

Falkirk Council Adoption Service

Adoption Service

Camelon Social Work Office
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Type of inspection:
Announced (short notice)

Completed on:
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Service provided by:
Falkirk Council

Service provider number:
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Service no:
CS2004086359

About the service

Falkirk Council Adoption Service is based in the Camelon area of Falkirk. The same management and leadership structure and supporting staff team is provided across the fostering, continuing care supportive carers scheme and adoption services.

It carries out the functions of an adoption agency. This includes the recruitment and assessment of prospective adopters and the provision ongoing advice and support to adoptive families.

Inspections of the fostering service and its linked continuing care supportive carers scheme service were carried out in conjunction with the inspection of the adoption service. These are separately reported on.

About the inspection

This was a short notice unannounced inspection which took place between 12th January 2026 and 29th January 2026. 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:

- spoke with seven people using the service through individual interviews and a focus group
- spoke with ten members of staff and management
- reviewed documents
- spoke with the panel chair and two agency decision makers

In addition we reviewed questionnaire feedback from carers, staff, panel members and external professionals.

Key messages

- * Children and young people's relationships with brothers and sisters and other people who were important to them were actively supported.
- * Children had been very well prepared and supported for moving to their permanent family by foster caring families.
- * Inconsistent support from the service was experienced by some approved adopters.
- * There was a lack of clarity regarding the type and frequency of post adoption support adoptive families should expect and could access.
- * The service needs to improve oversight and management of key areas of performance including concerns and complaints, protection concerns, and unplanned endings for children.

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

The service has not been able to prioritise development work within the adoption service due to challenges experienced since the time of the last inspection. This has led to variations in quality of support and experiences for some carers.

To better utilise resources and ensure regular provision of training, the service has linked with its neighbouring authorities within Forth Valley in the provision of preparation groups for prospective adopters. This reduced delays in the process and people spoke highly of their experiences of the groups.

Prospective adopters were dual approved by the service and post approval pre-placement training was provided. There was a lack of clarity about what was required and training was not being regularly undertaken by adopters in line with their approval. An Area For Improvement was made at the last inspection in relation to this which was not found to have been met. This will be repeated (See Area For Improvement 1).

Some adopters spoke highly of their experience of foster carers, highlighting that children had been very well prepared for moving to their permanent family and carers had been well supported by the foster caring families.

Inconsistent support from the service was experienced by some approved adopters following registration. This meant the opportunities for pre-emptive support were reduced, including in cases where challenges had been experienced by prospective adopters. The service has recently acted to provide appropriate support which has been welcomed by adopters however these experiences left some carers feeling isolated, unsupported and questioning their adoption journey. An Area For Improvement made at the last inspection regarding this aspect of service provision has not been met and will now form a new requirement (See Requirement 1).

No formal complaints have been received by the service and adopters advised they were clear of the formal process. However, concerns had been raised outwith the formal complaints process due to dissatisfaction with levels of support. These were not adequately recorded, responded to or resolved timeously. This will be considered within Key Question 2.

A number of children had experienced drift and delay in having their plan for permanence achieved. We heard the service had very recently introduced a new worker to focus specifically on supporting the progress of permanence work and members of the team were also supporting the progression of Parenting Capacity Assessments to reduce delay.

Comprehensive assessment was supported by effective panel consideration when considering prospective adopters. However, some carers experienced unnecessary delays in their assessment being progressed. This led to frustration and anxiety, and carers told us the lack of clarity around what to expect exacerbated this further. We strongly advised the service to develop a specific adoption handbook to support carers throughout their adoption journey.

Wherever possible, children and young people lived with their brothers and sisters, unless assessed as not appropriate to their individual needs. In these situations, the rights of children and young people to have meaningful relationships, celebrate special family occasions and make new treasured memories with their brothers and sisters was recognised and actively promoted.

Some foster carers who had supported children's transition to adoption continued relationships with adoptive households. This meant these important relationships were maintained, further supporting children's understanding of their life story and identity.

Post adoption support plans were in place however some carers identified concerns around their quality, the development process and subsequent delivery of support. Later life letters were in place for some children however we heard this was not the case for all.

Carers described a lack of clarity around what to expect and lack of post adoption support from the service, particularly when the family lived outwith the authority (See again Requirement 1).

Requirements

1. By 1 April 2026 the provider must provide high quality support, which consistently meets the needs of children and their adoptive parents at all stages of the adoption process including post approval, and post adoption support.

To do this the provider must as a minimum:

- a) clarifying expectations regarding caregiver supervision and support visits including frequency and purpose;
- b) identify vulnerabilities and support needs at an early juncture
- c) ensure supports are provided in a timely manner.

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

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

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

"My care and support is consistent and stable because people work well together." (HSCS 3.19)

Areas for improvement

1. In order for children and young people to consistently benefit from caregivers who are knowledgeable and well trained, the service should ensure clear and consistent approach in training and development.

This should include but is not limited to;

All staff and caregivers having a clear understanding about what mandatory training should be undertaken by pre-adoptive foster carers.

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

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

How good is our leadership?

3 - Adequate

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

The service has experienced significant challenges since the time of the last inspection which has impacted on team dynamics, morale and some aspects of service delivery. There have been some staffing changes, and the service now also has a new management and leadership structure with defined areas of responsibility for the different services which was necessary to provide clarity and strengthened accountability. As a result, there has been a need to focus on regaining team equilibrium and embedding structural changes before service development in other areas could be effectively progressed. The management team is confident that they are successfully moving through these changes and are confident that development and improvement work can now more effectively be progressed.

There is a wider service development plan which has focussed predominantly on the fostering service,

reflecting the priorities identified in recent months. Previous adoption service specific plans had not been updated and this should be taken forward by the service to ensure a strategic approach which reflects current and future priorities. This will be considered at the next inspection.

At the time of the last inspection a Requirement was made in relation to quality assurance within the adoption service. A system for monitoring, tracking and quality audit has been developed introduced offering some service overview and the Requirement was found to be met. However, we identified some gaps in key information and a wide variation in the quality of record keeping indicating this mechanism needs to be further enhanced. (See Area For Improvement 1).

Concerns being raised were not adequately recorded, responded to or actioned timeously. To ensure a responsive, transparent approach which supports good practice, the service must ensure that there are robust responses to concerns and complaints raised by, or about, the service, including comprehensive recording and clear feedback. (See Requirement 1)

Inconsistent approaches to the management, tracking and reporting of protection matters within the fostering service indicate that improvements in this aspect of service delivery are required and would be applicable to the whole family placement team service. (See Requirement 2)

A partial unplanned endings policy has been developed since the last inspection however this was not being followed. During this inspection we continued to identify inconsistencies, including meetings considering premature endings not being held or not being held timeously. This limited the opportunity for analysis and learning to inform individual plans and broader service development. (See Requirement 3)

Requirements

1. By 1 April 2026 , children and young people's wellbeing and rights should be supported by a good concern and complaint handling system.

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

a) ensure that there is an effective system within the service for the management of concerns and complaints that is reflective of the ethos and vision of the organisation

b) develop clear systems for recording concerns and complaints which also charts how they have been addressed

c) ensure a shared understanding across the staff team of the concerns and complaints system and processes, including any changes made because of this requirement.

d) ensure that all caring households have an understanding of this process and can access a written copy of the procedure

This is in order to comply with: Regulation 18(3) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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

'If I have a concern or complaint, this will be discussed with me and acted on without negative consequences for me.' (HSCS 4.21)

2. By 1 March 2026 the provider should ensure the safety and wellbeing of children and young people by always applying a consistent approach to protection matters.

To do this, the provider must as a minimum:

- a) Ensure practice is in line with national guidance and good practice.
- b) Ensure staff and caregivers are clear as to their roles and responsibilities in relation to safeguarding and protection matters through training, supervision and team learning opportunities.
- c) Ensure comprehensive recording, tracking and outcomes monitoring of all safeguarding and protection matters.
- d) Ensure all incidents and protection concerns are appropriately notified to the care inspectorate within legal timescales.

This is to comply with regulation 4 (1)(a) of Social Care and Social Work Improvement (Scotland) Regulations 2011 (SSI 2011/2010).

This is to ensure that the quality of care and support is consistent with the Health and Social Care Standard 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).

3. By 1 April 2026 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) Develop a cohesive policy in relation to all premature endings
- 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 (SSI 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)

Inspection report

Areas for improvement

1. The service should seek to improve the consistency and quality of recording across all key documentation. This should include ensuring all key records are safely stored and accessible.

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) and;

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

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

Requirements

Requirement 1

By the 5th May 2024 the provider must ensure quality assurance systems are robust and effectively support 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 including statutory checks, unannounced visits, return to panel (where applicable), unplanned endings.
- b) Ensure effective quality assurance systems are in place to audit quality of recording within the service, including but not restricted to carer supervision records, risk assessments, safer caring plans and adoption support planning.

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 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 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 7 March 2024.

Action taken on previous requirement

The service now has quality assurance systems for the adoption service which support strategic and practice overview however these are at early stages of implementation.

They should continue to develop this in order to fully capture key aspects within the service including post adoption support plans and later life letters.

Tracking of unplanned ending for children and young people are still not effectively managed and monitored. Concerns around unplanned endings are addressed within the body of the report where a new Requirement has been made in relation to this aspect of service delivery.

The service has introduced a process for case file auditing, which means that managers have a better understanding of where there are gaps and inconsistencies in practice and recording of practice. Specific issues relating to quality of recording are considered in the body of the report where a new Area For Improvement has been made.

The service has made progress since the time of the last inspection and introduced quality assurance systems which are beginning to support strategic and practice overview. Although further work needs to be done to enhance these, the above Requirement has been assessed as MET.

Met - outwith timescales

Requirement 2

By the 5th May 2024 the provider must ensure all children and their adopters receive appropriately planned support.

To do this the provider must at a minimum;

- a) Ensure all pre-adoptive and adoptive children have an adoption support plan that anticipates future need and agreed achievable outcomes.
- b) Undertake regular review of adoption support plans.

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 practice 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 requirement was made on 7 March 2024.

Action taken on previous requirement

- Post adoption support plans in sample cases considered were in place
- There was some evidence of plans being appropriately reviewed.
- Most adopters confirmed that they had adoption support plans in place and knew that could be reviewed at any time.
- We have encouraged the service to ensure this is monitored and tracked within quality assurance mechanisms.

Concerns were identified in relation to the quality of support received by some households and this is considered in the body of the report where a new specific Requirement has been made.

The service has taken appropriate action in the majority of key areas directed and therefore the above Requirement has been assessed as MET.

Met - outwith 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 for children and young people to consistently benefit from carers who are well supported, the service should ensure a consistent approach in the supervision and support, of caregiver families.

This should include but is not limited to

Clarifying expectations regarding caregiver supervision or support visits including frequency and purpose.

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 is consistent and stable because people work well together." (HSCS 3.19)

and

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

This area for improvement was made on 7 March 2024.

Action taken since then

- The service acknowledged that challenges experienced since the time of the last inspection led to variations in quality of support and experiences for some carers
- Clear, written guidelines and information around expectations in all area of the process were not available and would be beneficial.
- There was evidence of a lack of anticipated or responsive support in some cases for some prospective adopters
- There was a lack of support and communication from the service at different stages which a number of individuals had raised with the service.

This Area For Improvement was NOT MET and will now form a new Requirement - please see the body of the report.

Previous area for improvement 2

In order for children and young people to consistently benefit from caregivers who are knowledgeable and well trained, the service should ensure clear and consistent approach in training and development.

This should include but is not limited to;

All staff and caregivers having a clear understanding about what mandatory training should be undertaken by pre-adoptive foster carers.

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

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

This area for improvement was made on 7 March 2024.

Action taken since then

- There is currently no adoption handbook for prospective approved adopters and clear information regarding this aspect of adoption for those who will be dual approved was not incorporated within the available fostering handbook.
- The service recognised that approved prospective adopters, prior to matching and a child being in the home, had not been undertaking required training in line with requirements of their dual approval.

This Area For Improvement was NOT MET and will be repeated. Please see body of the report.

Previous area for improvement 3

To ensure stability in children's lives the provider should improve processes following unplanned endings and disruptions. This should include, but not be limited to:

- a) Ensure adoptive households are included in the quality assurance tracking system.
- b) Ensure to follow procedures with timely return to panel where this is assessed as required.
- c) Identify learning from unplanned endings and disruptions and possible implications for practice should be actioned.

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 area for improvement was made on 7 March 2024.

Action taken since then

- The service have incorporated adoption in their quality assurance tracker, including unplanned endings information
- The information provided however was not accurate in respect of unpanned endings which had taken place for this service.
- The service does not have an unplanned endings policy and procedure and practice in relation to reviewing and analysing events surrounding premature endings is inconsistent.
- Delays in unplanned ending meetings had taken place, limiting learning opportunities to inform understanding of experience and future planning

This Area For improvement is NOT MET and a new, specific requirement will be made in respect of unplanned endings. Please see the body of the report.

Previous area for improvement 4

To ensure children, young people and caregivers benefit from the support of a skilled and knowledgeable staff team, the service should undertake a staff training audit and develop a robust system to ensure a management overview. This should include but not limited to embedding regular staff appraisals.

This is to ensure that care and support is consistent with the Health and Social Care Standards 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 benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes". (HSCS 4.19)

This area for improvement was made on 7 March 2024.

Action taken since then

- Staff undertook relevant training and engaged in self-directed learning.
- A variety of development opportunities were available to the staff group.
- Staff training records are reviewed in supervision, and training needs for the year will be discussed in annual appraisals. Due to changes in management of this service, these appraisals have not been prioritised in 2025 and are due to take place early in 2026.
- There is not an overall analysis of staff training needs or staff training plan however we understand this is being progressed as part of the service review and this will be reviewed at the time of the next inspection.

This Area For Imrpovement has been assessed 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.

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	3 - Adequate

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

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