

# Midlothian Council Fostering Service Fostering Service

Family Placement Team  
7 Eskdail Court  
Dalkeith  
EH22 1AG

Telephone: 0131 2713789

**Type of inspection:**  
Announced (short notice)

**Completed on:**  
29 September 2025

**Service provided by:**  
Midlothian Council

**Service provider number:**  
SP2003002602

**Service no:**  
CS2004083731

## About the service

Midlothian Council Family Centred Care Team provides a fostering and family placement service for children and young people aged from 0 to 18 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 and young people throughout the area of Midlothian. It is co-located with other children's services.

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

## About the inspection

This was a short notice announced inspection which took place between 25th August 2025 and 16th September 2025. The inspection was carried out by three inspectors from the Care Inspectorate. To prepare for the inspection we reviewed information about this service.

This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- met with 7 caregivers and two young people in their homes and spoke with a further 14 caregivers during focus groups, MS teams calls or telephone calls.
- spoke with 8 staff and management
- spoke with the panel chairs for both the permanence and adoption and the fostering panels and the Agency Decision Maker
- reviewed documents
- spoke with two placing social workers
- considered questionnaire feedback from carers, young people, staff, panel members and other professionals

## Key messages

Significant staffing changes and gaps meant that caring households had experienced multiple changes in allocated worker which had negatively impacted people's experience of support.

Young people experienced stable, enduring and attuned care from nurturing caregivers.

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

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

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

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

## From this inspection we evaluated this service as:

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

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

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

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

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

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

Although there have been some unplanned endings of placement for children within this inspection period, there were fewer of these than in the previous inspection period.

Ongoing staffing changes have meant that very few caregiving families have benefitted from enduring positive relationships with supervising social workers within the service and instead have experienced multiple changes in allocated worker or periods without an allocated supervising social worker. We heard that several carers felt that this had improved for them in recent months as permanent team members have been recruited. Although the impact on caregiver families varies, most have found this difficult even if they have been positive about individual workers. At the time of the last inspection an Area For Improvement was made in relation to this which was not found to have been met and will be repeated.

As a result, caring households have not experienced consistent support including well recorded, high-quality, regular supervision. At the time of the last inspection a Requirement was made in relation to this which was not found to have been met and will be repeated.

We found most protection concerns had been managed by the service in line with national guidance and good practice. One example where practice could have been stronger was highlighted to the service. We also highlighted that improvements in recording and quality assurance practices are needed to support consistent good practice.

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

Carers also endeavoured to achieve and sustain positive relationships and communication with birth family members. This also provided birth family and young people with positive experiences of carer interactions with family members which were respectful and sensitive.

We saw some examples of consistency and good planning for short breaks, for where young people were able to form strong relationships over time.

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

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

We noted a concern about the regular 'stretching' of carers beyond their approval and legal numbers, with inconsistent practice in relation to emergency authorisation and return to panel. **This is considered further under Key Question 2.**

## How good is our leadership?

## 3 - Adequate

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

Although permanent staff have been recruited to the service since the time of the last inspection, there have been further changes. There have also been significant changes within the structure and management of the service. We recognise that these changes have added additional management capacity within the service and that this situation is improving. However, this needs to stabilise in order for the leadership to have capacity to drive forward planned service developments.

Detailed and aspirational service development plans have been created which were informed by a self-evaluation undertaken by the service. We encouraged the service to refine these plans to support progress in identified improvement work.

At the time of the last inspection a Requirement was made in respect of quality assurance mechanisms within the service. The provider has continued to develop and has effectively embedded quality assurance mechanisms which has supported the service's oversight of permanence journeys within the authority. Although work has begun to create and implement systems which offer strategic and practice overview in other key areas, this is at an early stage and it is not possible to assess effectiveness or impact on outcomes and experiences at this time. As a result, it was assessed that the previous Requirement has not been met and will be repeated.

We found that both panels and their independent chairs were robust and provided a valuable quality assurance role. This provides additional oversight while developments and improvements continue to be progressed by the service.

A Requirement was made at the last inspection in relation to unplanned endings. The service has begun some improvement work in this area, and we were advised of a reduced number of unplanned endings since the time of the last inspection. However, further improvement work is required as the service is not yet fully following their new policy in relation to unplanned endings, particularly with regards to timescales. We also remain concerned that the service's narrow definition of an 'unplanned ending' limits the capacity for oversight of each child's journey. This previous Requirement has therefore not been met and will be repeated.

At the time of the last inspection we identified issues with carers having their approval 'stretched', particularly in relation to broad approvals. At this inspection it was clear that this approach to approval had ceased and we saw evidence of panel function supporting this further. However, we noted practice of 'emergency' placements placing caregivers over their approval and, in some cases, outwith legal placement limits. We were concerned to see a small number of caregiver families repeatedly being beyond legal and approved placement limits, with a delayed return to panel when carers were outwith their approval. We also advised the service that they should not incorporate 'outreach' within carer formal approvals as this is outwith the national descriptors for fostering. A new Requirement will be made in respect of this (See Requirement 1).

There continue to be regular meetings providing an opportunity for carers to meet with senior management. These appear to be relatively well attended by carers and were highlighted during the inspection as an opportunity for information to be communicated. However, some carers still reflected a continued feeling of disengagement from the wider service and its development. The service has acknowledged that work needs to continue to rebuild confidence and trust in the service as a result of significant changes in staff, management and service structure.

## Requirements

1. By 12 January 2026, the provider must promote the safety and wellbeing of children, young people, and caregiver families by ensuring that statutory processes are followed with respect to the emergency placement of children outwith carer approval.

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

- a) Ensure caregiver families are not routinely being required to care for more than three unrelated children at a time
- b) Ensure that written agency decision maker approval is obtained at the time of placement based on an assessment of carer capacity
- c) Ensure caregivers are returned to the fostering panel for review within 4 weeks

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

This is to comply with Regulation 27A and 27B and of The Looked After Children (Scotland) Regulations 2009 (SS1 2009/210).

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

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

**How good is our staff team?****3 - Adequate**

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

A sustained period of staffing changes have led to caring households experiencing a lack of consistency and stability in how their support is provided and limiting their ability to build trusting and enduring relationships with staff. The service is aware of these challenges and this is an ongoing priority for them. Staff and management are optimistic that the increased staffing resources which have been achieved will provide stability and support work towards addressing these ongoing concerns.

Staff experienced regular formal and informal supervision which they found useful, team development days and, for newly qualified social workers, this was complimented by a mentoring system providing informal reflective supervision. We encouraged the service to explore how an expansion of this mentor system could support other new members of the team, regardless of whether they are newly qualified.

The staff team is still forming and not yet at full complement, with staff members ranging in experience and length of qualification. Although evidencing a clear commitment and optimism about the future of the services, some staff reflected that opportunities for learning had been impacted by recent staffing changes and that additional training would be welcomed to increase knowledge, expertise and confidence in their roles.

**How well is our care and support planned?****4 - Good**

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

Children and young people's plans were subject to regular multi-agency reviews which supported a responsive, holistic and flexible approach as circumstances and needs change. The fostering service is generally actively involved with this process. These forums highlighted good multi-agency working which supported young people's plans being progressed and their needs being met.

Carers provided key input to these meetings.

We saw some evidence of children and young people's participation and views being represented, including the views of carers birth children in some cases, however this was not consistently present. The service acknowledged that this is an area of ongoing development and we note this is reflected in the service development plan for the service.

At the time of this inspection, we found safer caring family policies in place and these were appropriately personalised to children and young people in caring households. These were supported by positive care plans for young people. We were made aware that the timescale for review of some of these documents has been impacted by staffing resource challenges however the service has been working at pace due to increasing resources to address this and ensure households have these key documents updated.

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

### Requirements

#### Requirement 1

By 15 January 2024 the provider must provide high quality support which consistently meets the needs of caring households. To do this, the provider must, as a minimum:

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

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

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

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

**This requirement has not been met and will be extended until 12.01.26.**

**This requirement was made on 27 October 2023.**

#### Action taken on previous requirement

The service has sought to recruit to social worker vacancies in the period since the last inspection, recruitment is ongoing and they have sought to utilise existing resources to their fullest.

There are more workers in permanent posts than at the time of the last inspection. However, for a variety of reasons there has continued to be reduced staffing resources within the teams which has impacted the ability of the service to provide consistent and high-quality support to all caregiver households.

This has presented challenges in establishing effective working relationships between the service and foster carers. Carers have expressed a mixed experience of support over the past 2 years, with some feeling that things have slightly improved and others expressing ongoing perceptions of a lack of support.

We identified inconsistencies in how carer supervision has been delivered in terms of frequency and quality of recording.

When caregivers have been without a supervising social worker, some have felt they have been able to access support when needed from the team leaders, duty workers or the children and families practitioner. Others felt that this was not the case.



As stated above, this requirement has not been met and will be extended until 12.01.26

## Not met

### Requirement 2

By 15 January 2024 the provider must ensure that the safety and wellbeing of young people is supported through best practice in relation to assessment of caring households. To do this, the provider must as a minimum:

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

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

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

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

and;

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

**This requirement was made on 27 October 2023.**

### Action taken on previous requirement

We heard from fostering and permanence panel chairs that the quality of initial and review assessments has generally improved since the time of the last inspection, and that pre-panel meetings and feedback loops between panel chairs and team leaders had supported this.

A review of the quality of reports is included within the new panel member feedback forms.

We noted that where carers have been outwith their approval, there have been delays in returning carers to panel however we did not note any significant delay in the assessment of carers where there have been changes of circumstance in caregiver households.

The service has introduced Positive Caring plans for young people which accurately reflect the needs and strengths of young people.

### Met - within timescales

## Requirement 3

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

To do this, the provider must as a minimum:

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

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

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

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

**This requirement has not been met and will be extended until 12.01.26.**

**This requirement was made on 27 October 2023.**

### Action taken on previous requirement

The provider has reinstated a Permanence Overview Group which is effectively monitoring planning for young people who are looked after and accommodated.

The service has introduced a proforma for the audit of key areas of practice within the fostering and adoption services, tracking key paperwork and statutory requirements and this is in the early stages of being tested and reviewed. There were no concerns noted regarding the accuracy of the service's annual return.

Whilst it appears there are still some gaps in some areas of practice due to staffing pressures, there is a clearer understanding of where these gaps are. The service has a clear plan identifying how to address these gaps moving forward, however at the time of inspection this has not yet been achieved.

As stated above, this requirement has not been fully met and will be extended until 12.01.26.

**Not met**

## Requirement 4

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

To do this, the provider must as a minimum:

- a) Revise the current policy in relation to unplanned endings, with particular consideration given to thresholds.
- b) Ensure practice is consistent with the revised policy

c) Ensure the process for reviewing premature endings is timely

d) Utilise quality assurance mechanisms to support a clear overview of young people and carers experiences of unplanned endings throughout their involvement with the service.

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

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

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

**This requirement has not been met and will be extended until 12.01.26.**

**This requirement was made on 27 October 2023.**

#### **Action taken on previous requirement**

The local authority's unplanned ending policy has been reviewed, however the thresholds for holding unplanned ending meetings remain unchanged. The unplanned ending meeting agenda has also been reviewed.

Several unplanned ending meetings have been held in the period since the last inspection, however some of these meetings have taken place after an extended period which means a delay in learning from these experiences for the service and potentially impacting on decision making. Although the service understands the reasons for these delays, this has not been timely, or consistent with the policy which states meetings will take place within 6-12 weeks.

We also noted that the way unplanned ending meetings are recorded makes it difficult to follow the progress and trajectory of some young people. Whilst there has been some work undertaken in this area, work is ongoing to fully embed improvements in this area.

As stated above, this requirement has not been met and will be extended until 12.01.26.

**Not met**

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

### Areas for improvement

#### Previous area for improvement 1

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

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

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

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

**This area for improvement was made on 27 October 2023.**

#### Action taken since then

Due to ongoing staffing challenges, consistency of workers has not been delivered for the majority of care giving households. We recognise that the service have attempted to progress this within limited resources when available, however this has not been consistent and sustained.

**As a result this Area For Improvement has not been met.**

#### Previous area for improvement 2

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

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

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

**This area for improvement was made on 27 October 2023.**

#### Action taken since then

Although we would encourage the service to continue with improvements in this area, they have progressed developments and improvements in this area - please see body of the report.

**We have assessed this Area For Improvement as met.**

### Previous area for improvement 3

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

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

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

**This area for improvement was made on 27 October 2023.**

#### Action taken since then

We heard from staff and carers that there is a 'no contact' principle in relation to carer's support of young people. Foster carers are required to undergo 'team teach' training. Due to staffing changes, not all current staff have completed 'Team Teach' training yet but this is planned.

We encouraged the service to review the brief section on physical intervention within the foster carer handbook to support a clear and consistent approach.

We have received no notifications of restrictive practice reflecting poor outcomes. However, this is an area that the service should continue to review in line with best practice guidance.

**We have assessed this Area For Improvement as met.**

### Previous area for improvement 4

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

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

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

**This area for improvement was made on 27 October 2023.**

#### Action taken since then

We noted a more robust approach being taken to age ranges within carer approvals in panel with several examples of carer age range being reduced to reflect their capacity, strengths and preferences.

**We have assessed this Area For Improvement as met.**

We did however identify separate concerns relating to carer approvals which are considered within the body of the report.

## Previous area for improvement 5

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

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

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

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

**This area for improvement was made on 27 October 2023.**

### Action taken since then

We found that there were household safer caring policies in place for caregiver families which explicitly referenced the needs of children and young people in those caring households. These were complemented by positive care plans for young people.

**We have assessed this Area For Improvement as met.**

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

## Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
1.1 Children, young people, adults and their caregiver families experience compassion, dignity and respect	3 - Adequate
1.2 Children, young people and adults get the most out of life	4 - Good
1.3 Children, young people and adults' health and wellbeing benefits from the care and support they experience	4 - Good
1.4 Children, young people, adults and their caregiver families get the service that is right for them	3 - Adequate

How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement are led well	3 - Adequate

How good is our staff team?	3 - Adequate
3.2 Staff have the right knowledge, competence and development to support children, young people, adults and their caregiver families	3 - Adequate

How well is our care and support planned?	4 - Good
5.1 Assessment and care planning reflects the outcomes and wishes of children, young people and adults	4 - Good

## To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can 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.

You can also read more about our work online at [www.careinspectorate.com](http://www.careinspectorate.com)

## Contact us

Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

0345 600 9527

Find us on Facebook

Twitter: @careinspect

## Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

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

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.