

Supportive Carers Scheme Adult Placement Service

Camelon Social Work Office
108B Glasgow Road
Camelon
Falkirk
FK1 4HS

Telephone: 01324 506 070

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Falkirk Council

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About the service

Falkirk Council Supportive Carers Scheme is registered with the Care Inspectorate as an adult placement service and is provided by Falkirk Council. The service is provided to young adults age 18 years or over and allows young people in foster care the opportunity to remain with their existing fostering family until they are ready to move into independent or alternative accommodation.

The Supportive Carers Scheme recognises the council's continuing responsibility to support care experienced young people leaving foster care. Support is provided to the young person by their social worker or after care worker and the fostering service continues to support the carer.

This report should be read in conjunction with the longer inspection report for the linked Falkirk Council Fostering Service.

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 fostering service and the local authority's adoption service were carried out alongside the inspection of the supportive carers scheme.

This report should be read alongside the more detailed report for the fostering service.

Key messages

- 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 are clear about what is required as core training for the service and have completed this.
- The local authority must ensure that there is a continuing care policy in place, and that welfare assessments are carried out for young people eligible for continuing care.
- 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.

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

Young people were supported to understand and manage risk and caregivers were supported by their supervising social workers to understand their changing role as an adult carer. This provided young people with a safe base from which they could make choices and learn from any difficulties encountered.

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 young people.

Some young people had positive experiences in education and the workplace and were able to achieve and succeed, with support from their foster carers. However, as with the fostering service, access to appropriate tailored support in education within the Falkirk area was not always adequate.

There was a lack of clarity from the service about what specific training was required for supportive carers. The service has started to offer 'continuing care' training, but this was not mandatory before carers were approved for young adults. We would expect all adult placement carers had at a minimum undertaken adult protection training but this was not the case here. Two areas for improvement were made in relation to training for adult placement carers at the time of the last inspection, neither of which have been met. See **Requirement 1**.

We found that the number of young people in continuing care within the service had significantly reduced since the time of the last inspection. Although carers and young people were aware of rights under continuing care legislation there was a lack of clarity about exactly what young people and caregivers could expect in reality. Transitions into continuing care and then into adult services where this was required were therefore uncertain and did not always feel 'seamless' for young people and caregivers.

This is explored further under Key Question 2.2, where a related Requirement is made.

Requirements

1. By 1 April 2026 the provider must ensure the safety and wellbeing of young people is robustly supported by timeous carer training, assessment and approval.

This should include but is not limited to:

- a) Ensuring carers attend all mandatory and refresher training, particularly that relating to the protection of young adults.
- b) Ensuring mandatory pre-approval training to support the needs young people moving into adulthood and their caregivers is undertaken timeously

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).

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.

There is a wider service development plan which has focussed predominantly on the linked fostering service. Previous supportive carers specific plans had not been updated and practice in this area requires closer consideration to ensure that all young people and carers receive the level of service that is right for them.

At the time of the last inspection, the local authority had a draft continuing care policy but this remains in draft form and has not been finalised. There is therefore no continuing care policy which is accessible and well understood by all parties. We saw no evidence of continuing care welfare assessments being carried out to the standard required by legislation. We recognise that this is not solely the responsibility of the fostering or supported carers services, but responsibility lies with the wider local authority who is the provider of these services. Additionally, the supportive carers scheme does not have its own policy in relation to the specific procedures for the service. See **Requirement 1**.

At the last inspection a requirement was made directing that systems were put in place to monitor service delivery. Elements of this requirement have been met. While key statutory checks and processes were monitored, we noted significant gaps in the management and analysis of other important areas of practice. As with the linked fostering service, we have made an **Area for Improvement (AFI 1)** relating to quality assurance of documents and records; and **Requirements (2,3 and 4)** regarding the management and oversight of unplanned endings; concerns and complaints; and protection issues.

Requirements

1. By 1 April 2026, the provider must ensure that a clear and consistent approach is taken to promote positive outcomes for young people up to the age of 21 in line with Continuing Care legislation. To do this, the provider must, as a minimum:

- a) Finalise a continuing care policy that sets out its responsibilities to provide continuing care, ensuring young people are aware of their right to remain in their fostering families;
- b) Ensure welfare assessments are carried out timeously for young people who are eligible for continuing care.
- c) Ensure that foster carers intending to provide continuing care are approved in advance of the young person's 18th birthday.

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:

'My future care and support needs are anticipated as part of my assessment' (HSCS 1.14).

'My human rights are central to the organisations that support and care for me' (HSCS 4.1).

2. 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 continuing care 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:

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

3. 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).

4. By 1 March 2026 the provider should ensure the safety and wellbeing of 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 the quality of care and support is consistent with the Health and Social Care Standard 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 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 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 not be limited to, ensuring that agreements are in place between agency and adult placement carers in relation to the level of service they provide and level of support they should expect to receive.

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 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

In order for 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, ensuring that all carers have undertaken mandatory training including adult protection training.

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 13 March 2024.

Action taken since then

There is no clear guide outlining the mandatory expectations for adult placement carers either before or after approval.

This is assessed as not met, and will now inform a new requirement.

Previous area for improvement 3

To support young people's health and wellbeing, the provider should ensure that all adult placement 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

As for Area for Improvement 2, this has not been met and these will be combined into 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 now form a new requirement.

Previous area for improvement 5

To ensure 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.

(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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Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

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