

Falkirk Council Fostering Service

Fostering Service

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Announced (short notice)

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Service provided by:
Falkirk Council

Service provider number:
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About the service

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

Falkirk Council Fostering Service provides a fostering and family placement service for children and young people from birth to 18 years and their families, who are assessed as in need of this. The agency recruits and supports carer families to provide a range of fostering placements to children, including permanent, long term, interim and short break.

The service aims to provide a choice of foster carer placements appropriate to children's needs.

About the inspection

This was a short notice announced inspection which took place between 12 January 2026 and 26 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 15 fostering and continuing care caregivers
- spoke with 10 staff and management
- observed practice and daily life
- reviewed documents
- reviewed surveys from panel members, external professionals, caregivers and members of staff.

Inspections of the linked continuing care supportive carers service and the local authority's adoption service were carried out alongside the inspection of the fostering service. These are reported on separately.

Key messages

- Most children and young people benefitted from warm and attuned care, from caregivers who knew them well.
- Relationships with brothers, sisters and other important people were actively supported.
- The service needs to ensure that all caregivers have completed core training, including in key areas such as child protection and safer caring.
- Children and caregivers sometimes experienced poorer outcomes due to inconsistent matching practices.
- Caregivers reported varied experiences of support from the service.
- The service needs to strengthen oversight and management of key performance areas, 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 the strengths identified only just outweighed the weaknesses.

Most children and young people experienced warm, attuned care from caregivers who demonstrated a clear understanding of their individual needs and strengths. This provided young people with security, acceptance, and support to get the most out of life.

The service took a child-centred approach to short break support. Where young people had planned short breaks with foster carers, introductions were usually well considered to help them to have positive experiences.

The service was increasingly exploring the use of foster carers to provide outreach support to kinship carers or in some circumstances, birth parents. Whilst this aligns with aspects of the promise, we strongly recommend that the service develops a clear policy and guidance for workers and caregivers to ensure everyone involved is safe and well supported.

Young people's relationships with family members and other important people were recognised and actively supported. Some carers went above and beyond to maintain relationships with extended family, showing high levels of acceptance and respect. This helped affirm a positive and integrated sense of identity for children and young people.

Where assessed to be in children's best interests, efforts were made to keep brothers and sisters together. This sometimes meant caregiver families were over their registered approval, or in two cases over the legal limit of caring for three unrelated children. Resource pressures meant some siblings were separated and fewer were swiftly reunited than at the time of the last inspection.

Some young people had positive experiences in education and were able to achieve and succeed, with support from their foster carers. However, as at the time of the last inspection, access to appropriate tailored support in education within the Falkirk area was not always adequate. Some young people received very little educational input during their high school years. This remains a significant gap in the local authority's provision for looked after children and negatively impacts outcomes in relation to learning and development.

Caregivers had access to a wide range of well planned training opportunities, including evening and weekend sessions. However, a large group of carers had not completed mandatory training. An area for improvement was identified at the last inspection and this has not been met. See **Requirement 1**.

Children and young people were usually kept physically and emotionally safe within their caregiver households. Inconsistencies in how child protection concerns were managed, reported and tracked will be discussed further under Key Question 2.

Caregiver families were generally comprehensively assessed and reviewed, with clear conclusions about their capacity to meet children and young people's needs. However, this had not always been consistent over the period since the last inspection. The staff and current management recognised these issues and have taken action to improve quality and experiences.

The service has introduced matching records for all new referrals, and interim approval processes for arrangements outwith carer approval were being followed. However, this does not yet appear to have significantly improved the quality of matching decisions. An existing Area for Improvement on matching practices has not been met. See **Requirement 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.

Caregivers reported varied experiences of support from the service. Many were highly positive about their supervising social workers, with several stating they may not have continued to foster without this support. However, feedback about support from the service was not always positive. This was echoed in deregistration panel minutes where caregivers chose to leave the service. Several caregivers described

instances where, during crises or following allegations, communication and support from the service was insufficient. See **Area for Improvement 1**.

Requirements

1. By 1 April 2026 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 mandatory 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 flexible learning opportunities

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 the quality of care and support is consistent with the Health and Social Care Standard 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).

2. By 1 April 2026 , the provider must develop and implement effective processes in relation to the admission and matching of children and young people to caregivers within the service. This is to ensure the safety, wellbeing and stability of care arrangements for children and young people.

To do this, the provider must as a minimum:

- a) Ensure the comprehensive assessment of children and young people's needs in conjunction with the skills and capacity of caregivers within the service.
- b) Ensure caregivers' strengths and vulnerabilities are identified and recorded, along with any supports required to meet the identified needs of the child.
- c) Ensure that the views of caregivers, birth children and other children or young people living within caring households are consistently sought and used to inform decision-making.
- d) Ensure that the rationale for decision-making is comprehensively documented and, when appropriate, includes recognition of any vulnerabilities and plans to mitigate these.

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:

'My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event' (HSCS 4.14).

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

Areas for improvement

1. The service should provide high quality support which consistently meets the needs of caring households. To do this, the service should, 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 consistent 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 the quality of care and support is consistent with the Health and Social Care Standard 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 leadership?

3 - Adequate

We evaluated this key question as adequate, where the strengths identified only just outweigh the weaknesses.

The service had experienced significant challenge since the last inspection. There have been some staffing changes, and a new management and leadership structure had been introduced to provide clarity and strengthen accountability. The focus in recent months had been on rebuilding the team and embedding structural changes before progressing wider service development. The management team acknowledged the lack progress in several key areas but was confident that development and improvement work would now move forward more effectively. This optimism was shared by the wider staff team, although work was still required to rebuild caregivers' confidence in service leadership.

The service had a clear development plan, and progress on aspects of this plan were apparent. At the last inspection a requirement was made directing that systems were put in place to monitor service delivery. This requirement has been partially met. While key statutory checks and processes were monitored, we noted significant gaps in the monitoring and analysis of other important areas of practice.

Although file audit processes were in place, there was still a wide variation in the quality of record keeping across key documents and records. Work had begun in this area, but further improvement was required. See **Area for Improvement 1**.

At the last inspection an Area for Improvement was made regarding unplanned endings. The service was advised to ensure consistent and timely reflective meetings took place following all premature placement endings. A partial unplanned endings policy had since been developed; however, it was not being followed. During this inspection, inconsistencies and gaps remained, including reflective meetings not

being held or being held after significant delay. It was evident that several children had to move on from their foster carers where this would not have been the plan for them, resulting in uncertain outcomes. See **Requirement 1**.

Caregivers felt confident raising concerns and complaints with the service. However, we were aware of several concerns where recording had not been formalised, offering no assurances of a meaningful response. Some carers felt discouraged from making complaints about other local authority services. No recent formalised complaints were recorded, but this did not reflect the reality of the issues raised. The service must ensure that there are robust responses to concerns and complaints. See **Requirement 2**.

We were concerned about inconsistencies in how child protection issues were managed, reported and tracked within the service. This included gaps in notifications to the Care Inspectorate, including an allegation against a foster carer and a child's disclosure of abuse. We also noted some notifications that were significantly delayed. See **Requirement 3**.

The service had taken steps to actively involve young people, particularly the Champs board, in some aspects of services development. This included work around the use of language, in line with the principles of the promise. However, caregivers told us that although they were asked for their views, they did not always feel heard. One caregiver told us that the service 'could show it's listening and not merely asking questions. Give us answers within a set time'. This highlights the ongoing need to rebuild caregiver confidence in service leadership.

The fostering, adoption and permanence panel worked effectively, with panel members demonstrating appropriate skills and confidence. The panel benefitted from a strong and experienced independent chair. Paperwork was well organised by the panel administrator, and minutes were generally clear and sufficiently detailed. This provided a high standard of independent scrutiny of foster carer registration.

Requirements

1. 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, including interim, long term and permanent placements.
- 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 the quality of care and support is consistent with the Health and Social Care Standard which state that:

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

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

3. 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).

Areas for improvement

1. The service should seek to improve the consistency and quality of recording across key documentation, including supervision records, case notes, safer caring assessments and unannounced visit records. 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).

'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 5 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, panel review and 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 (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); 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 13 March 2024.

Action taken on previous requirement

The service has implemented tracking for key areas including statutory checks, unannounced visits and panel review. Unplanned endings for children and young people are still not robustly managed.

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. There have been some improvement in consistency of recording particularly in relation to carer supervision. There is still some work to be done in this area to improve consistency across the service.

Although assessed as 'Met' some aspects of this will be reflected in a new Requirement around policy, evaluation and overview of unplanned endings. There will be also be a new Area for Improvement regarding ongoing quality improvement to achieve consistency of record keeping for all young people and caregivers.

Met - outwith timescales

Requirement 2

By 5 May 2024, the provider should ensure children and young people's safety, health and wellbeing to be robustly prioritised and confidently responded to by their caregivers through effective use of safer caring plans and risk assessments.

To do this the service should ensure individual safer caring plans and risk assessments are in place for all children and young people, reviewed and updated regularly.

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 was made on 13 March 2024.

Action taken on previous requirement

Individualised safer caring plans are now in place for all children and young people within the service. These adequately reflect young people's individual needs and circumstances. Risk assessments were in place for the young people we case tracked although the format for these was inconsistent and links from these across to the safer caring plans were not always apparent.

Although this has been assessed as 'Met', the need to improve the quality of these plans is reflected in the new Area for Improvement regarding the quality of record keeping and documentation.

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 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 13 March 2024.

Action taken since then

Supervising social workers within the service have been using a consistent format to record carer supervision, and from our tracked sample of caregivers we noted caregivers were receiving regular planned supervision visits from their workers. This level of support was consistently reflected in caregiver interviews and survey responses.

However, some specific concerns were raised in relation to support in times of crisis which is addressed by a new Area for Improvement.

Previous area for improvement 2

To support children and young people's health and wellbeing, the provider should ensure that all foster carers have completed core training requirements.

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, and are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14).

This area for improvement was made on 13 March 2024.

Action taken since then

Although the service has continued to offer a full programme of carer training, including sessions offered in the early evening or weekend, there are still a significant proportion of foster carers who have not undertaken core mandatory training including updated protection training.

This has not been met, and this AFI will be updated to a requirement.

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Previous area for improvement 3

To improve outcomes for young people, the service should further strengthen their referral and matching processes to ensure that there is a clear identification of a fostering family's ability to meet the needs of a child before the child joins this family. This should ensure that the needs of existing children in the fostering family have been included.

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 13 March 2024.

Action taken since then

The service has introduced a 'matching consideration form' which should be used for all new referrals for foster care. However, despite the introduction of this process we noted that a number of unplanned endings, carer resignations and poor outcomes for children and caregivers were attributed to inappropriate matching. Therefore although the process of matching documentation has been introduced this does not consistently impact on experiences.

This has therefore been assessed as not met – and will form a new Requirement.

Previous area for improvement 4

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) Developing a clear process outlining the actions to be considered after every unplanned ending or disruption.
- b) Identify learning from unplanned endings and disruptions and the implications for practice that should be actioned.
- c) Ensure to follow procedures with timely return to panel where this is assessed as required.

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 13 March 2024.

Action taken since then

The service has not developed a robust and coherent unplanned endings policy. Although some 'reflective' meetings have taken place, the timescales and format of these meetings has been inconsistent. In some instances, no clear learning has been identified and there has been no analysis or strategic overview of unplanned endings. The service has acknowledged that this remains a significant gap.

This has not been met and will form a new requirement.

Previous area for improvement 5

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 be limited to, embedding the practice of 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 13 March 2024.

Action taken since then

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 is considered to have been 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

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