employment.

We found that there was a range of skills and experience within the team in relation to child care and assessment and social work, however, some staff members had limited experience of adoption work and the service acknowledged that staff confidence in this area needed to grow. This was being supported by regular team meetings, team development sessions and consultation sessions in relation to case work. Staff told us that they were motivated and committed to providing a quality service. They received regular supervision from the manager of the service and this provided opportunity for them to seek advice and to reflect on practice and learning. Training needs were also being discussed and noted within supervision records.

There was a clear management vision for improving services for children in Midlothian and a clear plan was in place focussed on permanence: keeping children at home; within their wider family or in stable alternative family care including adoption. We saw that the agency was working in partnership with CELCIS and partners to implement a PACE programme and that this was leading to reducing delay in decision making and assessment for a significant number of looked after children. The agency had seen a rise in the number of children returning

home following earlier assessment and this had in turn led to a reduction in the numbers of children being identified for permanent alternative care, including through adoption.

We saw there were some management systems in place to monitor the quality of work within the service. Second opinion visits, management overview of assessments and reports, regular management meetings with panel chairs and careful consideration of complaints and disruptions were supporting organisational learning and the opportunity for improvement.

The development plan was well written and comprehensive. It detailed the improvement work identified by the agency and clarified some priority development areas for the future.

The agency had two agency decision makers who were responsible for making decisions about children being registered for adoption and about the approval of adopters and matching of adopters with children. We found that agency decision makers were making decisions without delay based on panel recommendations and that these decisions were being notified to panel attendees by letter.

The agency decision makers along with the manager responsible for the service and the chair of the permanence panel were also responsible for carrying out disruption meetings and for investigating complaints about the service. We saw that these processes were leading to the identification of areas for improvement and the agency acknowledged the need to ensure sufficient independence was being maintained by those undertaking these roles.

Although there had been an overall reduction in adoption work since the last inspection, the permanence and adoption panel had been meeting regularly to consider assessments and to make recommendations to the agency decision maker. Overall we saw that panel processes were being carried out well and in a way which supported quality monitoring of practice and reporting. Panel members and social workers we spoke to and records we looked at demonstrated that the panel were sufficiently independent to robustly challenge staff when further information or detail was needed. Panel members told us that more recently there had been improvement in the quality of information being provided to panel and that this was reducing the need for panels to be postponed.

We found there were various opportunities for adopters to provide feedback about their experience and views to the agency, including for example through feedback questionnaires after preparation to adopt courses or panel attendance. We also noted that more recently a small number of adopters and their children had attended a participation event organised by a 'Champions coordinator'.

We noted that a recommendation made during our last inspection visit had been met.

What the service could do better

Although we saw that most adopted children were being protected from harm, we found that a small number of children were in greater need of care and protection. (See requirement 1)

Midlothian Council must ensure that the health and wellbeing of children is always appropriately managed. In order to achieve this the service must ensure that effective working practices are established to assess and monitor risks for children placed for adoption.

Although we saw that the agency had responded quickly to protect children and to carefully consider reasons for adoption disruptions we found some children had experienced unplanned moves in care and this had impacted on their well being and had the potential to impact on longer term experiences and outcomes. We suggested

that the service consider more actively recruiting a range of adopters to offer increased matching opportunities for children from the earliest stage, including through recruitment of concurrent foster carers, to ensure that moves in care and the subsequent emotional impact can be reduced. (See recommendation 1).

Adopters commented that their own assessment timescales could be improved. They told us about unnecessary delays caused by staff changes and lack of staff experience in assessment work. This had led to delays in decision making and in achieving adoption plans at an earlier stage for some children. (See recommendation 1).

Although we saw that a comprehensive post approval plan had been developed in partnership with neighbouring authorities, we found some gaps in foster carer training, including in child protection. In order to ensure the safety and well being of children prior to their placement with adopters and until an adoption order is granted, all foster carers must be sufficiently and regularly trained in child protection. (See requirement 2).

We found that post adoption support plans and children's post adoption records were being developed and used. We encouraged the service to continue to raise awareness of post adoption supports with adopters and to continue with this practice.

Although we were able to see safer recruitment processes were in place in the 2 staff records we sampled (including a robust format for references and follow up phone calls being made to referees) we were unable to see that records were being held by the Human Resources department in relation to locum members of staff or in relation to the internal appointment of the manager of the service. In addition to this we found that there were no cyclical PVG checks in place for staff members. Although the agency PVG policy indicated that retrospective checks should be undertaken, we did not see that this had been implemented.

In addition we noted that the agency safer recruitment policy had not been reviewed to take into account more recent changes to the law including GDPR. To promote the safety and well being of children and young people and to ensure appropriate record keeping we encouraged the agency to make improvements in all of the areas highlighted, taking into account of our Safer Recruitment through Better Recruitment Guidance. (See recommendation 1).

When we looked at staff training records we found that these were being maintained within different systems including within an online portal and within individual staff supervision records. This meant that the management team did not yet have a clear overview of staff training undertaken or of training needs. In order to ensure children and families can be confident in the service provided to them we asked the service to carry out a training needs analysis and to ensure that staff are provided with all relevant training including child protection training. (See requirement 1).

So that the agency could ensure that the views of people with direct experience of adoption can be taken into account in recruitment decisions, we encouraged the agency to consider more ways to offer this opportunity to adopters or adoptees.

We considered that management systems should be used more effectively and that new systems could be developed to provide more of an overview of the agency. This would act to support improvements, for example relating to outwith approval procedures being followed, frequency of carer reviews and ensuring foster carer agreements are in place. There should also be more consistent and effective use of file auditing (for children, foster carers and for staff) and accuracy in recording for incident and accident reporting and of child protection records. This will additionally inform better notification reporting to the Care Inspectorate. (See Requirement 1).

Whilst overall we saw that panel processes were being carried out well and in a way which supported quality monitoring of practice and reporting, we noted that annual reviews and training plans should be introduced to

ensure that learning and development is appropriate for the role of being a panel member and chair. (See Recommendation 1)

We noted that one recommendation made in the last inspection report remained outstanding and this has been continued within this report.

In conclusion we saw that there were strengths in this agency, however these just outweighed the areas for improvement in terms of the impact on people who used the service. We noted the good plans in place to drive improvement and acknowledged that the agency was emerging from a period of transition. In order to ensure continued and sustainable improvements in experiences and outcomes for children and families, we have asked the service to take action to improve in a number of important areas including in child protection, safer recruitment and training of staff and in areas of management and leadership. This has informed our evaluation of quality as being adequate for the themes of care and support, staffing and management and leadership.

Requirements

Number of requirements: 4

1. Midlothian Council must ensure that the health and wellbeing of children is always appropriately managed. In order to achieve this the service must ensure that effective working practices are established to assess and monitor risks for children placed for adoption.

This is necessary in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 - Regulation 4(1)(a) - Welfare of Users.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state "I am protected from harm abuse, neglect, bullying and exploitation by people who have a clear understanding of their responsibilities" (HSCS 3.20)

Timescale: Immediate upon receipt of this report.

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

This is necessary in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 - Regulation 4(1)(a) - 'A provider must make proper provision for the health, welfare and safety of service users'.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state "I am protected from harm abuse, neglect, bullying and exploitation by people who have a clear understanding of their responsibilities" (HSCS 3.20) and "I have confidence in people because they are trained, competent and skilled and are able to reflect on their practice and follow their professional and organisational codes".(HSCS 3.24)

Timescale: This must be achieved by 27 May 2019.

3. Midlothian Council must ensure that all family placement team staff members and the manager undertake appropriate child and adult support and protection training in line with the agency policy to ensure the safety

and wellbeing of children and young people. In addition, a training needs analysis should be undertaken to identify areas of professional development for the team.

This is necessary in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 - Regulation 4(1)(a) - 'A provider must make proper provision for the health, welfare and safety of service users.'

This is to ensure that staffing is consistent with the Health and Social Care Standard which state "I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes" (HSCS 3.14) and "I am protected from harm abuse, neglect, bullying and exploitation by people who have a clear understanding of their responsibilities" (HSCS 3.20).

Timescale: This must be achieved by 27 May 2019.

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

This is necessary in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 - Regulation 4(1)(a) - 'A provider must make proper provision for the health, welfare and safety of service users.'

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

Timescale: This must be achieved by 27 May 2019.

Recommendations

Number of recommendations: 3

1. The service should raise awareness of the need for more adopters to come forward to enable the needs of more children to be met. Assessment of adopters should be carried out within reasonable time scales.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state " as a child or young person needing permanent alternative care , I experience this without unnecessary delay" (HSCS 1.16).

2. To promote the safety and wellbeing of children and young people Midlothian Council must ensure appropriate recruitment record keeping. This is to ensure that staffing is consistent with the Health and Social Care Standards which state "I am confident that the people who support me have been appropriately and safely recruited." (HSCS 4.24)

3. Midlothian Council should implement annual reviews and a learning and development programme for foster panel members and chair. This is to ensure that the quality of management and leadership is consistent with the Health and Social Care Standard which states "I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes." (HSCS 3.14)

Complaints

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

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

Previous requirements

There are no outstanding requirements.

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

Previous recommendations

Recommendation 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.

This recommendation was made on 2 February 2016.

Action taken on previous recommendation

As at February 2016, the Linking and coordination procedures have been changed to formalise the need for later life letter and life story book to be available to adopters at the point of the third coordination. This agreed and minuted at both the linking and coordination meetings.

Hard copies of the life story book and later life letters will be held by the family placement team admin in order that service users have access to this information in the event that 5 originals are lost.

We saw improvement in this area, adopters we spoke with advised that they were informed about the importance of life story work at preparation stages. We could see from reading minutes of meetings that life story work had been identified and discussed. One team manager informed us that they were actively involved in completing life story/ later life letters for a child whose case we were tracking.

We were satisfied that this recommendation has been met.

Recommendation 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.

This recommendation was made on 2 February 2016.

Action taken on previous recommendation

Adoption Support Plans are to be drafted for the matching panel. Workers will be clear from the point of a permanence LAAC what support a child is likely to need and this must be planned for.

We saw some improvement in this area, and examined three adoption support plans during the Inspection. However for one case tracked no support plan was in place, therefore this recommendation will continue.

See new Recommendation 1

To ensure that adopters are informed of the full range of support services available to their child, adoption support plans should be drafted for the matching panel as stated in the services' action plan.

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

Recommendation 3

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.

This recommendation was made on 2 February 2016.

Action taken on previous recommendation

FPT team leaders will write an annual report which will be published on MLC website and distributed to stakeholders. The will link with the Children's Services Plan and with the FPT Adoption Service Development Plan

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

All annual reports and action plans will be sent to adopters, stakeholders and published on the MLC website.

We had sight of the annual report however some adopters we spoke with informed that they had not received a copy. We discussed this with management, and advised them to look at how these plans could be distributed in a more meaningful manner.

Met.

Inspection and grading history

Date	Type	Gradings
17 Nov 2017	Announced (short notice)	Care and support 4 - Good Environment Not assessed Staffing Not assessed Management and leadership 4 - Good
18 Nov 2015	Announced (short notice)	Care and support 4 - Good Environment Not assessed Staffing 4 - Good Management and leadership 4 - Good
16 May 2014	Announced	Care and support 4 - Good Environment Not assessed Staffing 4 - Good Management and leadership 3 - Adequate
27 May 2013	Announced (short notice)	Care and support 2 - Weak Environment Not assessed Staffing 4 - Good Management and leadership 3 - Adequate
22 May 2012	Announced (short notice)	Care and support 3 - Adequate 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

Date	Type	Gradings	
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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