

Barnardo's Scotland Fostering – Glasgow Fostering Service

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Announced (short notice)

Completed on:
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Service provided by:
Barnardo's known as Barnardo's
Scotland

Service provider number:
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Service no:
CS2004082106

About the service

Barnardo's Scotland Fostering - Glasgow is provided by Barnardo's, a charitable organisation which provides a wide range of services to children and young people. The service recruits, assesses and approves foster carers who provide care for children and young people from 0-18 years of age. This includes interim, long term and permanent fostering as well as short breaks.

The service shares the same leadership and management, staff team and panel membership as the Barnardo's Fostering Service Glasgow Continuing Care adult placement service, which was inspected in conjunction with the fostering service. A separate report is produced in relation to the inspection of that linked service.

About the inspection

This was a short notice inspection which took place between 17 November 2025 and 5 December 2025. The inspection was carried out by two inspectors from the Care Inspectorate. This inspection took place as part of a pilot where we are testing a new inspection model to promote a more proportionate approach within a reduced timescale.

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 ten carers
- Spoke with nine members of staff and management
- Observed practice and daily life
- Reviewed documents
- Spoke with the panel chair and agency decision maker
- Reviewed questionnaire feedback from carers, staff, panel members and external professionals

Key messages

- Young people were kept safe and experienced nurturing, individualised care and support within caregiving households.
- The service has experienced staffing challenges which impacted on service capacity and effectiveness of quality assurance.
- The service had reviewed the carer training arrangements since the last inspection and there had been an increase in completion of training however further development is required.
- Young people were supported to maintain relationships with those important to them. This included brothers and sisters living together wherever possible.

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

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.

Young people were kept safe and the service followed national guidance and good practice in relation to concerns which had arisen.

Young people experienced nurturing, individualised care and support within caregiving households. This promoted positive care and support experiences and outcomes.

Where short break and extended family experiences were undertaken, these were in a planned way with people children knew. This offered a sense of familiarity and consistency in their experience away from primary caregivers.

Positive educational experiences were supported by caregivers and a consistently aspirational approach meant that young people were supported to reach their potential and experience a sense of achievement.

A Requirement was made at the last inspection in relation to carer training. Although some improvements had been progressed by the service we identified that this requirement had not been met and the timescale has been extended.

Brothers and sisters were living together wherever possible. Where this is not possible, the importance of family relationships was recognised, actively promoted and supported by caring households. This meant young people experienced continuity of relationships with people who matter to them and ensured their right to maintain and develop these relationships in a meaningful and positive way.

Children and young people were supported to be active members of their community, contributing to their feelings of belonging and self-worth.

Carer support groups have not been in place for a considerable period and the service were currently looking at the best route for these to be re-introduced. Many carers recognised the importance of these, particularly for newly approved caring households, especially given the high level of online training which limits the opportunity to make important links during that crucial period. We will consider this further at the time of the next inspection.

Many young people experienced a sense of permanence, being embraced and nurtured by caring families. This stability offered a sense of security and belonging. Where assessed as appropriate this was enhanced by legal permanence being sought and/or secured.

Matching considerations were generally appropriate with consistent recording. Many carers spoke of their meaningful involvement in consideration of referrals and experienced carers were confident in this process.

However, some poorer outcomes for children and young people and newly approved caring households had been experienced. A small number of newly approved carers had children placed outwith their assessed skill set and/or approval to facilitate emergency care arrangements. These resulted in premature endings of caring arrangements for children and young people and resignation of carers. An Area For Improvement will be formed in relation to this (See Area For Improvement 1).

Staff had developed good relationships with young people and carers, with many carers experiencing consistency of worker. These relationships were used to ensure views were sought and shared appropriately.

Young people and caring households benefitted from access to additional supports provided by the service including art therapy, children's workers and a befriender service. These were highlighted by caring households, staff and external professionals as being of significant importance in ensuring identified needs were met.

Areas for improvement

1. The service should ensure that matching considerations, particularly for newly approved carers, are robust and accurately reflect carer skills and experience. This is to support stability of care arrangements and positive experiences for young people and 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) and

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

How good is our leadership?**3 - Adequate**

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

The service have experienced a number of staffing issues since the time of the last inspection including staff absence, staff turnover and vacancies within the team. Although recruitment was being undertaken to fill some vacancies, this had meant the team had been working with depleted numbers at front line and management levels. We were concerned about the capacity of the service to undertake and achieve desired effectiveness of quality assurance given ongoing staffing challenges (See Requirement 1).

Staff felt supported by their practice manager, the registered manager and their colleagues within the team. However, staffing issues impacted the provision of consistent formal supervision, line management for some staff and quality assurance practice within the service.

Staff were committed to one another, young people and their caring households. However, morale continues to be impacted by provider wide organisational changes and staffing issues within the service.

The service benefitted from experienced and knowledgeable panel chair and agency decision maker. The fostering panel and agency decision maker offered scrutiny to approval and review, supporting the quality assurance functions within the service. Newly introduced systems of panel review provided the opportunity for reflection on decisions to support any development and improvement of panel function.

The service worked to involve young people in quality assurance and service development. Young people's questions have been introduced as standard into panel agenda for approval and review of caring households. In addition, inspection of the service by Barnardo's young inspection volunteers enabled meaningful participation.

At the time of the last inspection we encouraged the service to ensure they were consistent in their considerations of unplanned endings. We also strongly encouraged the service to consider the consistent and timeous undertaking of reflective meetings in response to all premature endings being clear this would be considered at future inspection. During this inspection we continued to identify inconsistencies in this area, including meetings considering premature endings not being held timeously. In addition, in one instance we identified a premature ending which was not considered as such and had not been progressed in line with this policy and it was not clear how consistently this was being applied. (See Area For Improvement 1).

Carers felt confident to raise concerns and progress complaints with the service as required. However we were aware of one concern being raised where recording of the matter was not formalised and did not offer assurances that there had been meaningful reflection and action taken. We would strongly encourage the service to ensure robust responses to concerns raised including comprehensive recording.

Requirements

1. By 27.03.26 the service must consistently use quality assurance systems that meet the needs of the service and inform service development.

This should include but is not limited to:

- A) Ensuring service oversight of key areas, including carer training, are accurate and inform service provision
- B) Ensure chronologies for caring households are up to date, detailed and of a high quality to support

service oversight, assessment and quality of care and support

C) Ensure quality assurance processes effectively support the provision of high quality and accurate information being provided to panel

D) Ensuring the service has young people's key documentation within expected/required timescales and escalating this where gaps are identified

E) 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 (SSI 2011/210).

This is in order 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) and;

'I use a service and organisation that are well led and managed' (HSCS 4.23).

Areas for improvement

1. The service should adopt a robust approach to unplanned endings to support improved practice within the service and improved outcomes for young people and caring households. This is to ensure practice is consistent with policy and that meetings are undertaken timeously.

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)

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

Requirements

Requirement 1

By 26 June 2023 the provider must ensure the safety and wellbeing of young people is robustly supported by effective carer training.

This should include but is not limited to:

A) ensuring carers attend all core and refresher training, particularly that relating to the protection of children and young adults

- B) work to achieve consistent engagement of carers in continuous learning through ensuring training runs as planned
- C) ensure training is regularly reviewed to ensure it fully meets the needs of those people using 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 (SSI 2011/210).

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

'I have confidence in people because they are trained, competent and skilled, and are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14).

This requirement was made on 19 April 2023.

Action taken on previous requirement

We recognise that work has been undertaken in respect of training within the service and that there is an increase in completion of key required carer training.

However –

- Many carers highlighted issues with quality and accessibility of training.
- There was no specific training in respect of trauma within the service for carer households. This was also highlighted by some carers and staff, both directly during the inspection and evident in records as a gap, particularly for newly approved carers.
- The information provided by the service in relation to individual carer training highlighted gaps in required training, with some carer training being significantly out of date or there being no record of this training having been undertaken. This included in a small number of cases, annual Child Protection training refreshers.
- In one case identified key mandatory and specific training had not been provided to support the management of known risks for a young person moving into a caring household with a newly approved carer.

As a result we have assessed that this requirement has NOT been met and the timescale will be extended until 27.03.26.

Not met

Requirement 2

By 22 May 2023 the service must consistently use quality assurance systems that meet the needs of the service and inform service development.

This should include but is not limited to:

- A) the completion of a comprehensive development plan which is outcomes focussed, offers a strategic overview and the ability of benchmark progress
- B) the effective use of quality assurance systems to measure outcomes and experiences and effectiveness of interventions.

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 (SSI 2011/210).

This is in order 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) and;

'I use a service and organisation that are well led and managed' (HSCS 4.23).

This requirement was made on 19 April 2023.

Action taken on previous requirement

A comprehensive development plan is in place which offers strategic overview and anticipates future trends.

The service have a mechanism for benchmarking outcomes and the effectiveness of interventions provided in achieving these which we heard were consistently used for the purpose of commissioning and local authority liaison meetings.

We recognise that the above key areas of this requirement have been addressed and assess that the Requirement has been MET.

However, we identified a number of areas where quality assurance had not been as effective as the service would have hoped including in relation to monitoring of carer training, quality of recording and quality assurance of some information presented to panel. Although we recognise that staffing challenges within the team have been a contributory factor, a new Requirement will be made in relation to these identified areas. Please see body of the report

Met - within timescales

Requirement 3

Within 24 hours the service must achieve consistency in reporting through providing notifications to the Care Inspectorate as detailed in the document 'Records that all registered care services (except childminding) must keep and guidance on notification reporting'.

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 (SSI 2011/210).

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

'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 use a service and organisation that are well led and managed' (HSCS 4.23).

This requirement was made on 19 April 2023.

Action taken on previous requirement

The service was found to be consistent in their reporting practices to the Care Inspectorate.

This Requirement was found to have been MET.

Met - within timescales

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

In order to ensure the safety and wellbeing of young people and reduce vulnerability within caring households, the service should adopt a consistent approach to safeguarding concerns. This should include effective assessment and, where appropriate, the escalation of professional disagreement with relevant agencies.

This is to be consistent with the Health and Social Care Standards (HSCS) which state '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 19 April 2023.

Action taken since then

We assessed that the service followed national guidance and good practice in relation to protection concerns arising.

This Area For Improvement was found to have been MET.

Previous area for improvement 2

To reduce the experience of poor outcomes, the service should ensure a clear understanding and approach in relation to the use of restrictive practices. This should include consistency across service documentation, messaging and practice.

This is to be consistent with the Health and Social Care Standards (HSCS) which state '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 19 April 2023.

Action taken since then

Although a small number instances of restrictive practice were identified, the service responded appropriately to address these.

A clear and shared understanding was evident in relation to the service's approach to restrictive practice.

This Area For Improvement was found to have been MET.

Previous area for improvement 3

To support positive outcomes, the early identification of vulnerabilities and effective methods of review, the service should ensure a consistent, high quality of recording and implement the use of chronologies.

This is in order 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 because people have the necessary information and resources' (HSCS 4.27).

This area for improvement was made on 19 April 2023.

Action taken since then

The service had begun to implement chronologies for carer households and had introduced additional quality assurance mechanisms to support improvement in quality of recording. However, we identified that the current quality of recording and chronologies within the service was not consistently of a high standard.

It was assessed that this Area For Improvement was NOT MET and will now form part of a new Requirement.

Complaints

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

Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
1.2 Children, young people and adults get the most out of life	3 - Adequate
1.4 Children, young people, adults and their caregiver families get the service that is right for them	4 - Good

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

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