

the promise





**“We grow up loved, safe,
and respected so that we
realise our full potential.”**

Scotland’s Ambition for children and young people



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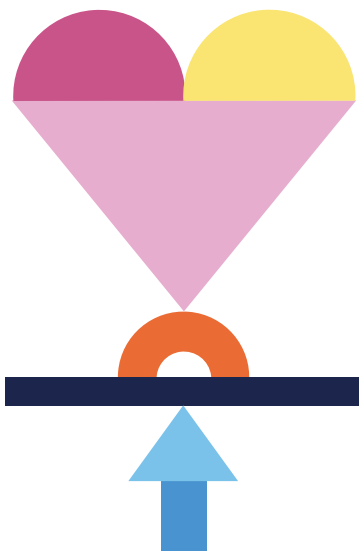
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Scotland has an ambition ‘to be the best place in the world to grow up’ so that children are ‘loved, safe, and respected and realise their full potential’.

In October 2016, the First Minister made a commitment that Scotland would “come together and love its most vulnerable children to give them the childhood they deserve.” She announced an Independent Root and Branch Review of Care (“the Care Review”), driven by those with experience of care.

When I was asked to chair the Care Review, I paused. In the seven preceding years, there had been six reviews into how Scotland cares for its children. Wise people had already documented the problems with the current ‘care system’ and worked hard to establish what needed to change. Yet their recommendations based on a wealth of knowledge and understanding did not lead to wholesale change. I spoke to the Chairs of these reviews (and others) to learn about what had got in the way. They spoke of the lack of buy-in for change; no money to invest in the necessary change; restrictive rules preventing change; not knowing how to make change, and much more.

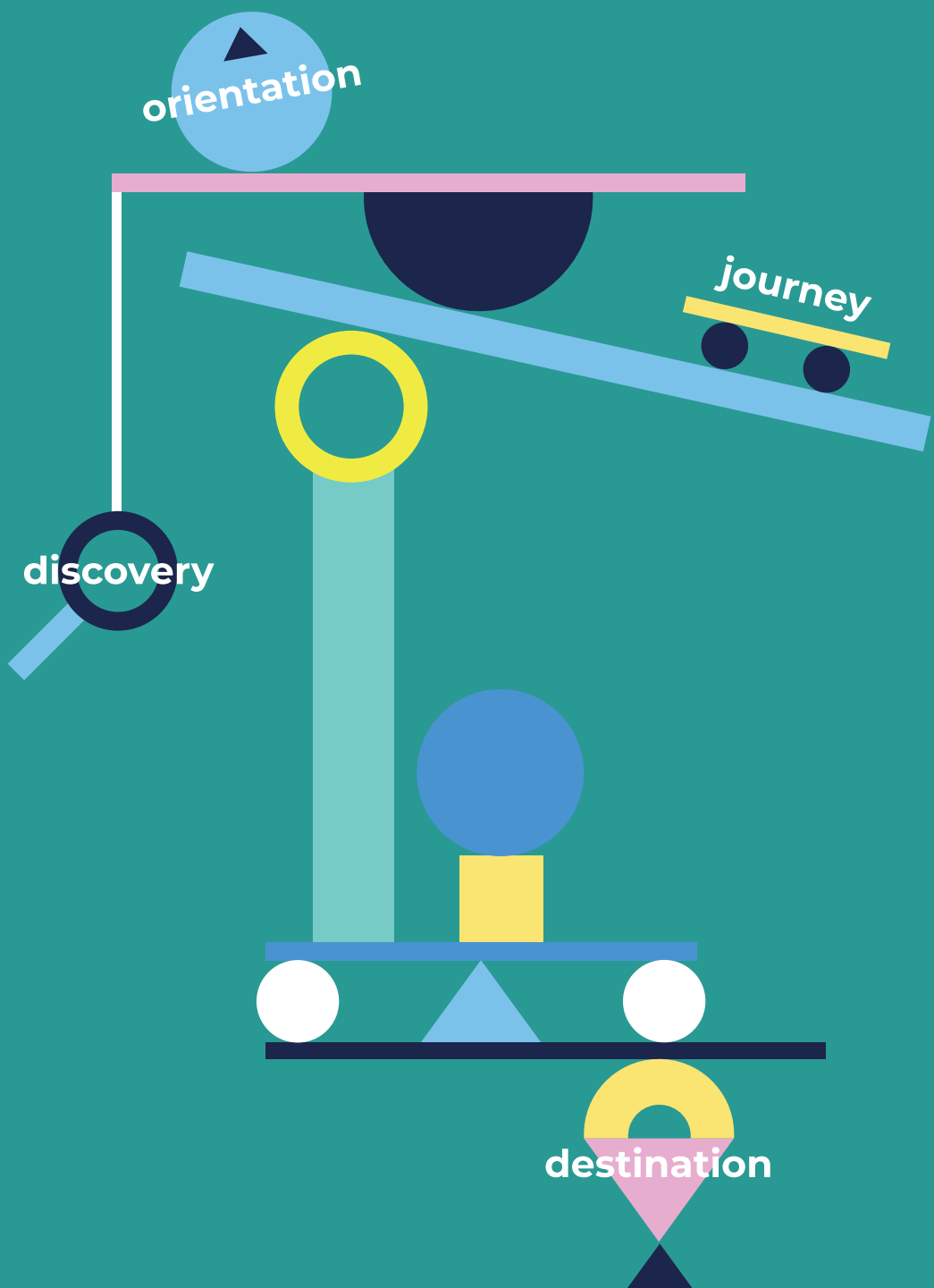
So the Care Review had to be different, starting with an unwavering commitment to make sure the care experienced community would be at its very heart. It was important to ensure a full and proper understanding of how the ‘care system’ feels and what it is that children and families really need to flourish. Only those who have experience of the ‘system’ know that.



That commitment has been a constant since February 2017 when the Care Review embarked on figuring out how to keep Scotland’s promise to its children.

Very early on, it was clear that children must not wait until the end of a traditional Government review for the change they needed now.

The Care Review listened and worked across Scotland to put in place change throughout its four stages – **Orientation, Discovery, Journey** and **Destination**. Each stage built on the last to ensure momentum built and the necessary change progressed.



In May 2018, the Care Review embarked on its Journey stage. A team was created to work closely with the people in charge of the 'care system' to take an appreciative inquiry to help them change the things that were having the biggest impact on children's lives, and to diagnose the bridges and barriers to long-term change.

At the point of concluding, the Care Review has listened to over 5,500 experiences. Over half of the voices were children and young people with experience of the 'care system', adults who had lived in care, and lots of different types of families. The remaining voices came from the paid and unpaid workforce.

It was their stories that guided the Care Review and it is their experiences that have shaped everything the Care Review has concluded.

Integral to understanding the entire 'care system', the Care Review considered the research and commissioned its own to fill knowledge gaps. It reviewed all of the laws and rules, collected data, and made connections across the 'roots and branches' of the 'care system'.

The Promise does not reference every document, research, policy paper and previous review that has been considered; a full library of evidence that the Care Review commissioned and reviewed will be published separately.

Everything in **The Promise**, and the other Care Review reports, reflects what the Care Review heard.

It is clear that Scotland must not aim to fix a broken system but set a higher collective ambition that enables loving, supportive and nurturing relationships as a basis on which to thrive.

When reading **The Promise**, do not look for the place, role and purpose of the current features of the 'care system.' Whilst certain aspects of the current structures are referenced, **The Promise** sets out an overall view of what the new approach should be.

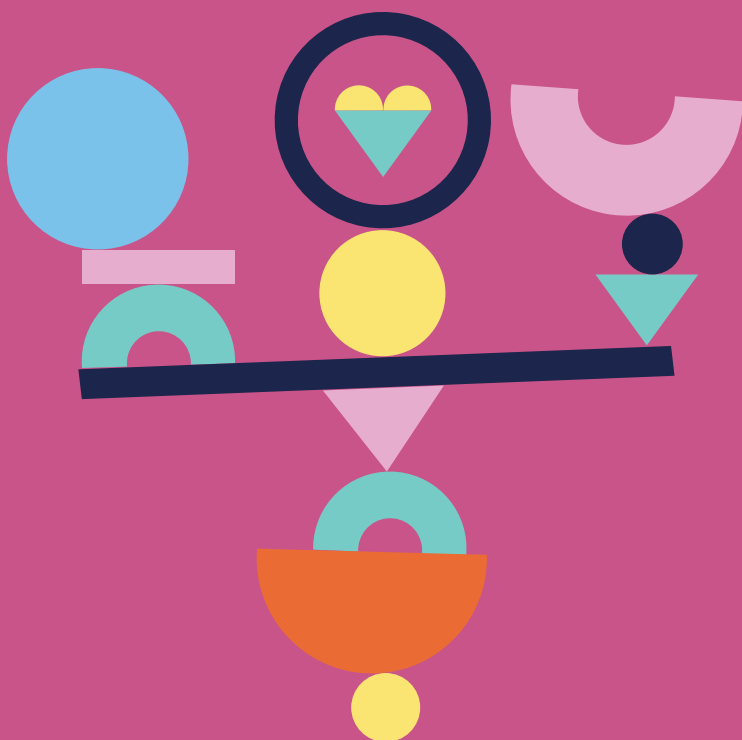
Nor should you look for where to lay blame for what has gone before, you will not find it in these pages. Instead please look for what you can do to support the change for Scotland's children and families.

For Scotland to truly to be the best place in the world for children to grow up, a fundamental shift is required in how decisions are made about children and families.

For lives and futures to change, Scotland must change the way it supports families to stay together. Because despite Scotland's aspiration for early intervention and prevention, its good intentions, and the hard work of many, the experience of far too many children and families is of a fractured, bureaucratic, unfeeling 'care system' that operates when children and families are facing crisis.

The statistics tell Scotland there are almost 15,000 children in its 'care system', but do not tell these children's stories. Many have and continue to go through deeply distressing and disturbing experiences that are often severely traumatic. The impact can be profound and lifelong. Perpetuation of trauma and failure to support healing where children and families are already experiencing poverty and inequality is reflected in poor outcomes for many who have experience of the 'care system'.

Despite the system being focused, above all else, on protecting against harm, it can prolong the pain from which it is trying to protect. Some children who have experienced trauma told the Care Review that being taken into care and growing up in the 'care system' was among the most traumatising experiences they had ever had, exacerbated by being separated from their brothers and sisters, living with strangers and moving multiple times.



Overcoming trauma often requires a foundation of stable, nurturing, loving relationships. Scotland's focus and understanding of risk must shift to understand the risk of not having stable, loving, safe relationships. For above all else the Care Review has heard it is that children want to be loved, and recovery from trauma is often built on a foundation of loving, caring relationships.

It is important to say that whilst listening carefully to what matters to children and what needs to change, the Care Review also heard the most beautiful, uplifting stories from care experienced children and young adults who had been nurtured and loved.

However, the current 'care system' is failing to provide that foundation for far too many children. Scotland must care in a way that gives children every possible chance to experience love in their lives.

Scotland cannot legislate for love and nor should it try. A legislative framework for love would be driven by an institutional view of love that could not possibly reflect the experience of being loved and cared for.

To ensure the experience of being loved is possible and much more probable, Scotland must create an environment and culture where finding and maintaining safe, loving, respectful relationships is the norm. That will involve fundamentally shifting the primary purpose of the whole of Scotland's 'care system' from protecting against harm to protecting all safe, loving respectful relationships.

This Promise reflects what 5,500 babies, infants, children, young people and adults told the Care Review in the hope that Scotland is listening.

To get the full picture of how Scotland can keep **The Promise**, please read **The Plan, Follow the Money, The Money, The Rules** and **The Thank you**.

Finally **THANK YOU** for reading **The Promise**. My hope is that when you do you will want to be part of the change.

Scotland, let's keep this Promise.

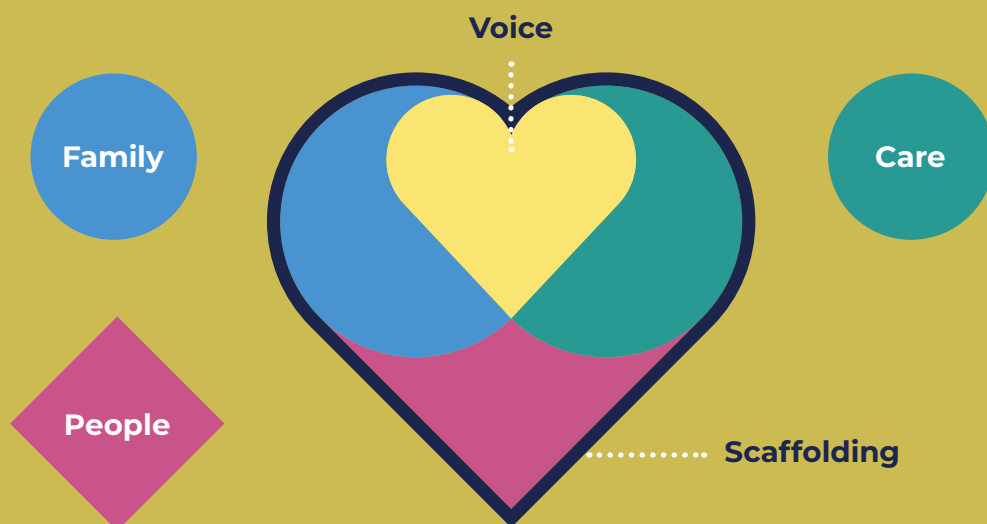
Love




**Fiona Duncan, Chair of the
Independent Care Review**

The Promise will be built on these foundations.

These foundations must be at the heart of a reorganisation of how Scotland thinks, plans and prioritises for children and their families.



Voice: Children must be listened to and meaningfully and appropriately involved in decision-making about their care, with all those involved properly listening and responding to what children want and need. There must be a compassionate, caring, decision-making culture focussed on children and those they trust.

Family: Where children are safe in their families and feel loved they must stay – and families must be given support together to nurture that love and overcome the difficulties which get in the way.

Care: Where living with their family is not possible, children must stay with their brothers and sisters where safe to do so and belong to a loving home, staying there for as long as needed.

People: The children that Scotland cares for must be actively supported to develop relationships with people in the workforce and wider community, who in turn must be supported to listen and be compassionate in their decision-making and care.

Scaffolding: Children, families and the workforce must be supported by a system that is there when it is needed. The scaffolding of help, support and accountability must be ready and responsive when it is required.

A note on words, phrases and terminology

Children

For the purpose of this report and in line with the United Nations Convention on the Rights of the Child, the word 'child' is used to describe "a human being below the age of 18 years".

The Care Review also uses the phrases children and young people, babies and infants where that is appropriate and meaningful.

System Language

The Care Review heard from children that the words used by the workforce to describe their lives, like 'unit' and 'placement' and 'contact' and 'respite' and 'LAC' (looked after child), are not the same as those used by their non-care-experienced peers. They told the Care Review that this language compounds a sense of being different, can exacerbate low self-esteem and is stigmatising. The Care Review avoids these words.

This report only uses system language where the use of an alternative may create confusion. Examples of this are words that are established in law to reflect a legal process such as 'compulsion' to attend Children's Hearings or 'siblings'. This does not prevent the Care Review from challenging these terms.

Care Experience

The Care Review has heard that, as a definition, 'care experience' has meaning for many. It has supported movement-building and is helpful as an understanding of personal identity. The Care Review also heard that it is an identity definition that some who have been 'looked after' do not wish to identify with as it can feel like a perpetuation of 'othering'.

Throughout this Report there is reference to care experience as a term used as a description of the environment that a child or young person is growing up in and as an identity definition, and to denote access to specific rights and entitlements.

The Care Review believes in an expansive and holistic understanding of 'care experience' that includes all the various settings and experiences of care. Within this there must be an understanding of how the role of the state in individuals' upbringing relates to ongoing rights and entitlements. The experience of being cared for must not be stigmatising. The Care Review supports a broad and diverse understanding of care experience, to ensure a collective recognition that care represents a part of all Scotland's communities. **Read more at Chapter 6: Scaffolding.**



A note on words, phrases and terminology



Workforce

The Care Review takes an expansive view of the workforce that includes all those who spend time with or have responsibility towards care experienced children and families. This is not to professionalise or codify these roles, but simply to understand the nature of relationships that surround children. **Read more at Chapter 5: People.**

Family

The Care Review takes a holistic view of families and in this report families will refer to biological, kinship, adoptive, foster and others. Children have told the Care Review of a variety of settings and homes that have felt like family, the Care Review reflects that understanding in its use of the term.

Love

Throughout this report, there is reference to love and loving relationships. The Care Review listened to thousands of experiences relaying what 'love' is, and isn't, for children in Scotland's 'care system' and considered trying to define this.

The Care Review has not sought to define love or seek to legislate for it. To do so would be reductive and serve only as an institutional definition of what love is. What is vital is that children feel the benefit of nurturing, loving relationships. It is for them to define their experiences, not for Scotland to dictate what love feels like.

Good Parent/Corporate Parent

Throughout this Report there are demands that Scotland be a good parent for those it is responsible for. The system uses the term 'corporate parent' to refer to this. The Care Review has heard that this term feels demeaning and is an example of cold, process driven relationships.

The Care Review has avoided using this term. Nevertheless Scotland must live up to its responsibilities in relation to the children it has (and has had) responsibility for and be a 'good parent'. It is tempting to define what a 'good parent' is. However, like love, to do so would only apply an institutional version of parenting and create the danger of further systemisation of care.

What matters is that children and young adults feel the benefit of Scotland's good parenting. It is for those in receipt of care to define their experiences.

Chapter 1: Scotland's Promise

This Chapter outlines what Scotland's Promise means for children, families and the workforce.

The subsequent Chapters (2-6) organised under each Foundation describe how Scotland can embed the Foundations into culture, policy and practice.

Foundation: Voice

Children must be listened to and meaningfully and appropriately involved in decision-making about their care, with all those involved properly listening and responding to what they want and need. There must be a compassionate and caring decision-making culture focussed on children and those they trust.

Many care experienced people told the Care Review they wanted to stay with their family and that the loss of family love has hurt them. Some care experienced people said the opposite, they wish they had been removed earlier and that continuing contact with their family has been painful.

There is not a single way through individual care experience, which is as unique and diverse as the population. Scotland must learn to better listen to children and respond to what children want and need.





The unprecedented listening that has formed the basis of the Care Review led to questioning about how the entire system works. Listening must start with the expectation that it will lead to change.

Active listening and engagement must be fundamental to the way Scotland makes decisions and supports children and families. There is no simple formula or standardised approach that will suit all.

Alongside listening, access to good data can enhance good decision-making but currently, official statistics report on a single 'episode of care' basis and present a series of 'snapshots' at specific points in time. This means that an individual's 'journey of care' (constituted by linking together the individual episodes which make up their care experience) and their progress over time is not represented in official statistics.

The way Scotland collects data and evidence is not always helpful in understanding the experiences of children. Data reporting can create 'groups' that are not representative of reality. Broadly speaking, the data collected on the 'care system' reflects the system and its processes and outcomes that can be easily quantified, rather than the true outcomes and experiences of the people who move through it. This puts a very specific (and often unhelpful) lens on issues and experiences and means solutions are shaped without a full or deep understanding of the root problem. Collecting data and focusing research in this way negatively impacts the measurement and understanding of services and outcomes and, at worst, provides a false sense of positive impact and success.

Furthermore, data is often captured and held by a range of different agencies in varying formats and not readily shared.

All of this means that current data is fundamentally flawed as it does not reflect what matters to children and therefore currently cannot be relied on to support good decision-making on its own.

Scotland must improve how it uses data in decision-making but to do so it must take a different approach to how it collects data and information. Scotland must listen to what children and those close to them who know them best tell decision makers to understand the full picture of what is happening in a child's life.




Scotland must ensure decision making is based, first and foremost, on what the child needs and wants.

This is particularly important in decisions about where a child will find a stable, loving home.

This is not naïve; listening to children, particularly those who have experienced trauma can be difficult, and requires a thoughtful and supported workforce to act in their best interests with a comprehensive understanding of what those interests are. There will be times where children may be so hurt and traumatised that they may say they want to stay in family settings that are severely inappropriate for them. Decision making must also take account of what those closest to children report, rather than relying on a professional hierarchy.

Many in the workforce who are close to children have expressed concerns to the Care Review that they have been ignored in decision making processes. People who children trust, and who have all the information available to them, must be able to make decisions that provide children with the best possible start in life.



The Care Review has heard stories where a powerful voice from a range of professional backgrounds has dominated, crowding out of the voices of children and alternative perspectives, leading to decisions that have not been in the best interests of the child. Scotland must challenge power dynamics within all decision making processes to achieve a balance which ensures all decisions taken are in the best interests of the child.

Scotland must support a culture change in key institutions responsible for decision making.

The principles that underpin Scotland's unique Children's Hearings System must be upheld but there must be a more active consideration of underlying structures so that The Children's Hearings System is best placed to truly listen and uphold the legal rights of children and their families.

Throughout the timeframe of **The Plan**, The Children's Hearings System must test structural changes and analyse their impacts to explore its role in listening better and responding to what children and families told the Care Review.

Foundation: Family

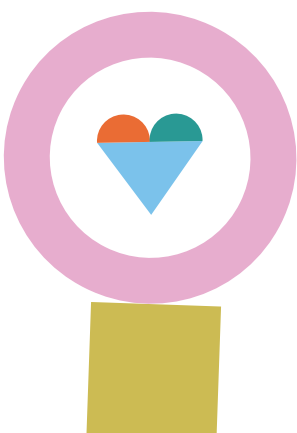
Where children are safe in their families and feel loved they must stay – and families must be given support together to nurture that love and overcome the difficulties which get in the way.

Scotland must listen to and absorb the overwhelming evidence of the lasting pain that removal has caused children, families and communities. This must result in a fundamental shift of thinking about when a child should be removed from their family.

That statement is not made lightly. Nurturing and supporting families to stay together will take far more than what Scotland currently provides.

- Scotland must provide families with support that lasts as long as required, with the collective acceptance that for some families this will be a long-term commitment.
- The support that Scotland gives families must be provided by people drawn from varied backgrounds, including informal networks, with the emphasis on who the family relates to rather than professional specialisms.
- Decisions taken about support must involve children and families with a focus on meeting their needs, as opposed to the system's needs.
- It must become much more common for families to be supported to stay together.

The approach will look significantly different from the current position and will vary according to need, but Scotland must fulfil its commitment to early intervention and prevention.



Risk and Safety

Scotland must broaden its understanding of risk when making decisions about children and their families.

The Care Review recognises that the public conversation about the 'care system' can create a perception of opposing views; that services must either be focussed on 'family support' or 'welfare services' and 'risk prevention.' The former is thought of as providing maximum support but at the expense of safety. 'Welfare services' are perceived as having an overt focus on risk assessment, risk management and the reduction of risk which maximises the sense of safety but does not support families in a way that enables a loving environment.

The Care Review has heard that, for many care experienced children, young people and adults who shared their story, the risk of negative experiences within the 'care system' became a reality.

Scotland must therefore broaden its understanding of risk. This is not about tolerating more risk, or becoming more risk enabling. It means ensuring Scotland has a more holistic understanding of risk that includes the risk to the child of removing them from the family. There must be a shift in focus from the risk of possible harm to the risk of not having stable, long term loving relationships.

Removing a child from their family creates trauma for the child, the family and the community. If Scotland is to change the lives and futures of children there must be a change in policy, practice and communities to change the way we all think. There must be a reframing of the way Scotland thinks about risk, what to prioritise, and how best to respond. Safe and loving relationships must be the starting point for Scotland's thinking about children. Scotland must understand the pervasive and persistent harm of a lack of loving relationships.

In response to the suffering of many children, before they came into care, whilst in care and after, Scotland has developed a system of rules and procedures to try to ensure that those tragedies do not happen again. Those rules have not always prevented further harm and have had a significant impact in preventing caring and loving relationships from developing.

When children talk about wanting to be safe, they talk about having relationships that are real, loving and consistent. That must be the starting point. Scotland must prioritise that message from children over rules that have too often failed to keep them safe.

The Care Review does not underestimate the scale of the challenge or the natural instinct to protect, but Scotland must acknowledge that the current system of rules and safeguards has not served its children well. It will require strong leadership across and throughout the entire 'care system' to make the shifts needed.

Poverty

It is impossible to review Scotland's 'care system' without properly considering the pervasive impact of poverty. Children growing up in poverty are over represented on the child protection register and are more likely to be removed from their families.


In times of crisis some challenges can be solved if families have sufficient financial resources. Evidence points to the provision of financial assistance for families reducing child abuse and neglect.

The Care Review consistently heard that financial and housing support were some of the greatest concerns from children and families. In other words, children and adults' need for support and provision does not operate in isolation. Supporting family financial resources is a worthy intervention – both in the short term via effective family support that can ameliorate the impact of poverty and in the longer term via an economy which tackles the existence of poverty and inequality.

Poverty is a mediating factor among various factors that increase the risk of child abuse and neglect. **When a family lacks financial resources, when they face sub-standard service provision, when the streets they walk are less safe than in other parts of town, when homes are cramped and when keeping food on the table is a struggle, meeting all the needs of a child can be challenging.** It is thus hardly surprising that some families, without supportive resources to turn to, are simply unable to be the parents they want to be and that their children deserve.

Beyond the material aspect, poverty also takes a toll on children and adult's hearts and minds that can, in some cases, increase the risk of interaction with the 'care system'. The stress of living in poverty can make family life harder – increasing anxiety and depression, damaging both mental and physical health. Socioeconomic disadvantage and stressful life conditions can drive parents to reach for perceived

coping mechanisms that do more harm than good – problematic substance use, for example. Stress can raise the risk of abuse and neglect. Evidence shows that poverty generates stress which in turn has impacts on biological, physical and mental health.



At its most basic, the existence of poverty, material disadvantage and economic inequality in Scotland is evidence of an economic system that does not provide enough for children and adults. Together, these material and emotional impacts of poverty illustrate the evidence of a strong association between poverty and the likelihood of suffering abuse and neglect. Some of this might be attributable to official bias and the need for the workforce to manage bias, but the evidence shows there is a link between poverty (or socio-economic disadvantage) and increased risk of child poverty and neglect and that child neglect shows a social gradient.

Entry to the 'care system' also has a social gradient: the more deprived a family is, the more likely that the children are placed on the child protection register or enter the 'care system'. Poverty is neither a necessary nor a sufficient factor but it has revealed itself to be a contributory causal factor. The Care Review has seen that an economy characterised by poverty, precarity, and inequality can therefore be a driver of the incidence of the need for care. As already seen, there are two major mechanisms: the impact of poverty on parents' resources to look after children is a structural pressure that undermines parents' scope to look after their children. Poverty then also impacts via stress that affect parents' ability to function.

In other words, when the economy hurts children and adults, and housing and social security systems fail to provide the protection from harm needed to compensate, increased pressures on family life can increase the odds of interacting with the care system.

This evidence must not be ignored for fear that families are further unjustly stigmatised. Rather these issues of poverty and the impact on families must be discussed openly to support all children to grow up loved, safe and respected.

Persistent poverty and intergenerational interaction with the 'care system' has created intergenerational trauma. Scotland must break that cycle.

There must be significant, ongoing and persistent commitment to ending poverty and mitigating its impacts for Scotland's children, families and communities.

Foundation: Care

Where living with their family is not possible, children must stay with their brothers and sisters where safe to do so and belong to a loving home, staying there for as long as needed.

There will always be some children who cannot stay with their families. Some will need to be away from their family for a short time, others will never live with their family again while many return later and as young adults.

Where nurturing relationships within the family are impossible, those who care for children must know that the most important thing they do is to provide a loving, stable, safe relationship – above everything else.

There is already the presumption that children will stay together with their brothers and sisters if they have to be removed from their family. This is a significant step in nurturing vital loving relationships. Brothers and sisters keep each other safe and loved. There will be few circumstances where it is not appropriate for brothers and sisters to stay together, but these will be the exception.

Children told the Care Review of their need for safe, loving and respectful relationships but these can only be enabled where the carers have permission and are trusted to make meaningful connections based on instinct and judgement.

Carers in all settings must be supported to develop caring relationships and know that those relationships must be nurtured. Young people growing up must be supported to have lifelong links with their carers.

Currently, this is expected from kinship carers and adoptive parents and in some cases hoped for from other carers. To enable long term loving relationships to develop, there must be more provision for all carers, recognising the support they need to care for children who have experienced trauma.

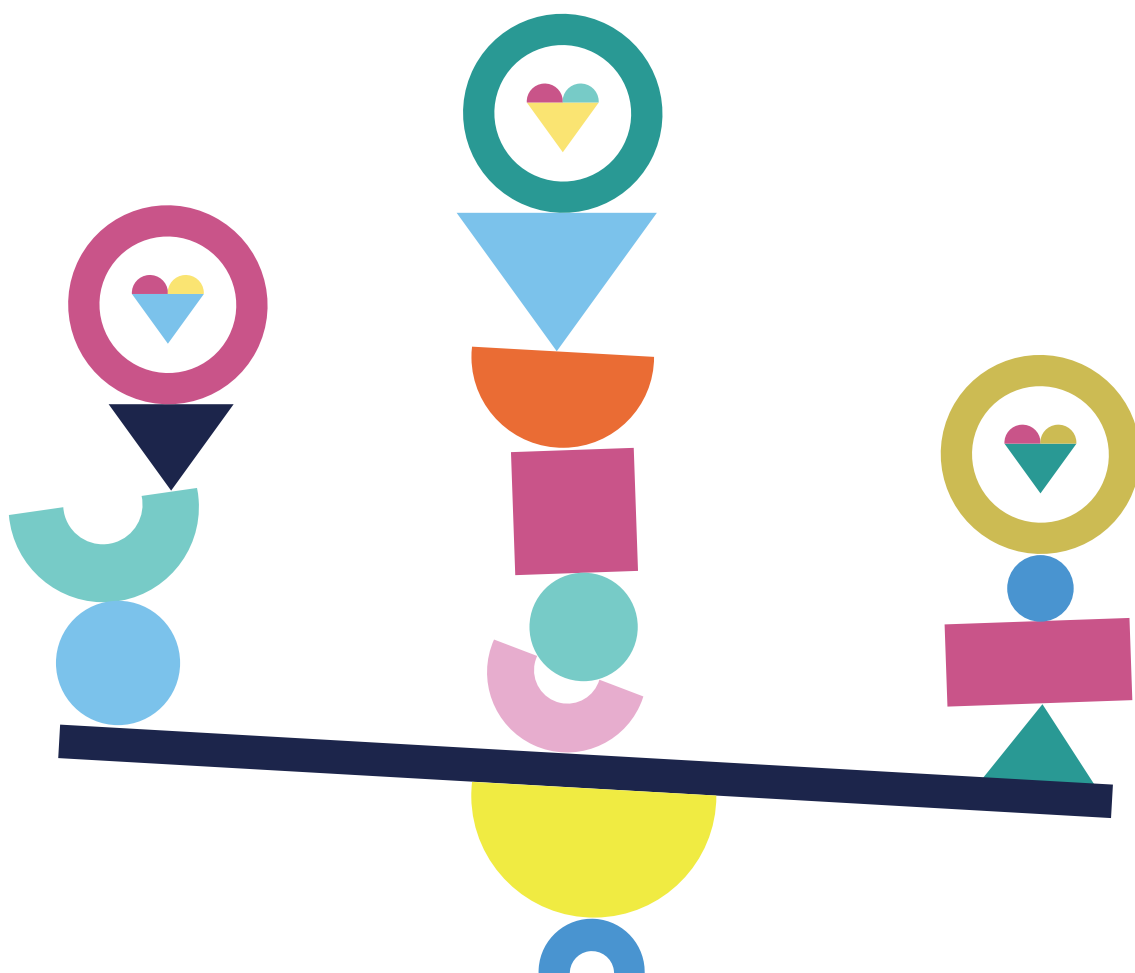
This is not about professionalising those roles or providing specialist training but ensuring access to support, advice and networks.

The workforce needs support, time and care to develop and maintain relationships. Scotland must hold the hands of those who hold the hand of the child.

Scotland must place trust in its workforce to develop and nurture relationships, enable their capacity to care and love and provide support to make this part of daily life.

As well as access to advice and networks, carers must be given time to focus on developing relationships, and to reflect on whether these are delivering what the child needs. The boundaries and barriers that prevent nurturing relationships developing and lasting, such as not allowing friendships between residential workers and children after they have moved on, must be removed.

If required, a stable, loving home must be found as quickly as possible. It is unacceptable to make children experience the number of moves many are required to make. In order to help carers to continue to care, Scotland must recognise that kinship, adoptive and foster families may need ongoing, intensive support. Access to support must not be predicated on a particular care setting or where children and families live.



Chapter 1: Scotland's Promise

In supporting all families to stay together, Scotland must particularly acknowledge the ongoing challenges that can be faced by children living with extended family members (kinship care) and children who have been adopted.

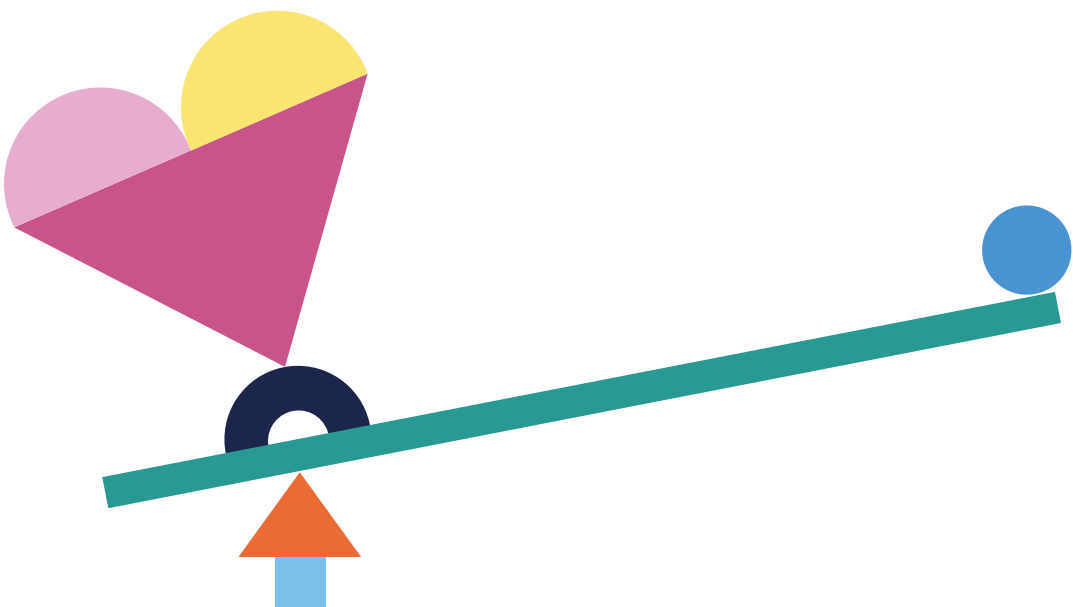
Kinship carers must be supported to continue to care for the children they are looking after and this must include, but not be limited to, financial support. Too often, children have been placed with an 'auntie' or 'granny' or other relation with no ongoing support to manage a complex set of circumstances. Finding a biological relation to place a child with is not enough to ensure that a child grows up in the context of love and kindness. These families are often managing the impact and pain of the biological parent not being able to care for their children.

Similarly Scotland must also not assume that a successful adoption match is the end of the need for support.

The nature of adoption has changed considerably over the past half century. The Care Review has heard positive stories of adoption but also of the pain of broken adoption, which can lead to children falling through the safety net of the 'care system' and lack of support in young adulthood.

Scotland must support adoptive parents to provide a loving and permanent home for children whilst recognising the importance of children understanding their birth identity and the maintenance of relationships that are important to the child.

Adoptive families must be given support and attention required to love and care for their children, particularly where the ongoing impact of trauma and broken attachment is felt by the child and the family.



Foundation: People

The children that Scotland cares for must be actively supported to develop relationships with people in the workforce and wider community, who in turn must be supported to listen and be compassionate in their decision-making and care.

Everyone involved in the lives of children and families must know that their primary purpose is to develop nurturing, patient, kind, compassionate, trusting and respectful relationships that keep children and families safe.

The workforce must be supported to bring their whole selves to work so that their interaction with children is natural and relational.

Friendships and relationships with people in the workforce and wider community are important. These relationships may be where children find the love and care they need.

Children in care must be actively supported to develop connections and relationships. Relationships must not be prevented by an assumption that children may come to harm and / or face unnecessary risk. All children, whether cared for at home or removed from their family, must be supported to participate in wider family and community networks. Children must have opportunities to build a range of relationships that are similar to 'grandads' or 'aunties'.


Spending a weekend with a relative or family friend while a parent has a break is a common experience welcomed by many children and is significantly different to being placed in short term care while your foster family has a holiday.

Children must have experiences of visiting, staying over or holidays with people outside of their immediate carers – and these must never be called respite and must never be used in a way that makes a child feel excluded from family and home.

There must be no barriers for children to have regular, positive childhood experiences.

Chapter 1: Scotland's Promise

Supportive networks must be enabled for children no matter where they live, whether at home, in kinship, foster, adoptive or residential care. They must build on existing strengths and opportunities and be supported to last as long as wanted. Friendships with peers must be actively encouraged with support for and trust in the judgement of the main carer rather than over reliance on risk protection procedures, such as police checks before a child in care can go to a friend's house for a sleepover.



There are many stories of a teacher or another professional in a child's life providing a key relationship that has helped the child to recover. These are vital relationships that must be enabled. The wider workforce must feel they have support and permission to connect and build unique relationships with children in their care, according to the needs and wants of each child.

Too many times, notions of professionalism have got in the way of the development and maintenance of relationships.

There must not be an over reliance on the confidence and leadership of individuals to go beyond boundaries. This is insufficient in a context where the Care Review has heard many staff feel that being loving is undermining their professionalism. There must be a reassessment of professional guidelines and boundaries to make kind and loving behaviour the norm. Otherwise, the pressure for change is on those with the least power and reward in the system.

There needs to be a strategic and holistic challenge to notions of professionalism in care. Clear expectations must be set.

The purpose of the workforce must be to be caring above anything else.

That starts with recruiting people with the right ethos and qualities rather than qualifications. This means a shift away from reliance on specialism to an understanding of the importance of relationships, values and peer networks of support and care.

Many professionals talk about the need for training and specialist skills and knowledge to meet needs. There is no doubt that staff need to build confidence in developing relationships. Training and specialist skills are vital in supporting this development, but this is also about creating trust and supporting the capacity to love. The workforce must be given time to focus and reflect on relationships, as well as strengthening supportive networks and valuing the roles of varied people in children's lives.

There must be increased trust in the workforce to make meaningful connections based on instinct and judgement with any associated process designed to support their ability to care and make connections.



There must be a significant decluttering of guidelines and procedure – giving clear permission to make connections and act in kindness. Guidelines must be targeted and necessary so that relationships take clear precedence over everything else.

For years, pre-dating the Care Review, care experienced children and adults have said language needs to change to normalise their lives and shift away from professional speak. The language of care is stigmatising for children.

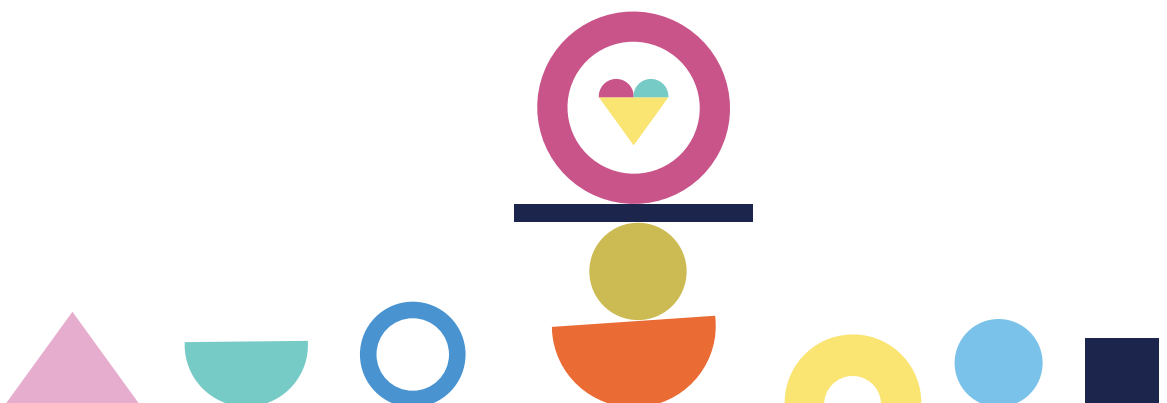
Scotland must not use terms like ‘placement’ and ‘contact’ to talk about a child’s home and spending time with their family. Professionalised language for some members of the workforce helps them to detach in order to deal with what can be emotionally difficult work.

Rather than detach, the workforce must be encouraged not to step back but to step in.

For children, unintentional use of professionalised language compounds a sense of them being different, and they told the Care Review it can feel belittling and have an impact on their sense of self.

Similarly, environments where meetings are taking place must be home-like, rather than institutional, whether a child’s home or where they meet family and / or people who support them.

Timing of meetings for support and how the people who provide support look (for example, not wearing lanyards and badges) is important. When meetings take place, they must be at times and in locations that work for the child and must not adversely impact on their life and education.



Foundation: Scaffolding

Children, families and the workforce must be supported by a system that is there when it is needed. The scaffolding of help, support and accountability must be ready and responsive when it is required.

The current 'care system' does not operate as a system. At its worst, it can perpetuate and worsen the trauma that many children have already experienced.



At present, the 'care system' and its associated elements does not enable children to feel loved, safe and respected. Scotland must facilitate a conversation that ensures wider appetite for change and take the lead through practical legislation, policy and practice change. The landscape is cluttered, complex and does not provide a clear frame to support children, families, decision makers and service providers.

The current 'care system' operates within complex legislative frameworks, is bureaucratic and expensive, and does not operate as a single entity. It does not universally uphold the rights of children and does not provide the context for loving relationships to flourish.

Scotland must create an approach to care where maintaining, sustaining and protecting loving relationships is possible and much more probable.

In order to make the change required, the scaffolding of the future approach to care must be re-orientated to protect and promote loving, long lasting relationships. This must be done with the expectation that the approach is safe, upholds rights and is open to scrutiny.



Rights

Scotland must respect, uphold, champion and defend the rights of children and recognise that their rights are most often realised through relationships with loving, attentive caregivers. Scotland must fully incorporate and uphold the UNCRC.

Scotland must recognise children's status as human beings with a distinct set of rights. Children are not passive recipients of care. The system must revolve around the rights of the child so their health, education and right to play (for example) are never compromised by contact with the 'care system'. The system must uphold their rights at every turn.

Legislation, policy and practice are vital in assuring children's rights. Yet those rights do not exist in isolation but in the wider context of children's lives. They are experienced within caring relationships. They are realised by thoughtful, attentive caregivers (including teachers, foster carers, youth club workers, etc) who notice changes in health, behaviour or in educational attainment, and who help and support a child to lead a fulfilling life.


Scotland must implement the rights of the child in a way that does not reinforce a focus on policy, process and procedure but supports the ability of children and those around them to connect and develop relationships and cultures that uphold their rights as a matter of course.

It is arguable that allowing greater autonomy in the workforce could create the conditions for unfairness, where some children may experience love while others might not. Greater autonomy allows for variation and that variation of experience may at times feel unfair. However, far too many do not experience the loving relationships they need to recover from trauma. Creating the conditions for loving relationships to be far more probable may result in uneven experience (as is the experience for the general population) but will raise the level of experience for all.



Chapter 1: Scotland's Promise

The Promise is based on the premise that the UNCRC will be fully and directly incorporated into Scots law to provide a framework around which all systems and services must operate. Scotland's whole approach to care must be grounded on active and sustained application of those rights. Rights must not be driven by process but must flourish within a culture of care and rights-respecting, human-centred frameworks that enable nurturing, loving relationships.



The impact on children of adult rights not being upheld and the relationship to the 'care system' must also be recognised. Failure to provide for the needs of vulnerable adults, through the social security system, access to services and support, directly impacts on their ability to care and provide nurturing, loving relationships.

Scrutiny and Regulation

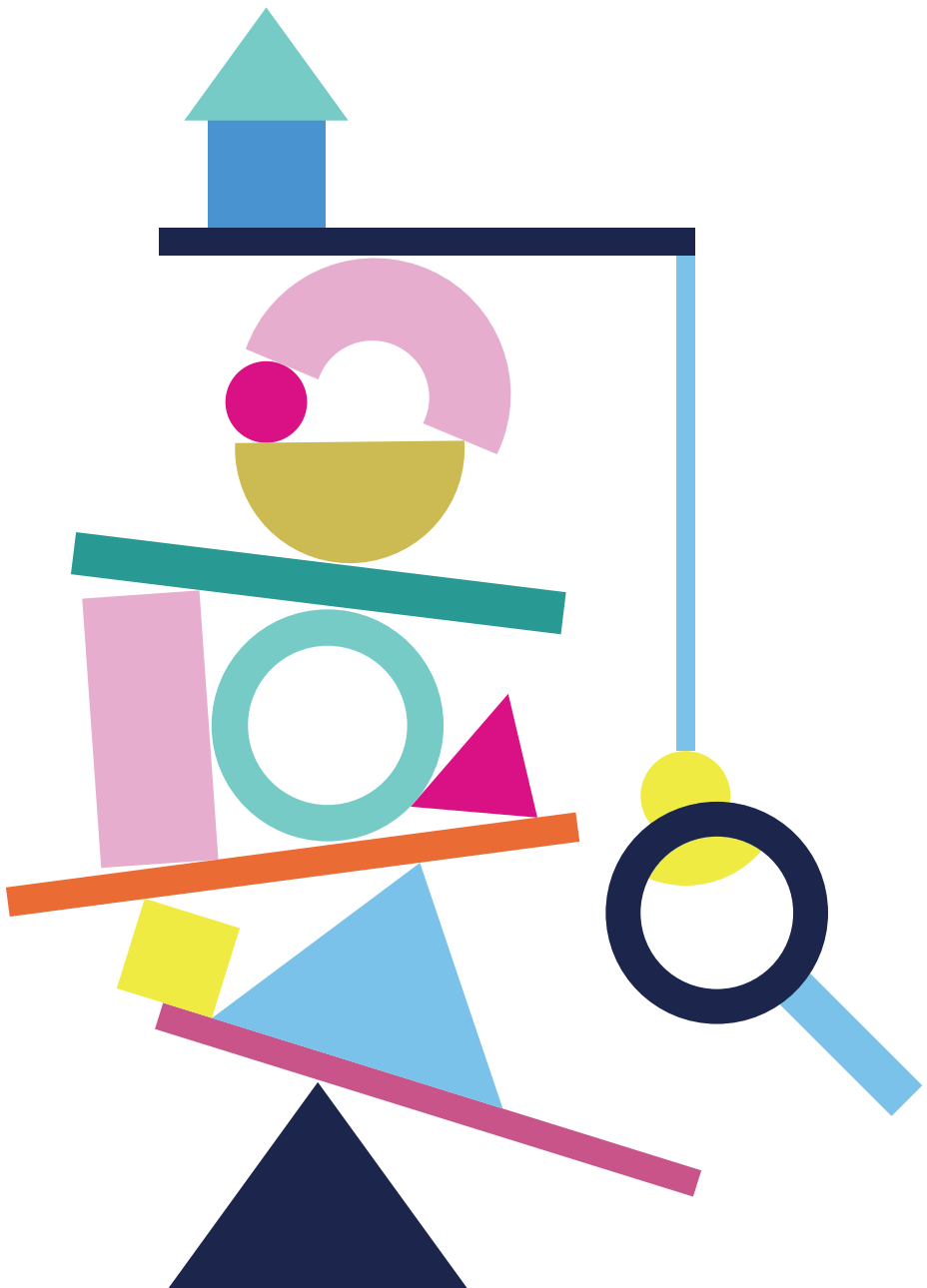
Scotland must re-orientate its system of scrutiny to uphold relationships so children feel loved, safe and respected.

Fear and complex bureaucracy is preventing the system from doing what children need. Individuals and organisations are fearful of what might happen when things go wrong and of being held responsible when professional guidelines or procedures have not been followed correctly. Staff can feel they are risking disciplinary action if they go above and beyond their express duties to act in kindness towards children in their care.

Self-evaluation and inspection regimes are overly complex with indicators which are too numerous and focused on the existence of policies and procedures. Evidence of improved outcomes is based on what can be measured rather than what is most important. These processes are driving out a clear focus on relationships.

There must be a complete overhaul of regulation and scrutiny that centres on listening to children about how they are cared for, their ability to flourish and thrive and that measures the things that matter to them.

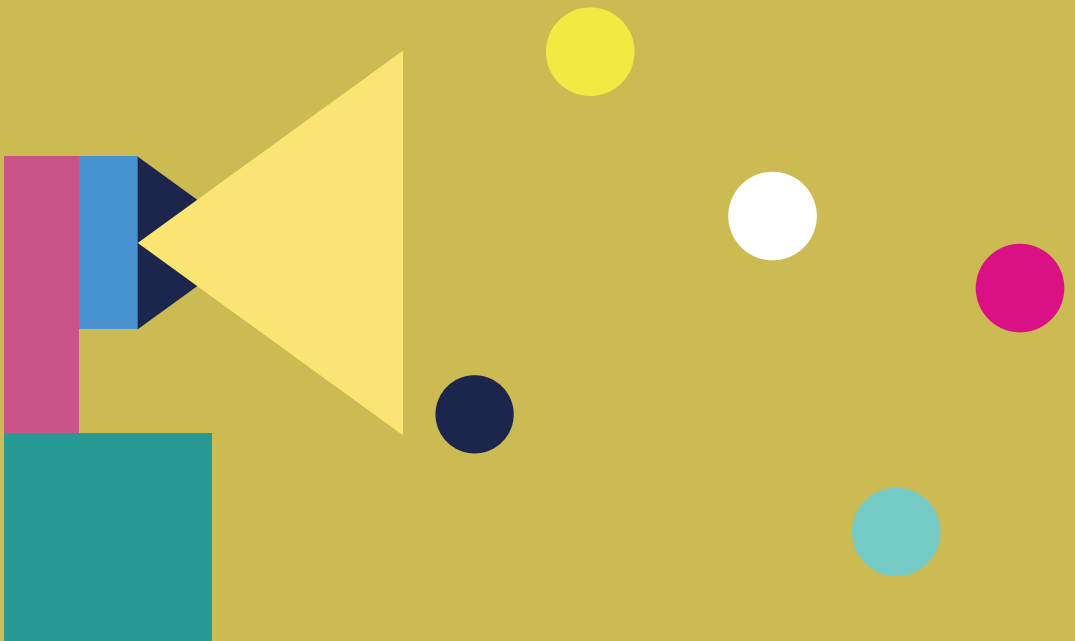
The Care Inspectorate, the Scottish Social Services Council and other regulators must come together to be at the forefront of a shift in culture to enable recovery. They need to significantly declutter and streamline professional codes, procedures and processes with a clear focus on enabling relationships – above anything else. There must be meaningful involvement and collaboration with other key inspectors and regulators across prisons, education and the third sector to ensure all professionals share a language of care and support to uphold the rights and relationships so important to children.



Chapter 2: Voice

This chapter includes:

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- 34 **Lewis**
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- 36 **Sharing Information**
- 37 **Structural and System Listening**
- 38 **Caitlin and Daniel**
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Children must be listened to and meaningfully and appropriately involved in decision-making about their care, with all those involved properly listening and responding to what children want and need. There must be a compassionate, caring decision-making culture focussed on children and those they trust.

Scotland must listen to, and keep listening to, its children. It must never again be necessary to conduct a Care Review of this scale because, as a nation, Scotland will continuously listen, reflect and act upon what children are saying.

Listening must influence decisions. The decision-making process can be difficult. The workforce and decision makers must be supported and given time to really listen to what children need and want.

There is no 'one size fits all' policy that reflects the experience children and families report of Scotland's 'care system.' For some, they wish their family had received more support to stay together. For others, they wish they had been removed from their families earlier. What unifies the experience of decision making is a recognition that Scotland must be better at listening, reflecting on and doing what children want and need. **Scotland must also ensure that the right information is shared at the right time and that those close to children are heard. The starting point for any decision must be how to best protect relationships that are important to children.**

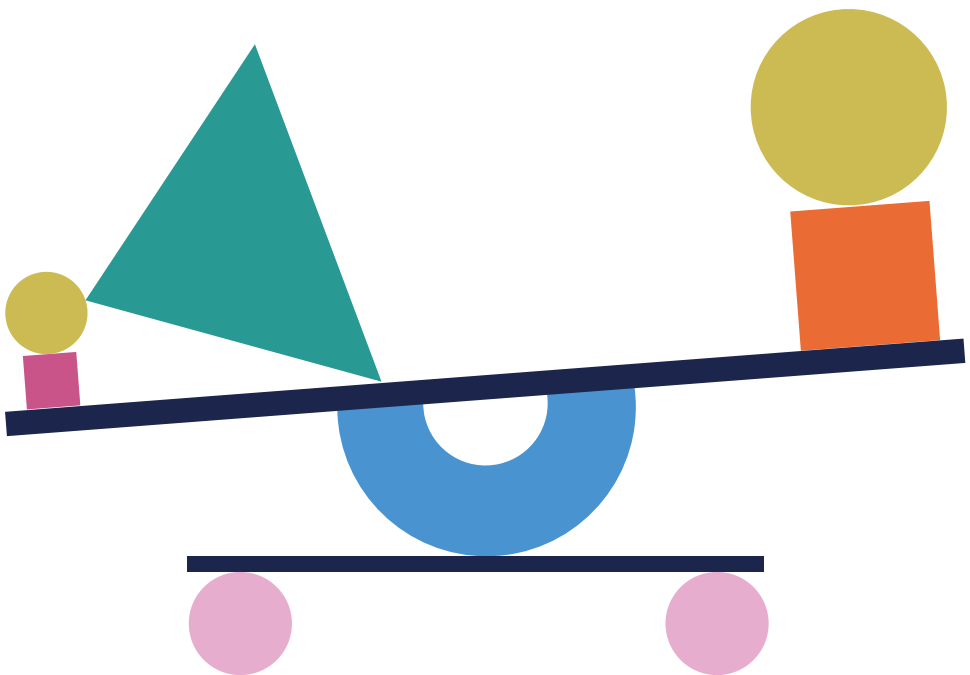


Listening to children

Services and support surrounding care experienced children have a responsibility and need to share information and use it to improve outcomes. A huge volume of information is gathered, stored and shared throughout the journeys of the children who live in the 'care system'. This information is often collected as part of a system process and, typically, tells more about the administrative aspects and expectations of the system than it does about the experiences, feelings, relationships or outcomes of the child.

In many ways, this information is their story, but they do not own it. They do not have the chance to shape it and can often feel it is not reflective of them at all. Nevertheless, it must be used. The information stored within these 'stories' is all that is available to be shared and interpreted across systems, services and support.

Care experienced children and young adults must have ownership over their own stories and personal data so that they can understand and influence how their stories are shared.



The way Scotland listens to children, families and the workforce must look vastly different:

- The voice of every person with care experience must be heard in their care journeys, with real weight given to their wishes in line with the UNCRC.
- Scotland's decision makers must listen with an expectation that what they hear will form the basis of their decisions. Listening must fundamentally shift the balance of power and provide a basis for shared language and understanding.
- Scotland must make particular effort to understand and act upon quieter voices, including infants and nonverbal children and those with learning disabilities. No group should ever be considered 'hard to reach'.
- Scotland must recognise the particular challenges of listening to babies, infants and young children. Scotland must ensure that trusted adults who interpret their voices and behaviours do so with care and consideration. The overall context of their care and the assets of their parents must be actively considered.
- Scotland must be aware of the power dynamics that can exist within decision making, where influential professional voices can dominate and drown out other perspectives. There must be a balanced approach to decision making that primarily listens to and focuses on children and their families.
- A concerted effort must be made to hear more from parents and wider family members with children who are on the edge of or in care.
- All children within a household or family setting must have their views heard.
- Services must be easy to access and must always try harder and be more creative in their listening.
- The workforce must be given time and space to listen.
- Scotland must recognise the pain associated with the telling and retelling of stories. Listening must be therapeutic and provide opportunity for healing. Children must not have to describe the most painful parts of their lives at every turn if they do not want to. Appropriate support must be consistently available.

Chapter 2: Voice

- Decision makers must listen to everyone relevant to children and families. There must be no barrier to people who are close to the child from sharing their views.
- Listening and decision making must be honest and transparent so that everyone understands what has been decided and why.
- The workforce must be supported to listen and be provided with age and stage appropriate resources with creative and thoughtful options to meet a diverse range of needs through meaningful relationships.
- Family group decision making and mediation must become a much more common part of listening and decision-making.



Lewis

Lewis is 12 and has lived in 8 different places.
He has never lived anywhere longer than 2 years.
He thinks he must be difficult to look after.

He doesn't see his mum very often but every time he does, she tells him the changes she has made to make sure he can come home soon. Lewis likes hearing this. He would really like to see his cousins again.

Lewis' mum regularly meets with social workers and recently there have been lots of meetings. She doesn't really know what the meetings are for but hopes it means Lewis will be able to come home very soon.

Some of the meetings are very formal and have lots of adults in them. Lewis and his mum find the meetings difficult. They try to speak up as much as they can but they're not sure if it makes any difference to what happens.

Lewis often leaves the meetings and talks to his carers about how he feels and how he would like to be with his mum. They tell him everything will be ok. He thinks they understand what is happening better than he does so he hopes they are right. Lewis has lots of questions but no one seems to be able to answer them.

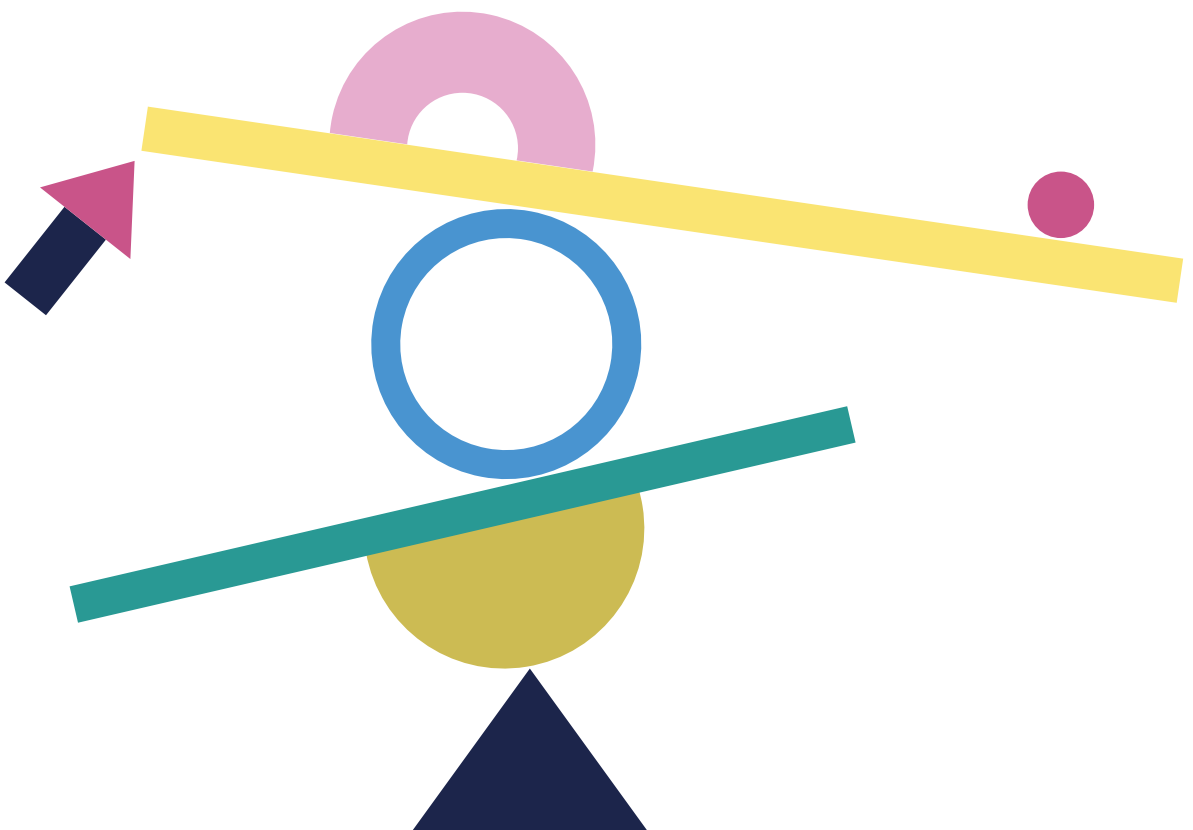
Digital Tools

Scotland has the ability to support the development of innovative digital tools that reflect how children communicate and allow greater ownership and control of information so official narratives reflect their story, not just the facts the system holds about them.

There are technologies that can demonstrate entitlement and eligibility without sharing any personal information or history.

Scotland must be committed to the development of digital tools that incorporate the principle of information ownership. These digital tools must operate at a scale that allows care experienced children and young adults to have control over their information and how it is shared.

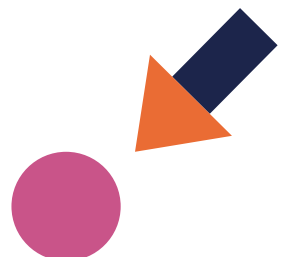
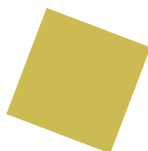
The development of new ways to share information that recognise the ownership of care experienced children and young adults over their own stories will benefit all children in Scotland. The Care Review has made progress in this area that can be developed during **The Plan**, alongside consideration of the legislative environment that governs data.



Sharing Information

Ensuring children and young adults have ownership of their own stories and data is a separate issue from how Scotland shares information about children at risk. Underlying many of the Significant Case Reviews where the worst has happened to children is the acknowledgement that key information about a child was not shared timeously or not listened to. In many cases the information shared was not taken account of by the people who needed that information.

- There are processes and procedures that can assist with the swift, smooth sharing of information and Scotland must commit to improving the flow of information.
- **There must be an acknowledgment that it is the culture surrounding information sharing that has the biggest impact on protecting children.**
- Scotland must recognise the importance of the judgment and knowledge of the workforce who have regular, direct contact with children. Those who work with children and who are in and around their lives must know where to report information but must also feel confident that the information they share will be taken seriously.
- A culture of appropriate information sharing starts with leadership that values the voice and opinion of children and the workforce. Leaders must model an approach that encourages a culture of speaking up and recognises the judgment of the workforce.
- The pace of technological advancements and the complexity of data issues mean this topic must remain live throughout **The Plan**.



Structural and System Listening

The level of engagement with and participation in the Care Review has demonstrated that there is a huge appetite in Scotland from people to get involved in shaping policy and practice, specifically from communities with lived experience who are experts in how a system feels and behaves.

- **Scotland must listen to care experienced children and young adults in the delivery, inspection and continuous improvement of services and of care. Scotland must never again have to commission a review or a Judicial Inquiry on this scale because participation and listening must form part of everything within Scotland's system of care.**
- Scotland must support the workforce and services to listen. Capacity building to engage and participate must be a key focus in all workforce learning pathways with opportunities for experienced mentor or peer led support.
- Participative guidance and criteria must be deployed when commissioning policy development and academic research.
- Where successful embedded participation approaches exist, these must be captured and shared so that others can test and replicate.
- Scotland must invest in and continue to be creative about how to ensure effective participation and listening across its services and decision makers.
- Scotland should develop and deploy reverse mentoring. Decision makers should work with those with experience of the 'care system' to embed lived experience within strategic thinking and delivery.

This approach will have a significant impact on culture and go some way towards redressing the power biases.

A significantly greater effort will be required to ensure the meaningful participation of people with lived experience in decisions about their own journey, and to inform relational policy and practice. Lived experience must directly and consistently inform continuous quality improvement with a rich qualitative as well as quantitative evidence base.

Caitlin and Daniel

Caitlin and her wee brother Daniel lived with their mum until she was 7.

Caitlin was not safe there. It took a few years but in Primary 3 someone in school realised what was going on.

Despite all the bad things that were happening at home, Caitlin really loved her mum. When social workers talked to her she did not know what to say, she knew there were things she was meant to keep secret. She would often just be really quiet.

When she was taken away from her mum's house, she and Daniel went to live with a foster family on the other side of the city. They were really kind and patient, even when Caitlin got angry, frustrated and upset. Caitlin eventually felt safe there.

When she was a teenager, sometimes things were difficult. She found school hard and relationships were confusing, but her foster carers were always there for her and she got help from a therapist.

She is 19 now and is at college. She is thinking about her future and what she wants to do. She is living with her foster carers who she now considers foster parents. She feels hopeful and excited about her future.

Daniel is 17 now and barely remembers living with his mum. He is doing really well at school and is planning to go away to University to study engineering. He plans to come home to his foster carers in the holidays.


Hearings: Decision Making

The Children's Hearings System is, in theory, the primary place where the voices of children and families are heard about fundamental aspects of their lives, at critical decision points. The decisions that are made have profound and lifelong consequences for those who appear before it. These decisions have a significant impact on the human rights of the children and families involved.



The Care Review has heard a variety of experiences of The Children's Hearing System from children, their families, and the paid and unpaid workforce, including panel members – some positive and others less so.

Those issues have included but have not been limited to:

- The rotation of panel members can result in a lack of consistency which means children and families have to retell difficult and painful stories and often receive a different perspective from previous Hearings.
- A lack of holistic understanding of families, siblings and their respective legal rights.
- Hearings struggling to manage the complexity of the families appearing before them with panel members not typically reflecting the sociographic of the families and sometimes struggling to understand and empathise.
- Hearings struggling to operate in a manner that recognises the trauma of the children and families who appear before them.
- The challenge of effectively listening and engaging with the children in Hearings and decision making alongside the complexity of listening to the voices of babies, infants and children with additional support needs or disabilities.
- Overly formal reports and language with inconsistent variation in quality of information received from social work teams and how reports are structured across the country.
- The times of the Hearings and how children are removed from school has meant they have missed lessons and felt stigmatised in comparison to other pupils.

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- Panel members not feeling listened to and their concerns and worries about the children and families who appear before them not being followed up. The rights and responsibilities of Panel members as volunteers and their relationship with Children's Hearings Scotland (CHS) is complex and provides little structure for accountability.
 - The contradiction between the main reason to excuse a child from a Hearing (young age) and the demographic of children entering care (young age).

Despite the difficulties of the system the Care Review has heard significant support for, and commitment to, the underlying principles of Kilbrandon that, when introduced in the 1960s, shifted Scottish children's policy. Those principles recognise that, at their core, children who are involved in offending need protection and care and the criminalisation of children should be avoided, intervention should be early, minimal and as destigmatising as possible, and all decisions made by professionals should be centred on the child's best interest. Those principles align with what children have told the Care Review and what is known to be in the best interests of children and families.

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- In order to effect change, the focus of the whole of The Children's Hearing System must be the children and families who appear before it.
 - In the management of Hearings, CHS and the Scottish Children's Reporter Administration (SCRA) must protect and uphold the legal rights of children.
 - There must be particular attention paid to the rights of brothers and sisters to ensure that they have all the necessary legal rights to have their voice heard in relation to their brothers and sisters. That must include the notification of forthcoming hearings about their brothers and sisters and speedy rights of appeal if required.
 - Scotland must use the period of implementing **The Promise** to test new approaches to the underlying structures of Hearings.
 - This reconsideration must be done in an evidenced manner, piloting options for change in collaboration with Local Authorities. SCRA and CHS must work together to consider and address the underlying operating structures of Hearings to ensure the principles of Kilbrandon and the Care Review are fully realised.
- 



Enforceability and Compulsion

At present it is only the child who is compelled to appear at a Hearing. There must be a new approach to caring for children within their families with far more support than is currently available.

[Read more at Chapter 3: Family.](#)

To support parents and ensure Local Authorities are fulfilling their obligations to children and families, Scotland must test the extension of the enforcement and compulsion powers to ensure both families and those with statutory responsibility are compelled to attend and comply with the orders of the Hearing.

If implementing authorities fail to comply with orders and conditions of the Hearing, then they must be held to account to ensure children and families get the help and support that the Panel wants them to receive.



In Conflict with the Law

[Read more at Chapter 4: Care.](#)

For a variety of reasons care experienced children are disproportionately criminalised. Scotland must do more to avoid that criminalisation but, when children are before the courts on offence grounds, they must be dealt with in a way that is appropriate, proportionate, recognises their age and is trauma informed and responsive.

Despite the principles of Kilbrandon that aimed to ensure a welfare-based approach to offending, a significant number of children involved in offending behaviour are dealt with in Criminal Courts rather than through The Children's Hearing System. To ensure that all children benefit from the Kilbrandon approach to youth justice, there must more efforts to ensure children stay within The Children's Hearing system. Despite there being the power to remit cases back to The Children's Hearing System from the criminal courts for sentencing, only a small proportion are sent back.

Scotland must consider how to ensure that children have the totality of their cases dealt with in an environment that upholds their rights and allows them to effectively participate in proceedings. Traditional criminal courts are not settings in which children's rights can be upheld and where they can be heard.

Whilst working to prevent the criminalisation of children, Scotland must develop a more progressive, rights based youth justice approach that builds on the Kilbrandon principles and makes them a reality for all.

If cases are tried at the formal Criminal Courts, disposal of the case must (for the vast majority of offences) take place within The Children's Hearing System so that children are treated in a manner that is line with the Kilbrandon approach.

Conduct of Hearings

The decisions that take place at Hearings are profound and have lifelong consequences for the children and families involved. Emotions at a Hearing can be overwhelming and children and families have often experienced high levels of trauma and distress in their lives.

The Panel, the Reporter and those who represent and advocate for each individual must navigate the legal rights of children and families and ensure that the human rights of each person are upheld and respected.

Everyone involved in The Children's Hearing System must be properly trained in the impact of trauma, childhood development, neuro-diversity and children's rights. That training must be comprehensive and regularly reviewed. Those training requirements must also be required for all the different and various professionals who appear at Hearings, including legal representatives.

Many of the children who appear at Hearings have a known speech, language and communication issue and there is an over representation of children with additional support needs.

Children must be provided with all the support they need to fully participate and be heard in Hearings. At a very minimum, plain, accessible language must be the norm for all professionals appearing at Hearings.

All reports and submissions to the Hearing must be accurate, of high quality with all information that decision makers require. Historical information that is not the focus of the reasons for the Hearing discussion should only be included where there is a need to provide context.

Children and families have told the Care Review that historical information that is no longer relevant can still be presented within discussions; for example, the behaviour of a child when they were younger should not be assumed to be relevant to the discussion.

Harris

Harris was adopted when he was 6. When he was young, he lived with his parents and younger sister. He stayed with his sister when they were first taken into care but when he was adopted that changed. He wishes he could see more of his sister now. He misses her.

Harris' adoptive family are trying to help but no one seems to be able to tell him when he'll be able to see his sister regularly. He knows his sister feels the same way as him and that she tells her carers and social worker this but it doesn't seem to make any difference. He wishes they could do the fun stuff they used to enjoy again but there always seems to be a reason why not.

Harris' was recently introduced to someone called an advocate. He's not really sure what an advocate does but she was really friendly. He hopes she'll be able to get people to listen to him and understand what he wants.

Role of Panels

Volunteers have been at the heart of The Children's Hearing System since its inception. The commitment of volunteers demonstrates the people of Scotland's willingness to engage in their communities.

Despite that commitment, the Care Review has heard about the difficulties inherent in a system reliant on volunteers. Children and their families have told the Care Review about the difficulties of inconsistency of Panel members and decisions, the pain of retelling difficult stories and Panel members have said they feel unsupported and inexperienced to manage the cases that appear before them.

The nature of a system reliant on volunteers can be that the focus and energy is on their recruitment, training, development and retention, rather than on how well decision making structures deliver for children and families and the quality of these decisions.

Whilst retaining the commitment to the Kilbrandon principles, Scotland must comprehensively assess and consider the role of volunteers in the decision-making structure of Hearings.

There is not a clear alternative to the volunteer structure however that should not prevent active consideration of other decision making options. There must be a thoughtful, evidenced based exploration of alternative models of decision making including small scale tests and pilots to explore change.

The Future of Hearings

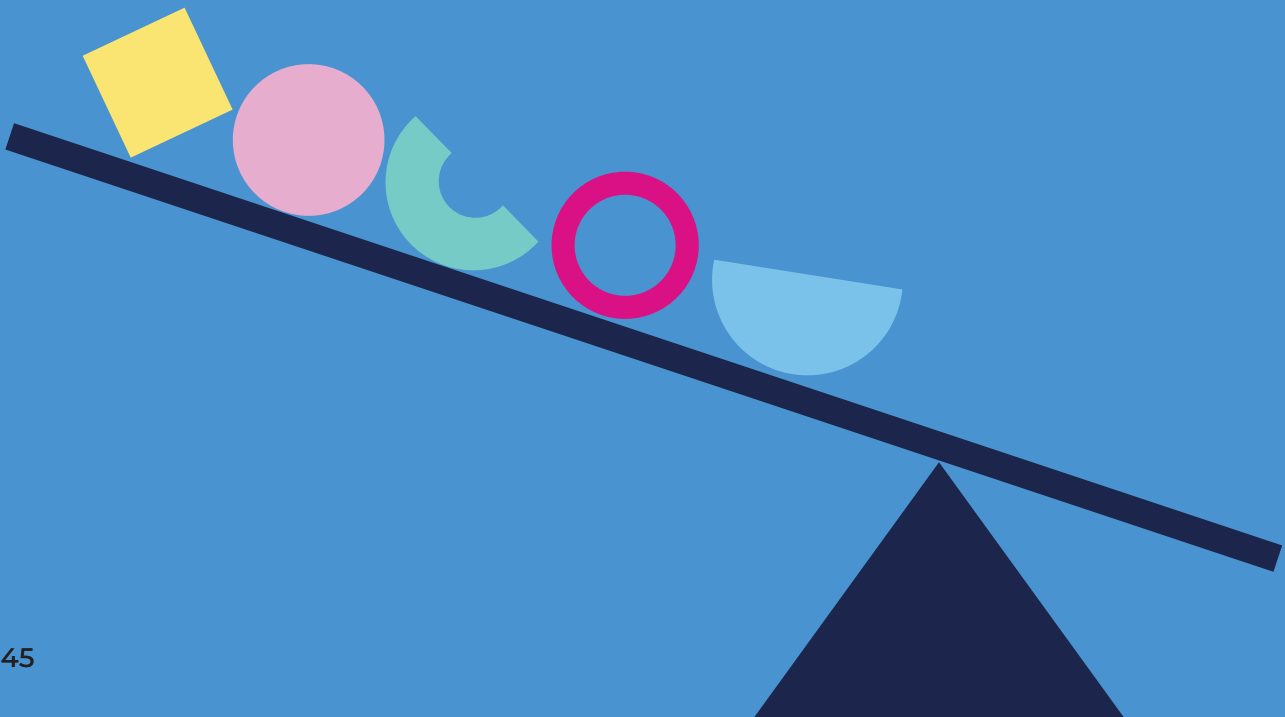
The Children's Hearings System often operates at crisis point, with children and families being asked their views in a process and setting that can feel unfamiliar and punitive.

There must be an approach to care and support that is based on early intervention and prevention. In the long term, The Children's Hearing System must plan to shrink and to specialise. Full and proper consideration of implications for the operating model, including the dependency on volunteers, must be integral to this planning.

Chapter 3: Family

In this chapter:

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- 57 **Ten Principles of Intensive Family Support**



Where children are safe in their families and feel loved they must stay – and families must be given support together, to nurture that love and overcome the difficulties which get in the way.

Universal Family Support

All families need support to thrive. The impact of Scotland's 'care system' is felt throughout Scotland's communities. The underlying universal support system must support all families and identify those who need more support.

Universal services (such as schools and mental health services) must recognise the role they play as adjacent parts of the wider scaffolding of care so they can support and nurture those with care experience.

Scotland already has a clear commitment to early intervention and prevention. That commitment is best realised through proper, holistic support for families. There must be a significant upscale in universal family support services.

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Those services must have the development of authentic human relationships as their core focus, so Scotland's experience of support is one that builds on relationships to facilitate human connection. This benefits all of Scotland's children and families and will support our collective aim to be the best place in the world to grow up.

The Care Review has not been able to ignore the impact of poverty on families and communities across Scotland. There is significant evidence that social and economic inequalities, particularly poverty and debt, increase the stressors in families and communities. Poverty can make parenting more difficult.

When poverty is combined with other issues such as mental health problems, domestic abuse or substance use, the challenges of parenting can be magnified. Families struggling to cope with poverty, poor housing, substance use and health difficulties may have little capacity to engage with services in order to make changes.

Providing support through universal services is non-stigmatising for families and is critical to building relationships with trusted professionals which can ameliorate the impact of poverty. It establishes good patterns of help-seeking behaviour. Given the prevalence of poverty, these services need to be able to support and assist families sensitively where poverty is the underlying problem.

Good universal support also provides the basis for the identification of risk of harm for children. Universal support will look different in every community, and be delivered by a range of organisations and groups, but it must follow the journey of a family.



Beginning Parenthood

Scotland must support a broad understanding of the importance of the early years of parenting.

Preparation for birth must give parents the opportunity to access universal attachment-based parenting education to sit alongside antenatal care. Universalism combats stigma and recognises that all families will find parenting both a joy and a challenge, and that accessing help and support is something for everyone.

Midwives and Health Visitors work must be well resourced and have sufficient capacity so that families can be well supported in the early days of parenthood.

Parents with care experience often face stigma at the early stages of becoming a parent. They report structural discrimination within the forms that need to be completed and some have faced rigorous, inappropriate questioning from GPs, Midwives, Health Visitors and other healthcare professionals. This may compound some of the challenges they might face as a consequence of being care experienced, like their living environment and financial circumstances, not having had good parenting role models and not having access to a family support network.

There must be more support, training and reflection for healthcare professionals to ensure that care experienced people are supported but not stigmatised as they become parents. **Read more at Chapter 5: People.**



Chapter 3: Family

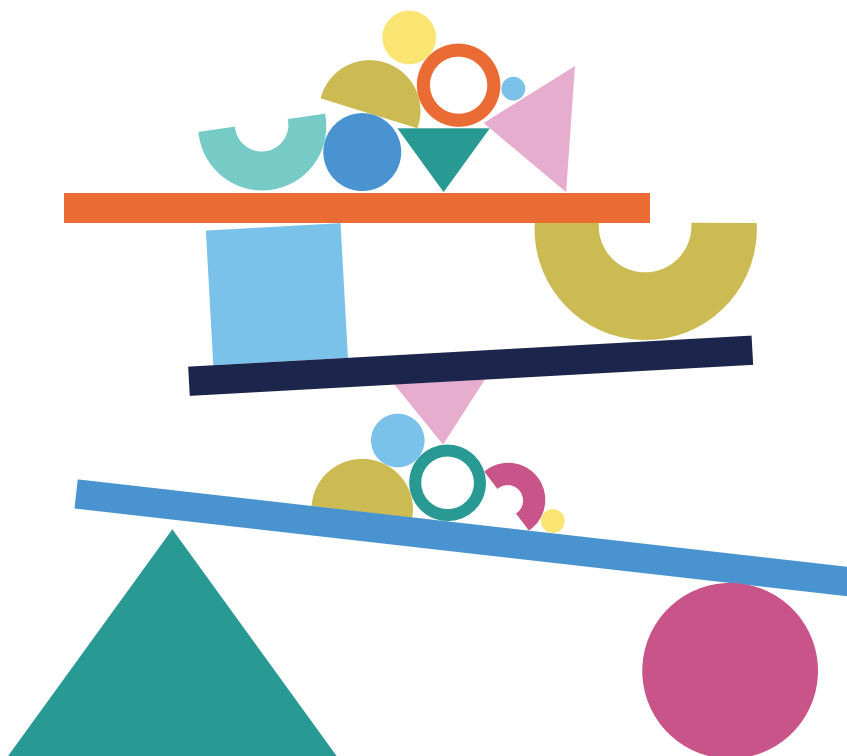
Pre-School

Caring for babies and infants is a joy and a challenge for most families. Scotland must make it easier for all families to thrive. Community based support for all families destigmatises, nurtures and provides time and space for the development of relationships and support.

Scotland must ensure that there are places in every community for parents of young children to go for support and advice, to meet other local parents and to stay and play with their children.

That support will not necessarily be provided by local authorities, as community voluntary groups often grow organically, but Scotland must ensure that all communities have supportive, universally accessible places out of the home where parents can build relationships, share their parenting experiences and be supported with their children.

Supporting families with pre-school children is not just about the provision of more nursery hours, although that is welcome for many families. It must be about providing support for all families to care and to nurture.



James

James is 7 and lives with his mum and younger brother. Social workers often visit James' house but James doesn't always understand why and it always seems to be different people.


James' mum doesn't always feel very well and sometimes is too ill to take him to school. She hasn't been able to work and there is very little money to buy food and pay bills. They don't have any other family to help them out. James' mum doesn't have many people she feels she can turn to for help.

There are some people around that are meant to help but they just make James' mum feel more worried.

James is in Primary 3 and has had the same teacher since he started school. Sometimes he is late to school and does not have all the things he needs with him. James thinks his teacher understands and cares about him. James is glad he has someone he can talk to.

Mental Health Services

Many care experienced children and young adults told the Care Review that they were unable to access mental health support at the point it was needed. They were often required to be 'stable' before receiving a service, with long waiting times and limited services not providing what they needed.



The current model for mental health support for children in care is not working. Care experienced children and young adults have found it hard to access the right support and have found they have to be in acute crisis before support is available. When available, the Care Review heard that support does not consistently recognise the impact of the trauma and abuse that care experienced children and young adults have often experienced.

Access to timely, appropriate therapies must be available to, but not limited to, those who have experience of care. Limiting services to certain population groups not only stigmatises those people but creates a barrier to support that can have significant and unintended consequences.

Children and young adults must not require a significant mental health diagnosis before they can access support. Mental health diagnosis is important and must be a supportive process, but diagnosis is not always a requirement to promote healing from distressing experiences. Barriers to accessing support can lead to people requiring a diagnosis before they access a service.

Scotland must ensure that timely, trauma informed and thoughtful support therapies act as a cushion to all those that require it, regardless of diagnosis.

There must be criteria free, community based access to therapies that do not stigmatise, but help and support children and young adults to work through difficulties they are facing.

There must be greater availability of family therapy, for all families (kinship, foster, adoptive, family of origin) so that accessing support is not stigmatised, but seen as something that a range of families may require throughout life.



Intensive Family Support

Scotland must do all it can to keep children with their families.

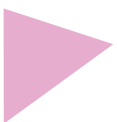


The UNCRC recognises families as the fundamental group in society and the natural environment for growth and wellbeing. Scotland has demonstrated consistent legislative intention to keep families together, yet there has not been a consistent programme of support for families. The current 'looked after at home' model does not provide families with a sufficient basis of support to stay together and thrive. Families have told the Care Review that support felt conditional and suspicious with no real help or relationships to address the challenges they faced.

It is babies, infants and young children who are most likely to be removed from their families. It is hard for decision makers to hear and properly listen to their voices. Judgments about the adequacy of their care are made by others. Scotland must do more to recognise the context in which families live. Interactions must focus on supporting families to care for their babies, infants and children.

Following the Care Review, Scotland must have a collective acceptance that there will be some families who will require long term support that goes beyond what is current normative practice. Scotland must ensure holistic family support and individualised planning with the principles of 'one family one plan' wraparound support for all families in and on the 'edges' of care.

Scotland must support all families caring for disabled children and those with additional support needs. If families require intensive support they must get it and not be required to fight for it.



The explicit aims of intensive family support must be to:

- keep families together and avoid children going into care.
- interrupt and address intergenerational cycles of trauma.
- sustain meaningful and loving relationships.

Scotland must recognise that there are some families experiencing particular issues who are much more likely to come into contact with the 'care system.'

Chapter 3: Family

Parents who have a Learning Disability

Parents with learning disabilities have a significant likelihood of having their children removed from their care with them often reporting that where removal has occurred, they are not clear why this decision was taken. Research and engagement repeatedly highlights that parents with learning disabilities can and do become good parents with the right support. Support is likely to be long term and, at times, intensive, as children reach particular developmental milestones. The care planning must be specific and supportive working with their assets to build on their capabilities as parents.

Parents in the Criminal Justice System

Scotland must do all it can to prevent the imprisonment (either on remand or as part of a sentence) of those with parenting responsibility and progress the presumption against short custodial sentences. The needs, views and rights of children must be taken into account as part of sentencing decisions. Failure to do that means that criminal courts do not have a holistic view of the impact of imprisonment.

The Care Review has heard stories of a complete failure of planning and support for the children of parents facing imprisonment, leading to children being abandoned or going to an inappropriate place.

If parental imprisonment takes place there must be wraparound support for the family, with planning for the likelihood of imprisonment and clear support for children who are impacted. Parents facing imprisonment must be supported to make plans for their children and everything must be done to avoid emergency removal and a panicked response. It can be the case that parents facing imprisonment may have had no previous engagement with social work services. As such, the criminal courts must actively consider the impact on children and ensure there is proper dialogue between services for joined up planning.

Scotland must do more to ensure that children's experience of a parent being in prison is as supportive as possible. There must be no reporting of anything that will identify or stigmatise the children and families of people who offend. Scotland must reduce the worry for children of imprisoned parents so that the experience of prison visiting is as positive and non-stigmatising as possible. Where it is safe to do so, the relationship between child and parent must be supported.

Scotland must do all it can to avoid the imprisonment of pregnant mothers. For mothers who are in prison at the time of giving birth, there must be support for them to care for and remain with their babies for as long as possible where it is safe to do so. They must

be fully involved in all decisions about their baby and be given all the support they need to nurture. Support must follow them when they leave prison so there is a smooth transition of care.

There is significant research on the pervasive impact and relationship between substance use, mental health difficulties, domestic abuse and likelihood of children being removed from the care of their parents. Families experiencing these issues must be supported with flexible, creative services and relationships. Failures in adult services have a profound impact on the ability of children to have fulfilling childhoods. Fundamentally there must be a shared language of care and approach between services and professionals so that families are not navigating between competing standards and expectations. **Read more at Chapter 5: People.**



Substance Use

The Care Review has heard that children living with parents with problematic substance use have complex, conflicting feelings about their parents difficulties. With more flexibility in how services are provided including a flexible, whole family approach to support and management of problematic substance use, there is the potential for families to stay safely together. Access to rehabilitation and support must be more readily available.

Recovery models for addictions reflect that the recovery cycle can include a relapse. The Care Review has heard that when parents relapse, this can evoke a risk adverse and punitive response from statutory children's services. The status quo results in children being subject to care plans that focus on the management of risk as opposed to supporting parents in addressing need. It can also unintentionally encourage parents to disguise the challenges they are facing due to fear of how this could be perceived.

Services supporting parental substance use and statutory children's services need to compassionately collaborate with each other to ensure supports are in place that holistically assesses children within their families and support them to stay with families whenever this is safe to do so.

Domestic Abuse

Scotland must not penalise parents who are experiencing domestic abuse and recognise that violence and abuse within the home happens across Scotland's communities. Whilst children are no longer automatically removed as a result of domestic abuse, there is still some way to go to adopt the principles of supporting families, supporting the victim (mainly mothers), working with perpetrators to understand patterns of abusive behaviour and ensuring the perpetrator is held to account.

Chapter 3: Family

There are tensions and contradictions within the system: the victim is often forced to leave to ensure the safety of themselves and their children, yet this is when they are most at risk of harm. The complexity and disconnect between legal and civil processes can perpetuate issues of control and conflict, particularly in relation to child contact.

Families and children's needs are best met through an effective multi-agency, holistic response to domestic abuse that incorporates a child-friendly, non-victim blaming and trauma informed approach. That must be accompanied by coherent, joined up thinking from police, the broader criminal justice system, health, children's sector and education.

There must be support for families which is early, intensive and domestic abuse informed, rather than waiting for children and families to reach criteria thresholds to access support. There must be consistent practice across Scotland which holds perpetrators to account and enables effective interventions that create opportunities for change and desistance which is possible with support.

Mental Health

Children have told the Care Review about the difficulties of growing up in environments where parents and adult carers mental health is not supported.

There must be availability of services to support parents and carers mental health at all stages of their parenting journey. There must be effective and flexible collaboration between services supporting adult mental health and statutory children's services. All services must take the same approach and operate with the same values recognising that some families will require long term support.

Whatever issues families face, Scotland must ensure that intensive family support is available, proactive and characterised by the 10 principles laid out over the page. These principles apply to all families that need support to stay together.

The scaffolding of the system must shift from managing risks and needs to supporting families to find their own solutions. At its core, intensive family support must be based on relationships between families and the workforce. The workforce must be supported to be themselves and to be genuine with families that they work with.

Read more at Chapter 5: People.



Olivia

Olivia is 10 and lives with her mum and older sister.
Olivia's gran lives nearby with Olivia's cousins.
Olivia's dad is in prison far away and Olivia really misses him.

Olivia's mum was brought up in care. She goes to the GP a lot.
Olivia's mum found it really hard when her dad went to prison and Olivia and her sister went to live with her gran for a while.

Olivia really enjoyed living with her gran. She still sees her often but her gran isn't always able to be there for her as much as she would like.

Olivia hears 'looked after' and 'taken into care' talked about a lot in her family. She doesn't think these sound like good things but she isn't really sure what they mean. Her mum always seems to have appointments with lots of different people. They are meant to help her mum but Olivia thinks they sometimes make her more upset.

Ten Principles of Intensive Family Support



Community Based: Intensive family support must be geographically located in local communities, with the explicit intention of maximising the assets of the community and community-based relationships. Support must be connected to, or even housed in, locations that work for local families and the community, such as schools, health centres, village halls and sports centres. Scotland knows where this support is most needed. Communities must have a say in where support is located.



Responsive and Timely: Intensive family support services must operate outwith a Monday-Friday, 9am-5pm approach. There must be no concept of an 'out of hours' service. Families do not operate on those timescales and support must be responsive to family need.



Work with Family Assets: When working with families, the orientation of support must look at what is working well for the family taking a strengths based approach rather than a deficit-based approach that operates from a premise of what is going wrong. The starting point must be listening to what children and their families say they need in order to flourish, not what the system dictates they need.



Empowerment and Agency: Children and their families must have a say about the people who provide them with support. Intensive family support requires relationships built on trust and honesty. If support services are going to succeed, the families receiving support must be able to choose those people with whom they have a natural connection. The quality of relationships between families and the workforce is a key factor in the likelihood of interventions being successful. Peer support has been proven to work in other parts of the world and must be tested during the Implementation of the Care Review. Budgets must be responsive to families' choices. There should be no barriers to families' wishes being carried out, with members of various services and organisations available as a support team.



Flexible: The needs of each family are different and Scotland must recognise the agency and unique needs of families to ensure that support is tailored and specific. Scotland must think creatively in terms of the support families might need and ensure the workforce is responsive. For some families there may be a need for partial foster care (a couple of nights a week). For other families there may be a need for live in support to raise the capacity of parents. There is not a 'one size fits all' approach. The crux of success lies in the family-workforce relationships.



Holistic and Relational: Children live within families and support must be family based. Interventions must be focused on the wider family context so that there are not a multitude of services addressing specific, isolated and individual issues within families. The likelihood of success is not based on the specific intervention but on a relationship of trust between families and workers. Support must look across the width of the family and not simply the variety of issues that the family may present with. Family plans must incorporate the child's plan (and the needs of all other children who may be impacted by changes in the family setting) and these must always be actively considered as part of decision making.



Therapeutic: It is likely that families requiring long-term intensive support have experienced trauma in their lives. Scotland must ensure that support to families recognises trauma and works with families to heal. There must be no barrier, be it referral or category, that limits parents and children from having access to mental health support when and if required.



Non-Stigmatising: The way in which support is delivered must not stigmatise the family. That means there must be no uniforms, lanyards or branded vehicles appearing outside houses or schools to provide support. The basis of all support must be the quality of relationships, not the professionalisation of the workforce. The language of family support must reflect normal discourse, and not be hidden behind professional language such as 'looked after child' ("LAC"), reviews and risk assessment. Overly professionalised language stigmatises families and acts as a barrier to engaging and supportive work.



Patient and Persistent: Scotland must accept that human change takes time and effort. Intervention has to be based on need. Scotland must move away from limiting intervention to set periods of time. Long term change and intensive support take time and Scotland must be patient in working with families where there are complex, challenging circumstances.



Underpinned by Children's Rights: Whilst the family must be viewed collectively and not as isolated individuals, support services must be underpinned by the rights of the children they are working with. That means ensuring that all the rights of children are upheld in all decisions and support for the family. It will mean that children's rights are the funnel through which every decision and support service is viewed.

Chapter 4: Care

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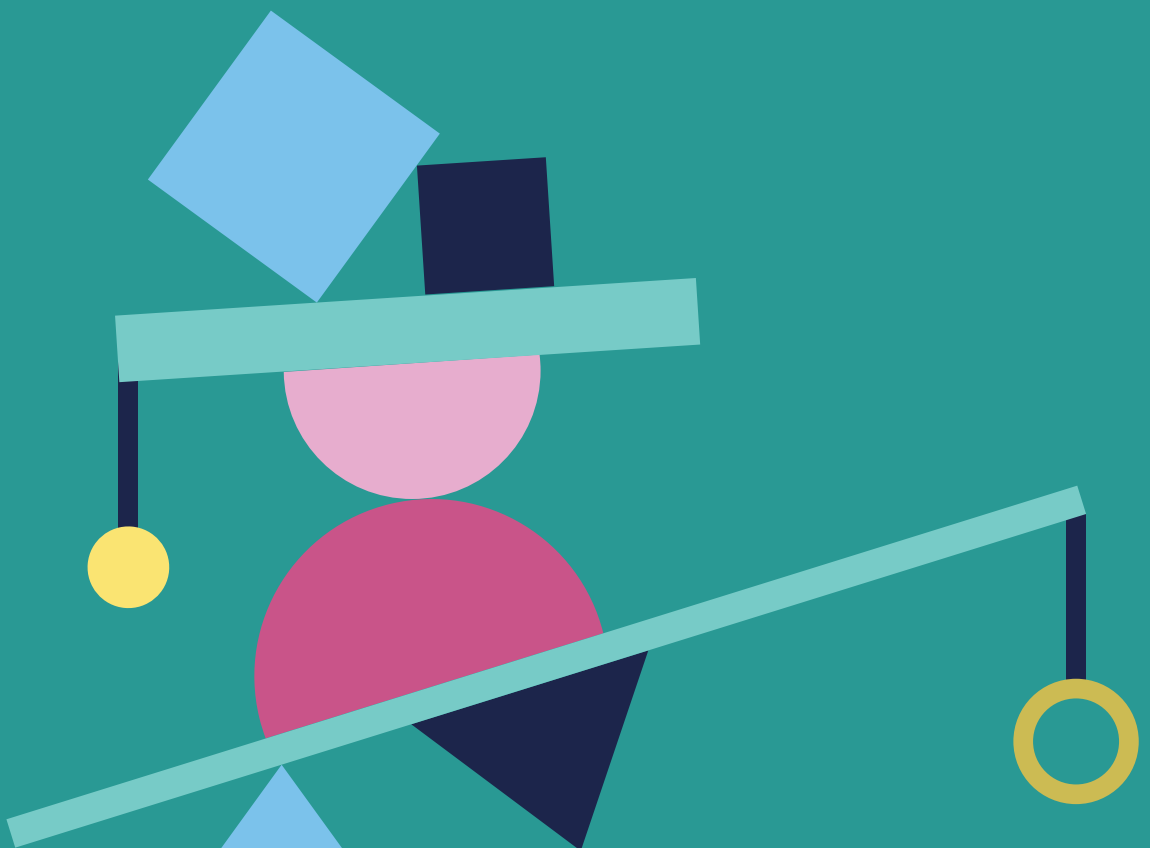
Where living with their family is not possible, children must stay with their brothers and sisters where safe to do so, and belong to a loving home, staying there for as long as needed.

Section 1: The Fundamentals

If children are removed from their families, the focus of their care must be on building childhoods that are underpinned by loving relationships, fun, play, education and opportunity.

The bedrock of how Scotland cares must be consistent, loving relationships to support children to develop trusting relationships.

As Scotland cares for children it must pay particular attention to the following fundamentals of care.



Upholding Children's Rights

If Scotland removes children from their families, their rights must be upheld as a basic minimum standard for their care. That must mean a clear commitment to creating the right culture of care where the whole of the workforce respects, upholds, champions and defends the rights of children for whom they are responsible.

The UNCRC recognises that when children are removed from the care of their parents for however long, they are entitled to special care and protection.

Scotland must live up to its obligations to children who have been removed and in particular:

- Children and their carers must have access to information about their individual rights and entitlements at any point in their journey of care.
- The workforce must be supported to be the trusted adults that children need to help them access their rights and entitlements, ensuring that all children can achieve their rights and live their lives to the full.
- The system must uphold children's rights as a matter of course and must not operate simply in response to legal action. However, there must be a recognition that sometimes things go wrong. All care experienced children and young adults must have access to justice, legal remedies such as appeals, reviews and judicial reviews. Access to justice must include access to legal advice for children with additional support needs, those living in rural communities and those for whom English is a second language. **Read more at Chapter 6: Scaffolding.**
- All those working with care experienced children and young adults must be supported to create a rights respecting environment where children feel they can raise concerns and complaints and receive comments and feedback.





Brothers and Sisters

The Care Review has heard many stories from care experienced people that contact with the 'care system' has led to them being separated from their brothers and sisters. The pain of that separation has often been profound and had lifelong consequences.

Sibling relationships can be complicated and it should not be assumed that they are always easy, but when separated from parents, relationships between brothers and sisters are an important protective factor for children.

Decision making must take account of the dynamics of sibling relationships and all sibling voices must be heard.

A childhood growing up away from family can mean that children grow up with others who they are not related to. Those relationships may be the most important relationships in their life and should be respected and protected.

Scotland already has a presumption that children will stay together with their brothers and sisters. That presumption must be fully implemented and closely monitored.

Scotland must ensure:

- An expansive understanding of siblings that includes half, step and adoptive siblings and reflects children's experience of their family lives.
- Public service planning and commissioning strategies and procurement attuned to the needs of brothers and sisters to promote those relationships and prevent separation.
- The number and quality of kinship, foster carers, adopters and other carers available to meet the needs of sibling groups exceeds the needs of the children. This resource must be managed effectively.
- Robust management processes that facilitate and support good practice relating to sibling relationships and addresses any sibling estrangement.
- A social care and health workforce that is enabled to undertake high quality assessments of the relationship needs of siblings in or on the edge of care and to meet these needs.



- Official recording practices that reflect the value placed on sibling relationships as a right and a source of wellbeing. Decision making in relation to any sibling separation must be accurately recorded and reviewed.
- A strong legal framework that acknowledges protects and promotes brother and sister relationships in and on the edges of care. Those legal protections must include the right to time together, meaningful participation in decision-making about their siblings and clear, simple rights to appeal.

Relationships that are important to the child

It is not only sibling relationships that are important to children but cousins, step-siblings and a range of other relationships including former carers.

All children must be supported to continue relationships that are important to them, where it is safe to do so.

This reflects the overall understanding that consistent, loving relationships keep children safe and that Scotland must listen to and do what children want and need.

Support for families who have had their children removed

When children are removed from the care of their parents, more often than not mothers and fathers are left with a profound sense of loss and grief. For parents removal of their children is akin to a bereavement. The trauma of that separation can be profound and lifelong.

If children are removed from the care of their parents, Scotland must not abandon those families. Families must continue to be provided with therapeutic support, advocacy and engagement in line with principles of intensive family support.

Where families wish to maintain relationships with their children, but that contact is prevented, they must be supported to maintain their details so that they can be contacted at a later stage if the young person wishes it.



Unaccompanied Asylum Seeking Children

Scotland has a responsibility to unaccompanied asylum-seeking children with some Local Authorities in Scotland receiving a significant number. The Care Review has heard from them and their carers about the particular difficulties they face in navigating a complex system. Children who arrive in Scotland have often faced significant difficulties and trauma in leaving their home and in the journey to Scotland.

Scotland must ensure that unaccompanied asylum-seeking children are treated as ‘looked after’ children and that they are placed in caring, supportive settings.



They must have access to legal support, advice and advocacy to navigate the Home Office asylum procedures. This is a reserved matter, however Scotland can provide the support to make the process easier.

There must also be a recognition of the transience that is felt by children going through the asylum process, so that they are properly supported.

The rights of all unaccompanied asylum seeking children must be upheld and they must have access to all that would be expected for any other child or young person. They must have access to education, health services and other appropriate services as required. There must be no barrier to their participation.

If the age of an unaccompanied asylum seeking person is unclear they can be subject to health assessments. There must first be an understanding as to whether or not such an assessment is necessary and, if so, it must be done in such a way as to limit trauma and distress.

The workforce must also be alive to the issues of human trafficking where children have been trained to claim they are older than they are. If a child is suspected of being the victim of trafficking they must be given protection.

When asylum seeking children are placed, carers and the broader workforce supporting unaccompanied children must understand their religious and cultural contexts. Those traditions and cultural needs must be respected by all those involved in their care to ensure their rights upheld.



Child Development

Children progress through stages of child development throughout their childhood and adolescence. If a child experiences neglect, abuse or trauma, their development can be affected. They may not complete stages of development or consolidate fully what they are learning. Delays in development affect individual children differently, but often language, thinking, emotions and physical skills are observably different to other children of the same age. Some children may present as age appropriate but when they experience stress, may quickly start to behave as if they were much younger.

When supporting children with development trauma, the following principles are helpful:

- Assess and understand what stage of development the child is currently at, fully considering all aspects of child development from language to motor skills.
- Accept that children with developmental trauma are likely to move rapidly between developmental stages, sometimes within very short time periods. Caregivers have to be alert to changes and ready to respond appropriately to the developmental stage the child has moved to.
- Identify what stressors or triggers lead to the child reverting to earlier developmental stages. Often these will be the actions of adults or other children that make the child feel fearful, anxious or ashamed.
- Work to create an environment and experiences for the child that support emotional regulation, making it easier for them to be calm and focussed. Physical activities, the outdoors and creative pursuits are often very helpful.
- Develop a plan with the child or young person to support them when they experience stress and when they show this through their behaviour and emotional dysregulation. Have a range of different options the child can choose from. This can include an enjoyable activity, time with a trusted adult or anything else that works.
- Support the child to gain their missed or non-consolidated developmental stages. This can include encouraging movement, play and language from earlier stages, developing the child's competency and confidence.



Stability

The Care Review has heard from many children and adults who experienced far too many moves to allow for them to make friends and build relationships, settle at school and in neighbourhoods and communities.

Scotland must limit the number of moves that children experience and support carers to continue to care.

- Children must not experience unnecessary moves and must always be in a safe, loving environment where all their needs are met. Multiagency partners must plan strategically for both family carers and child services, based on outcomes from aggregated individual family and child plans. This must involve robust concurrency planning for carers.
- There must be sufficient availability of safe, loving environments for those children who are removed from their families. Those must be able to accommodate sibling groups. This will involve robust planning, recruitment and support for carers. 'Placement availability' must not drive decision-making: this must be driven primarily by the rights and needs of children.
- Scotland has heard many reasons for 'placement breakdown'. Scotland must prioritise understanding the reasons behind breakdown, and learning from these to avoid multiple moves, and to improve the maintenance of relationships. Scotland must continue to understand the research, evidence and knowledge gaps in respect of the needs of parents and kinship carers.
- Scotland's carers must have confidence that they will receive the support they need to care for children in their care. That support must mirror the principles of intensive family support so that sticking with children is supported, encouraged, resourced and normalised. [Read more at Chapter 3: Family.](#)
- If a move is unavoidable, the repair to the rupture of that relationship and the impact of any subsequent move must be thoughtful. The relationship must be maintained in another capacity if safe to do so.



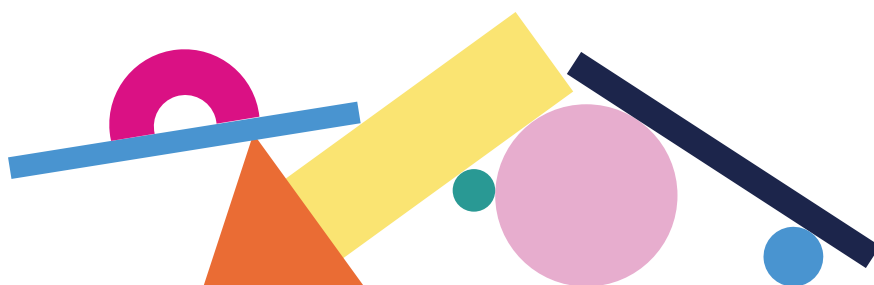
Transitions

Many care experienced children have told the Care Review how scary and upsetting transitions are and specifically that the transition away from their families was often badly managed.

There must be recognition of the importance of the small daily transitions that happen across children's lives (such as going to and being collected from nursery), so that they are supported to be trauma free.

In terms of the **significant transitions**, they must:

- **Be limited.** Scotland must limit the number of transitions for children. Support must wrap around families and the settings of care, so that carers and families are supported to 'stick with' children.
- **Be relational.** All transitions must take place with a trusted adult that the baby, infant, child or young person knows and feels safe with. Transitions, at any stage, must never be carried out by an unknown professional.
- **Be planned.** Transitions must not take place in a hurry and feel like an emergency. Children must never again take their belongings in bin bags and not have time to collect important personal items.
- **Be informed.** Everyone involved in a transition – the child, the family from which they are being removed and the family or safe, loving environment to which they are going – must have as much information as possible.



Life stories

Children who can no longer live with their family of origin may have complex or distressing aspects to their life story. They must be supported to understand the narrative of their lives in ways that are appropriate and have meaning for them.

Read more at Chapter 2: Voice.

Scotland must understand that ‘language creates realities’. Those with care experience must hold and own the narrative of their stories and lives; simple, caring language must be used in the writing of care files.

The workforce must understand and be supported to consider the identities of the children they are working with, so children have a cohesive understanding of self and are able to hold their life experiences and understand them. These experiences should not define the course of their life journey.

Life story work must always follow the lead of a child or young person and be therapeutic in its delivery and nature. It should feel normal and not create or compound stigma.

The workforce must be considerate and write reports in a clear, relatable way, in plain English. Reports must be written in the assumption that the young person will read them at a later date.

Individuals accessing their care records must be properly supported through that process, in the knowledge that records may contain distressing material.

Zahara

When Zahara was 5, her dad became unwell and she went to live with a new family. She's now 8 and lives with different family.

Zahara likes to joke this means she has 3 dads but she hasn't been able to see the first 2 since she left their homes. Zahara isn't sure why this is, or why she's different to her friends. She remembers the teddy she left when she first moved and wishes she had it now. She keeps the teddy she has now with her as much as she can in case she needs to move again.


Zahara is in Primary 4 and has lots of friends at school. She finds school work really difficult though and struggles to ask for help. The easiest days are Tuesdays and Thursdays when a teacher sits with her and helps her with her work. The rest of the time, Zahara is very quiet in class.

Zahara feels different at home. She gets upset easily and sometimes wonders why she feels so angry. Everyone tries to help her but no one seems to know how.

Schools

Through their daily interaction with children, schools in Scotland provide places, relationships and opportunities for all children and have a particular importance for care experienced pupils.

Through recognising the potential for schools to be important community hubs and supporting them to build on the assets of the community they could be resourced to provide support to families in need in a non-stigmatising way. [Read more at Chapter 3: Family.](#)



Schools in Scotland must be ambitious for care experienced children and ensure they have all they need to thrive, recognising that they may experience difficulties associated with their life story.


In supporting care experienced pupils to thrive, there must be consistent application of legal requirements so that they receive all they are entitled to.

Improving the educational attainment of care experienced people should not be the sole responsibility of school staff, but Scotland must support the broader workforce and carers to value and engage with the educational progress of the children in their care.

Scotland must ensure that in being ambitious for achievement and opportunity, there is also recognition that schools provide an important place for care experienced children to enjoy stable, nurturing relationships that prepare them for life beyond school.

Mentoring has a significant positive impact on children and young people who receive it, with evidence that it can improve educational attainment. Schools must also be supported to encourage and develop mentoring relationships for those who would benefit. Offering mentoring to a wide range of children and young people within schools ensures that it is non-stigmatising and will have a wide take-up.

In order to ensure that care experienced children are fully included and supported, schools in Scotland must have a clear understanding of the rights of children and how to uphold them. All children, whatever their educational setting, must learn about their rights in a developmentally appropriate way.



Schools in Scotland must provide space and opportunity for all members of school staff to develop kind, supportive relationships with care experienced children. [Read more at Chapter 5: People.](#)

Schools in Scotland must ensure that pupils and parents understand 'care experience' as part of their communities and as another type of family. Teachers and school staff must be supported to be aware of the issues facing care experienced pupils so they can best engage and encourage.

Scotland must not exclude care experienced children from education or reduce their timetable to such an extent that they are denied their rights to education.

The formal and informal exclusion of care experienced children from school must end.

Schools and Local Authorities must do everything required to support children to build positive relationships at school and maintain attendance, engagement and learning in a meaningful and supportive way.

Schools in Scotland must also not exacerbate the trauma of children by imposing consequences for challenging behaviour that are restrictive, humiliating and stigmatising. This includes seclusion or restraint and can include certain use of behaviour reward systems. Scotland must properly support and resource the workforce to step in to put theory into good practice by supporting and building relationships with children. **Read more at Chapter 5: People.**

Attachment and Co-regulation

Secure attachments, based on loving, consistent relationships, must be the bedrock of every decision made about children.

This principle must not operate only at a strategic level, but be part of the everyday practice of the workforce and family based carers. The way Scotland cares must be underpinned by the guiding principle of attachment and must be informed, responsive and reflective about the nature and impact of trauma.

Every care setting must facilitate a relationship based approach, the workforce must be trained and supported to attune to children's physical and emotional states. This practice of 'tuning in' to how children are feeling, enables a process of co-regulation and stability where children can learn to manage stress and anxiety. The workforce must be supported to be present and emotionally available to the children in their care. **Read more at Chapter 5: People.**

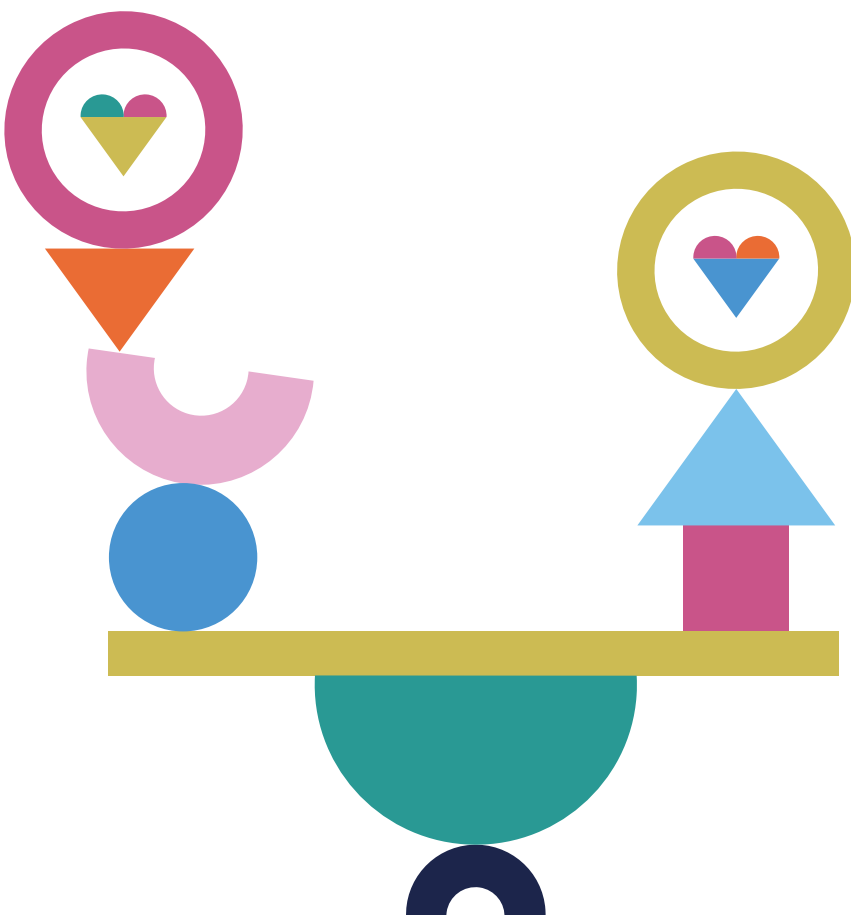
Scotland must understand that all behaviour is communication and seek to listen to all of what children are saying through their actions.

Section 2: Where Children Live

All care givers, wherever children live, must know that their primary purpose is to develop nurturing, patient, kind, compassionate, trusting and respectful relationships so that children in their care feel loved and safe.

The experience of being cared for must be normalised and free from stigma. Scotland should be a good parent. The 'care system' must not take precedence in the care of children. At every turn and in every setting children must have access to safe, stable, emotionally available, consistent, nurturing relationships and environments that enable them to reach their full potential.

Wherever children live, carers must be informed by a clear understanding of trauma, and how to respond to and love children who have experienced deeply disturbing and distressing things. There must also be a collective understanding of attachment, the impact of broken attachment on care givers and the repairs that can be made through thoughtful, loving, consistent relationships.



Kinship Care

Kinship carers provide vital support and care for children who cannot live with their parents. A kinship arrangement can be informal or can be organised through Social Work and The Children's Hearing System.

Whatever the mode of arrangement, Scotland must ensure that children living in kinship care get the support they need to thrive. Kinship must be actively explored as a positive place for children to be cared for.

The Care Review has heard from care experienced young adults where kinship opportunities were missed because of lack of exploration of available family willing to care.

It cannot, however be assumed that kinship care is the conclusion of support and assistance that the family will need. The Care Review has heard from many kinship families about the lack of support they have in caring for children and the fear they sometimes have of asking for help. Kinship families spoke of being fearful of being seen as not being able to cope and if they do ask for help it can feel punitive and they worry about what might happen as a result.

The principles for intensive family support that wrap around a family must be as accessible to kinship families as to families of origin. Support must be offered freely without kinship carers having to fight for it. Kinship carers should not feel the need to professionalise their role in order to access support.

Read more at Chapter 3: Family.

Support must recognise the particular challenges that can exist for kinship carers. There must be a recognition that kinship carers may be caring for deeply traumatised children and that they may experience their own pain at the consequences of family breakdown. There must be a consideration of kinship carers as part of the wider workforce so that they have access to ongoing supervision, space for reflection and support to continue to care without becoming overwhelmed.

Financial support to kinship carers must match that of foster carers. However, there must also be recognition of the tension and complications that money can add to decision making about children, particularly when wider family groups are living in poverty. Decisions about where children live must follow their best interests.

Kinship family decision making must be supported by and characterised by family group decision making to explore the breadth and consequences of decisions about where children should live.



Chapter 4: Care

Adoption

Adoption provides children with a family and the Care Review has heard positive stories of permanence and support. However, children and care experienced people have also told the Care Review about the pain and hurt of adoption breakdown, return to a further care setting and lack of support in young adulthood. The Care Review has listened to adopting parents who have told of the love they have for their children and of the huge challenges they have faced in accessing ongoing support.

Adoption has an important role in providing permanent, loving nurturing homes. Adoption must continue to be supported in policy and planning.

Understanding birth identity and maintaining relationships, including with their family of origin where it is safe to do so is often important to children. Adoptive families must be aware of their responsibility to support their children to understand their life history.

Finding the best place for the child

- There must be no targets associated with adopting children, including financial and profit based targets.
- Prospective adopting families must have access to all available information and supported to make sure children receive the best environment for them to grow up and thrive.
- Children that are adopted will have a story that they must be supported not to lose and to understand when and if it matters to them.
- Prospective adopting parents have their own life stories that may at times have caused personal pain.
- In considering the life stories of children and adopting parents Scotland must recognise the complexity of adoption and take time and care to place children appropriately.

Adoption Breakdown

- Scotland must avoid adoption breakdown and whilst achieving this collect data on the extent and reasons for adoption breakdown. That data collection must follow the experience of children whose adoption has broken down, recognising the prevalence of and impact on late teens and early adulthood.
- Scotland must recognise the impact of adoption breakdown on children and families. There are often complex legal consequences for the legal identities of children and young adults and they must be supported to cope with these challenges. Families in adoption breakdown must also be supported.

Adoption Support

- Scotland cannot assume that a successful adoption placement is the conclusion of support that may be required. The burden of obtaining support must not be primarily placed on adopting parents. Families should not need to fight for what they need for their children. Scotland's responsibility to children that have been placed must not end at the point of adoption.
- Adopting parents should have access to the supports of the wider workforce if they require it. They should be able to be part of reflective practices, supervision and peer support.

Adopting parents must have access to support at any point during the life of their child if they require it. That support must be available even if it was not initially required and must mirror the principles of intensive family support.



[Read more at Chapter 3: Family.](#)

Foster Care

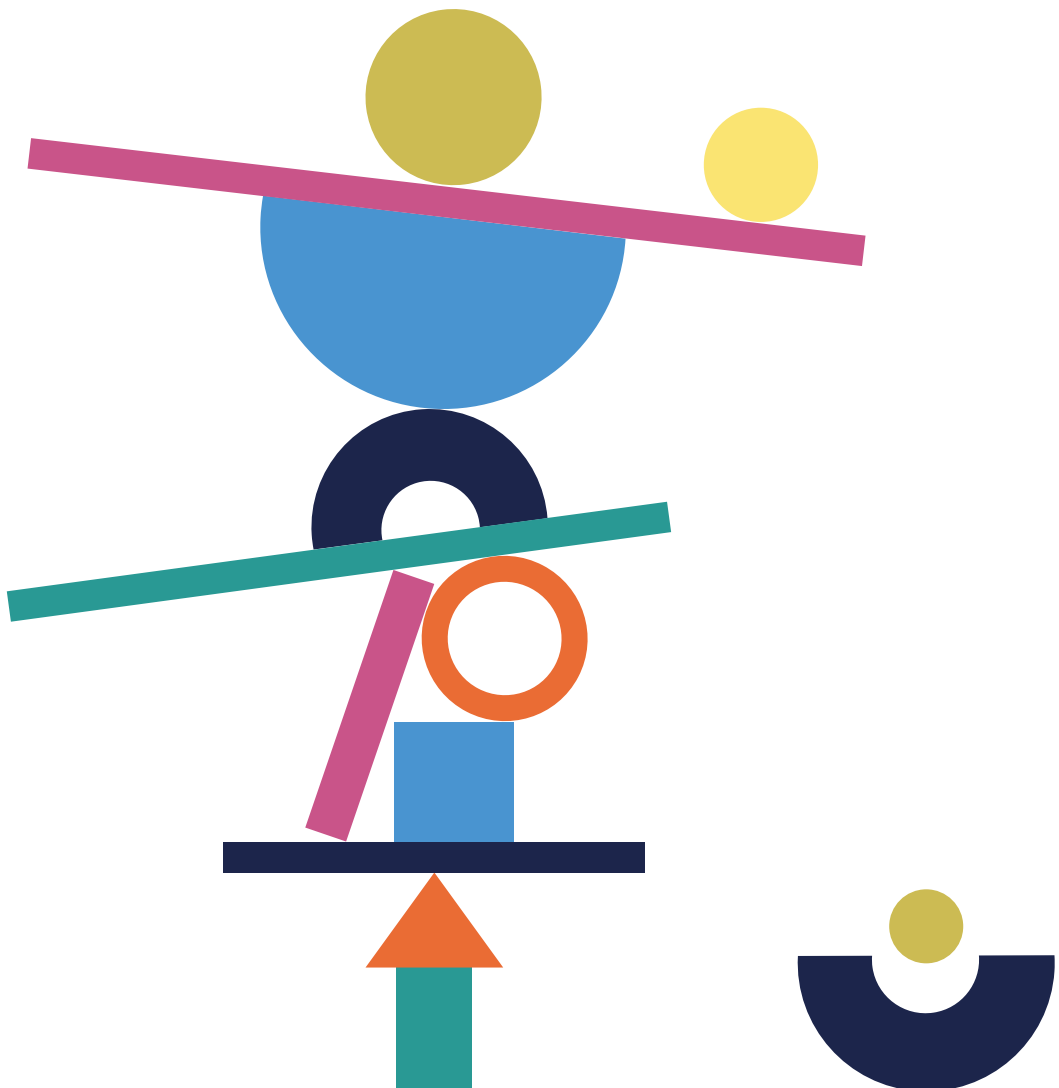
The Care Review has heard about a wide range of fostering experiences from care experienced children and young adults. For some, foster care has been a positive place of healing through relationships that become a family. For others, it has been temporary, disruptive and where children have felt the monetisation of their care and excluded from parts of the foster family's lives.

Scotland must better support its foster carers to be the best parents. Foster carers must feel valued, cared for and supported to care.

- Children must never again feel the monetisation of their care. They must be included in a meaningful loving way within the foster family without barriers. Rules and regulations must support the full inclusion of children with the life of foster families.
- To ensure that children living in foster care receive all that they need, foster carers must know that their primary purpose is to develop nurturing, patient, kind, compassionate, trusting and respectful relationships that so that the children in their care feel loved and safe
- Foster carers must always be recruited on the basis of their values.
- Recruitment of foster carers must also explore the range of community support they need to make sure it can be made available to them.
- Children must be supported to have a range of relationships in the community that mirror family life: local grannies, aunts or uncles must be part of the overall picture of recruitment.
- When deeply traumatised children need caring for, it must be recognised that foster carers may experience secondary trauma on the basis of the pain the children they are caring for have experienced. Scotland must make sure that these children get the very best care by providing ongoing support and space for reflection for foster carers to continue to care without becoming overwhelmed or injured.
- Foster carers must have access to all the support they need to care and avoid 'crisis' point interventions to help them continue to support children in their care and this must mirror the ten principles for intensive support for families. [Read more at Chapter 3: Family.](#)
- To provide the care that children require, foster carers must be sufficiently financially maintained.



- Levels of payment must not determine where and who are the best people to care for a child.
- Rules, regulations and payments must align to allow young people to stay with foster carers (if that is what they want to do) for as long as is required.
- Children report that it is often their foster carers who know them best, when that is the case they must be included in all relevant decision making.
- Scotland should consider a national register for Foster Carers recognising that they care for children within their own home. That must operate in a supportive way that is aligned to the underlying values of how Scotland must care.



Residential Children's Homes and Residential Schools

Residential Homes and Schools can be the right place for children or young people, specifically those who would find the intensity of family settings overwhelming and prefer residential care as it can put fewer demands on them.

What must be prioritised are the quality of relationships that children experience in residential settings.

Residential care is quite distinct from other care settings as children do not live with all the adults caring for them. The workforce in residential care settings will be coming in and out of the home. There is a unique opportunity for relationships to flourish in this setting but obstacles and barriers, particularly during and beyond transitions out of care, must be removed.

Residential settings must operate with a cohesive set of values that uphold the rights of the children they are caring for. Those values must be therapeutic, recognising that children require thoughtful, supportive relationships as a basis on which to heal and develop as young adults, for example:

- The needs of the children living in a residential home at the time must inform any rules as opposed to a blanket set of instructions and restrictions.
- Recognising that children and young people may have supportive, kind relationships with sessional staff as well as core staff, the residential provider must be supported to find the right balance between having consistent core staff along with the flexibility of additional support that works for the children and young people.
- Young people who leave residential care may wish to maintain relationships with workers and this must be supported and given time. Blanket policies that prevent the maintenance of these relationships must be removed.
- Staff must be recruited on the basis of their values rather than educational levels. **Read more at Chapter 5: People.**
- Children must not be further stigmatised, and any rules that do so must end. For example, staff should be allowed to use their own cars to take children to school, rather than relying on taxis, this would allow the opportunity for supportive relationships to develop whilst driving a child or young person to school or college.





- Residential Care settings must be supported and resourced to keep places open for young people in line with continuing care legislation. Scotland must ensure that this is not brought to an end when young people do not want to and are not ready to leave.
- The Inspection of residential settings must focus on the children's experience of the relationships. Inspection must be led primarily by what those who live in residential homes say and how they feel they are being cared for. **Read more at Chapter 6: Scaffolding.**

Secure Care

Scotland has a responsibility to keep children safe from harm. The Care Review has heard from children and young adults that being in a Secure Care environment has protected them at times in their life when they faced significant danger and/or complex problems. The Care Review has also heard from children and young adults that Secure Care has been a scary place, with an over use of restraint and a lack of support and care.

Children in Scotland are placed in Secure Care for a variety of reasons.

Scotland's response to the small number of children who need this level of security, care and protection must look radically different.

There must be absolute clarity that the underlying principle of Secure Care is the provision of therapeutic, trauma informed support.

If Scotland's decision makers remove the liberty of a child for whatever reason, Scotland must ensure that they are provided with all the support they need to go on to live fulfilling lives in a community

Secure Care centres can provide quality care, yet the governance and delivery model with four charities and one local authority provider has led to a variety of different cultures and values operating in each of the secure settings.

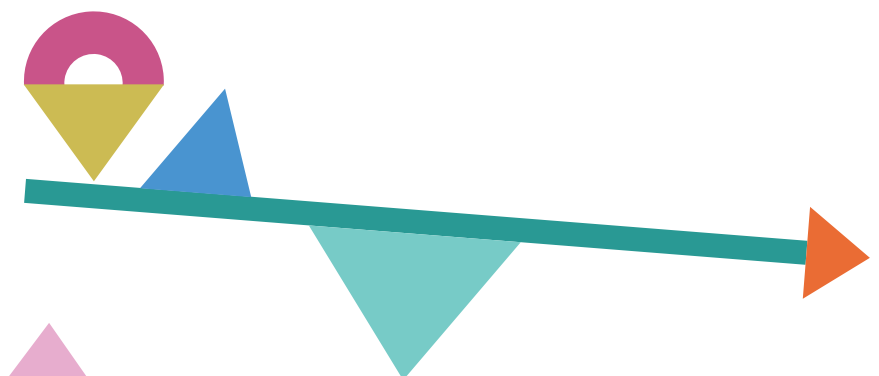
Fundamentally, there are contradictions between Secure Care settings and therefore in the overall provision of Secure Care. Those must be addressed collectively.

There is an over-representation of children with additional support needs, demonstrating the inability of other services, including education, to meet the needs of those children.

Chapter 4: Care

There is a lack of clarity about pathways through Secure Care and decision making driven by overly complex funding and procurement arrangements.

- Scotland must take responsibility for its most distressed and at risk children and fundamentally rethink the purpose, delivery and infrastructure of Secure Care.
- Scotland must recognise that placing children in highly restricted environments must be used only when necessary and not simply as an escalation when other interventions have failed.
- Spending time in Secure Care must be as short as possible in order to avoid institutionalisation. Secure Care should not be perceived as a primary setting of care. **There must be far more alternatives for community based support and monitoring**, where required.
- Whilst Secure Care may be appropriate for some children, there must be alternative services and support settings in communities that can provide enhanced support. That support must look similar to the principles of intensive family support, in whatever family setting the children are living. [Read more at Chapter 3: Family.](#)
- Specific residential, therapeutic settings for girls who have been sexually abused and exploited must be developed. Those girls must not be held in inappropriate settings. Their deep pain and trauma must be recognised across services and settings that uphold their rights and meet their needs in an informed and therapeutic way.
- Scotland knows that some boys placed in Secure Care have been sexually abused and exploited. Scotland must make sure that they have the therapeutic care and support they need to recover and be kept safe. Their rights must be recognised and upheld in a trauma informed way, so that their pain is not exacerbated by their placement.



Use of Secure Care

The planning and provision of Secure Care must reflect the needs of children in Scotland to ensure there are sufficient places for those that need them.

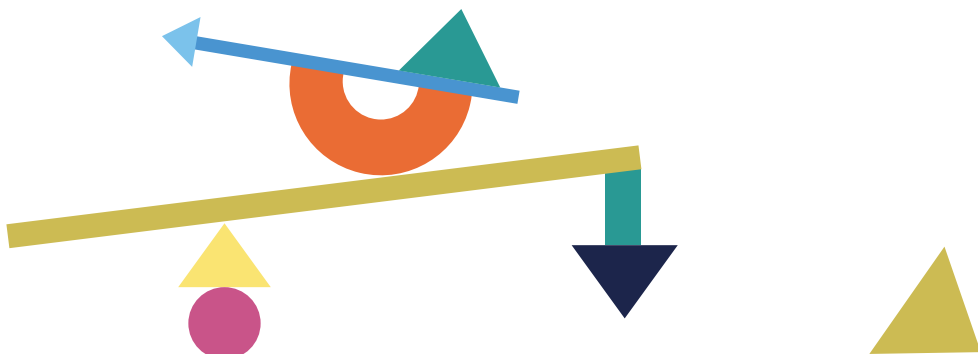
Read more at Chapter 6: Scaffolding.

Scotland must recognise that 16 and 17 year olds are children in line with the UNCRC and must be accommodated within Secure Care rather than within Young Offenders Institutes and the prison estate. This must include children who are on remand and those who have been sentenced. **Being placed in prison like settings is deeply inappropriate for children.**

Ensuring that all 16 and 17 year olds are placed in Secure Care rather than a Young Offenders Institute will change the nature and provision of Secure Care. There must be careful planning around the type of provision required to cater to the diverse needs of the population requiring that care.


If a young person turns 18 during their time in Secure Care, there must not be an automatic transfer to a Young Offenders Institute. There must be more scope to remain in Secure Care for those who have turned 18.

Any young person who is 'looked after' and is in Secure Care and turns 18, must retain social work support and be able to access through care and continuing care provisions upon leaving Secure Care.



Upholding Children's Rights in Secure Care

Secure Care settings must uphold children's rights. Children must have access to all they need for health, education and participation. They must be supported to maintain good contact with their family if safe to do so.



The use of Secure Care must uphold children's rights. In all the legal processes that surround the decision to place a child or young person in a Secure Care setting, their rights must be upheld. They must be consulted and given the chance to express their views and they must be told about their legal rights of appeal. That must not be done in a tokenistic way, but through a culture of care that upholds rights in a way that meets their needs and helps them understand their legal protections.

All children who are placed in Secure Care must have their rights upheld so that education and health are not compromised. There are a disproportionate number of children in Secure Care with additional support needs, and they must have access to all the support services required to achieve the highest possible standard of health.

The Care Review heard many stories of children being promised access to services and support in Secure Care that did not transpire or were limited and ineffective.

Children in Secure Care must be given all the support required to maintain contact with their families and carers.

When children are placed in Secure Care, it is imperative that the nature of that time is therapeutic rather than merely based on containment. There must be a range of therapeutic interventions with Secure Units. Children who enter Secure Care must receive all that they need to support healing and rehabilitation.

There must be thoughtful, trauma informed assessments of children that recognise the totality of their needs. Scotland must recognise the additional support needs of the children in Secure Care and ensure that comprehensive support is available for them. Support must include access to therapies such as speech and language support and mental health support.

Children in Secure Care must have access to education services to support and enhance their learning, rather than disrupt it.



The workforce must be supported to care for children who may have had deeply troubling experiences and life stories. The management of the various risks and traumas can only be met by a confident, well-supported, trained and nurtured workforce who are able to step up for young people. **Read more at Chapter 5: People.**

Children leaving Secure Care must receive support that ensures that the transition out of a restricted environment happens with thought, planning and care.

There must be further investment in supportive intermediate settings so that young people leaving Secure Care are able to access the support they need. **Children must not be held in Secure Care because there are inadequate options for them within the community.**

Long Term Hospital Stays

The Care Review has heard from young people who were detained for lengthy periods under the age of 18 in hospital settings through mental health legislation. In some cases, that detention went on for many years.

There must be appropriate and sufficient provision of inpatient services for children across Scotland.

Scotland must ensure that there is timely access to mental health support before crisis point, so that children can avoid hospitalisation.

That support must be there for as long as it is needed and available for children and young people who are in hospital so that services and families can plan for return to the community.

Scotland must recognise its responsibilities to young people who have spent significant time in hospital through the decisions of the State and ensure that they are properly supported to access all they need.



Chapter 4: Care

Restraint

Care experienced children and young adults told the Care Review how frightening, painful and embarrassing the use of restraint is for them. The Care Review has heard from children and care experienced adults that they were restrained in times of distress. Many children and adults felt that members of the workforce who delivered restraint presented as either angry or stressed. The Care Review has been told of restraint being used not to keep children safe, but as a punishment for perceived wrongdoing. The Care Review has also heard from children and care experienced adults who actively sought restraint as it was the only time they felt human touch.

Where a child or young person's stress is met by a stressed adult who is unable to respond sensitively and effectively to the child's needs, the stress of both the care giver and the child increases. Restraint does not work for anyone. Pain compliance techniques have no place in a Scotland that aims to ensure its children feel loved.

Scotland must strive to become a nation that does not restrain its children.

This cannot be simply a statement of intent. Scotland must support its workforce to manage very difficult situations. This means a genuine focus on response to challenging behaviour in a trauma informed way, building relationships in advance so that a child or young person's history, current circumstances and behavioural triggers are known and can be responded to individually, in advance of, during and after a crisis occurs. To ensure a caring response, there must be a curiosity about the reasons behind challenging behaviour, recognising that all behaviour is communication.

To reduce restraint, Scotland must ensure that the workforce is nurtured and supported, recognising that children may exhibit challenging behaviours that may at times make them feel scared. Individual members of the workforce cannot manage those behaviours in isolation, they must be supported to put theory into practice and to step in. The responsibility to create an environment which actively reduces the likelihood of restraint is as important as responding appropriately to individual children in crisis. Settings of care must establish a leadership culture that upholds children's rights and applies the values of care, attachment, attunement and co-regulation in day to day life. **Read more at Chapter 5: People.**



Scotland must reflect on the impact of the equal protection legislation that removes the defence of ‘justifiable assault’ to ensure that all children wherever they live, are protected from all forms of violence.

There has been considerable support for the Care Review’s position on restraint with progressive organisations working to end the practice, advising that getting it right in a way that upholds the safety of, capability and rights of everyone, take time. As the Care Review is implemented and Scotland works to become a nation that does not restrain its children, the rights of children to be protected from violence must be the primary consideration. Scotland must also pay attention to the use of seclusion, where children are contained and isolated often for long periods. Seclusion is not an acceptable part of trauma informed care.

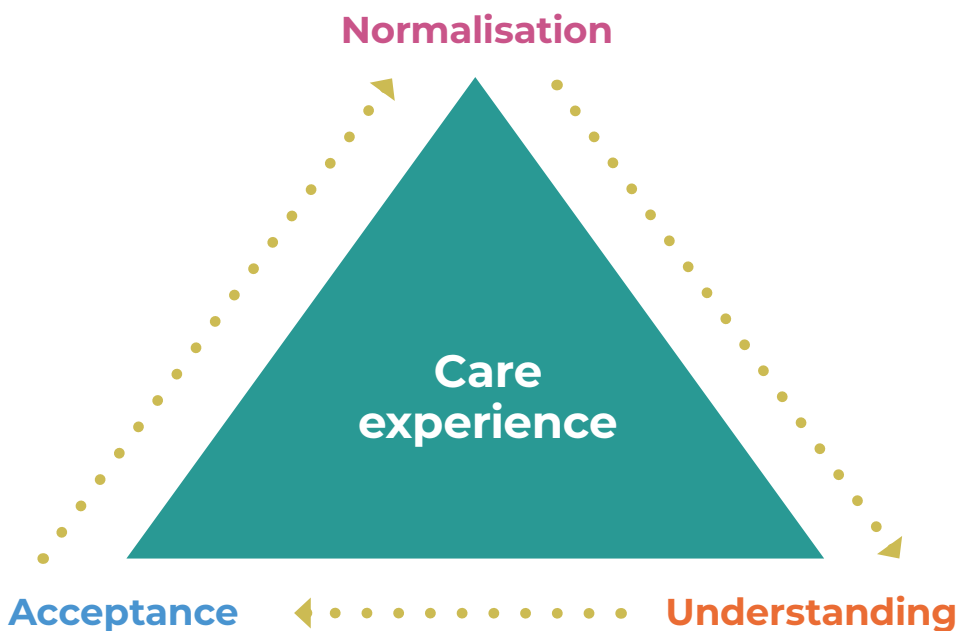
Scotland must ensure that whilst working towards change:

- the rights of children must be at the forefront of every decision about the use of restraint.
- the practice must only be used to keep people safe and must always follow a model which focuses on co-regulation, so that the workforce reflects on their responses.
- there must be clear preventative factors built into practice around challenging behaviours, de-escalation and subsequent reflection.
- workforce awareness of attachment and attunement must inform all decisions that involve risk and restraint and seclusion.
- all restraints and use of seclusion must be recorded and reported on so that Scotland can understand its use and monitor progress towards its cessation.
- Scotland must keep listening to children about their experience of restraint and prioritise a full understanding of the impact of restraint on children. There must be active consideration of the impact not just on one child but on others living in a location where restraint takes place.
- Scotland must listen to the workforce about their experiences.

Section 3: Normalisation of Care Experience

Care experienced children and young adults have told the Care Review that their time looked after by the state often felt cold, overly professionalised, stigmatising and uncaring.

Scotland should be a good parent to the children it has responsibility for. That means carers and workers must act, speak and behave like a family so that Scotland can be the best parent it can be. Scotland must stop stigmatising the children it cares for.



Language of Care

Scotland must change the language of care. Language must be easily understood, be positive and must not create or compound stigma.

Scotland must stop using professionalised language to describe meetings and experiences. As one example, children must not be told they are going for 'contact' when they see their mum or dad. This use of disrespectful language can lead to low self-esteem and compounds a self-stigmatisation as children realise that their peers do not use this type of language.

Scotland must be mindful of how society and the media talks about and publicises individual care stories. Scotland must stop sensationalising care experienced people's experiences and instead promote everyday examples of real life scenarios.

Too often, representations of care are based on a narrative which is overly positive or overly negative. This can lead to inaccurate and stereotypical assumptions about care experienced people.

Childhood Experiences

In all care settings, Scotland must provide and promote positive, regular experiences for children.

There must be no regulatory barriers to childhood experiences of staying over at a friend's house, going on holiday or away for the weekend, or having a first relationship. Scotland must support and trust the workforce to make sensible, thoughtful, caring judgments. Sometimes the decision of a carer will be to not allow a child or young person to participate in an activity or go somewhere they want to go; that is a normal experience of being a teenager. Scotland must not cloak those decisions in professionalised language of risk assessment; those decisions must come out of and be based on a relationship of trust, respect and love.

Respite

Scotland must stop using the word 'respite' and rethink the nature and purpose of short breaks.

The experience of going to stay with a granny, auntie or family friend while parents have a break is one common to many children. The Care Review has heard that respite has felt stigmatising and scary. It must never feel like a dumping ground where children are put when carers cannot cope.

Children must only ever go and stay away from their home with other people whom they trust and have an ongoing relationship with. Being away from their main home must be a time of fun, treats and enjoyment. There must be active consideration about the breadth of adult relationships available when a child is placed in a care setting, so that time away from home feels natural, normal and a good place to be.

Health

Children have the right to the highest attainable standard of health, that is guaranteed not only in the provision of services but in attuned, nurturing carers who notice changes in health and access assessment and support as required. Supporting the workforce and carers to notice and act on their intuition about the children in their care is the best way to guarantee children's health.

The Care Review has heard from children who did not learn how to look after their own health and wellbeing, and care for themselves.

The workforce and in particular family carers must know that they have a particular role in supporting children to have good overall health across dental, physical, mental and sexual. That must be done through caring, nurturing relationships that model good habits and a healthy approach to life.

Scotland must stop creating extra, stigmatising processes for children simply because they are care experienced. Six-monthly trips to the dentist are the norm for most families and should be so for all children. However, an annual health check is not a process that all children in Scotland go through.

If required, Scotland must ensure that children have access to all the support they need including thoughtful, trauma informed therapies. [Read more at Chapter 3: Family.](#)

Criminalisation

Care experienced children and young adults, particularly in residential care, told the Care Review about how they had too often had police involvement for behaviour that other families would accommodate within the family. There is evidence that care experienced children are over represented in the youth criminal justice system. There are a number of things that need to happen to change that but, overall, Scotland needs to do more to prevent the criminalisation of all children. The principles that underpin The Children's Hearing System, that children who engage in offending need care and protection rather than punishment, must be restated and understood across Scotland's services.

The impact of early criminalisation is life long and can make it profoundly difficult for young people to access future opportunities.



Dylan

Dylan left care when he was 18 and has lived alone ever since. He enjoys having his own place but has found it difficult to settle in.

That was mostly because the flat he lives in isn't very nice and doesn't have all the things he needs. There was nothing to cook with. He's tried to find out who can help and how he can move but no one has the information he needs.

When he first moved in, he realised he didn't know much about what seemed like really basic things like food shopping, paying bills or how to look after himself. It didn't seem to be anyone's job to help him with these things. He tried to get in touch with a staff member from the residential home he lived in but she doesn't work there anymore and he can't get hold of her.

Since leaving care, Dylan has been thinking a lot about his childhood and everything that happened. He's tried to talk to some friends about it but they didn't really understand. He still sees his mum every now and then but doesn't feel she's the right person to talk to.

Chapter 4: Care

To ensure that all children are diverted from the criminal justice system, Scotland must aim for the age of minimum criminal responsibility to be brought in line with the most progressive global Governments alongside efforts to prevent criminalisation of all children.

There is no evidence that care experienced children engage in more offending behaviour than their peers, but the consequences of their behaviour whilst in care are much more likely to result in criminalisation.

It is the settings of care and workforce responses to behaviour that drives the criminalisation of care experienced children.

Scotland must stop that criminalisation by supporting the workforce to behave and treat children in a way that is relational rather than procedural and process driven.



The workforce must be safe and protected in carrying out their work, but they must be supported to ensure that their responses to the children in their care mirror the tolerance and understanding of a good parent. That involves workforce understanding of self, nurture, support and leadership that models expected behaviour.

Read more at Chapter 5: People.

How Scotland responds to children who have been criminalised must also change. Scotland must stop locking up children who have often experienced the failures of the state in the provision of their care.

Young Offenders Institutions are not appropriate places for children and only serve to perpetuate the pain that many of them have experienced. There are times where it is right for children to have their liberty restricted, but that must only be done when other options have been fully explored and for the shortest time possible and in small, secure, safe, trauma informed environments that uphold the totality of their rights.

Adult Life

Many care experienced young adults have told the Care Review that they felt abandoned and ill prepared as they moved from childhood into adulthood.

Young adults for whom Scotland has taken on parenting responsibility must have a right to return to care and have access to services and supportive people to nurture them.

Older care experienced people must have a right to access to supportive, caring services for as long as they require them. Those services and the people who work in them must have a primary focus on the development and maintenance of supportive relationships that help people access what they need to thrive.

These rights recognise the pain and trauma that have often accompanied the circumstances of care experienced people's lives and mirrors the type of support that many families provide for their children. When young adults move on to independent living or need to return to a caring environment, all decisions must be made in their best interests and not on the strict application of age criteria.

Aftercare must take a person-centred approach, with thoughtful planning so that there are no cliff edges out of care and support.

Scotland should behave and act like a good parent that supports young people as they enter adulthood. Scotland must be a parent that encourages young people toward a life of independence, self-reliance and stability, but also recognises that, often, young people will need to stay 'at home' or come home for some time and at various times.


Scotland must ensure that there is 'no wrong door' for care experienced young people and that Scotland's parenting responsibilities are life long and holistic for the young people that Scotland has cared for.

Young people must be encouraged to 'stay put' in their setting of care for as long as they need to. Rules, regulations and systems must support that approach. There must be no regulatory barrier for young people to stay with foster carers for as long as is required.

Chapter 4: Care


The workforce must be supported to maintain relationships with young people who leave a particular care setting and must understand that as part of their role.

Scotland must ensure that there is a set of shared aims, values and knowledge for all those with ongoing parenting responsibilities for young adults. Too often, those with statutory responsibility do not fully understand the extent of their obligations.



Young people with care experience must have access to independent advocacy and legal representation so that they understand their rights to certain benefits and services and are able to access them.

Read more at Chapter 6: Scaffolding.



There must be comprehensive thematic reviews of 'transition services,' and all those with ongoing parenting responsibility must be required to explain how they plan to deliver integrated services for care leavers to adulthood. **Read more at Chapter 6: Scaffolding.**

There must be a streamlining and clear communication of the variety of financial support available to those with care experience.

Scotland must remove all barriers for young people who have had parenting responsibility to continuing their education. They must be supported to enter education at any age. They must be entitled to repeat year funding (if they are required to repeat a year), and year round funding to include the holiday period.

Scotland must prevent students leaving settings of care from getting into significant student debt through higher education, that must involve financial support and debt write off as required.

Universities and colleges in Scotland must also act on their responsibilities towards care experienced students, ensuring they are provided with access to mentoring and support throughout their studies.

Parenting does not stop at 18. Throughout The Plan, Scotland must continue to consider how to create greater equity and opportunity for care experienced young adults. That consideration must include how to increase opportunity for care experienced people to access employment, training, stable housing and support.

Lauren

Lauren is 27 and grew up in care. She's kept in touch with a handful of people from her childhood and was closest to her foster parents.

She moved into temporary accommodation when she first left their home and has only recently been given a flat of her own after years of moving around. She has struggled with alcohol and drugs, particularly when she is feeling down.

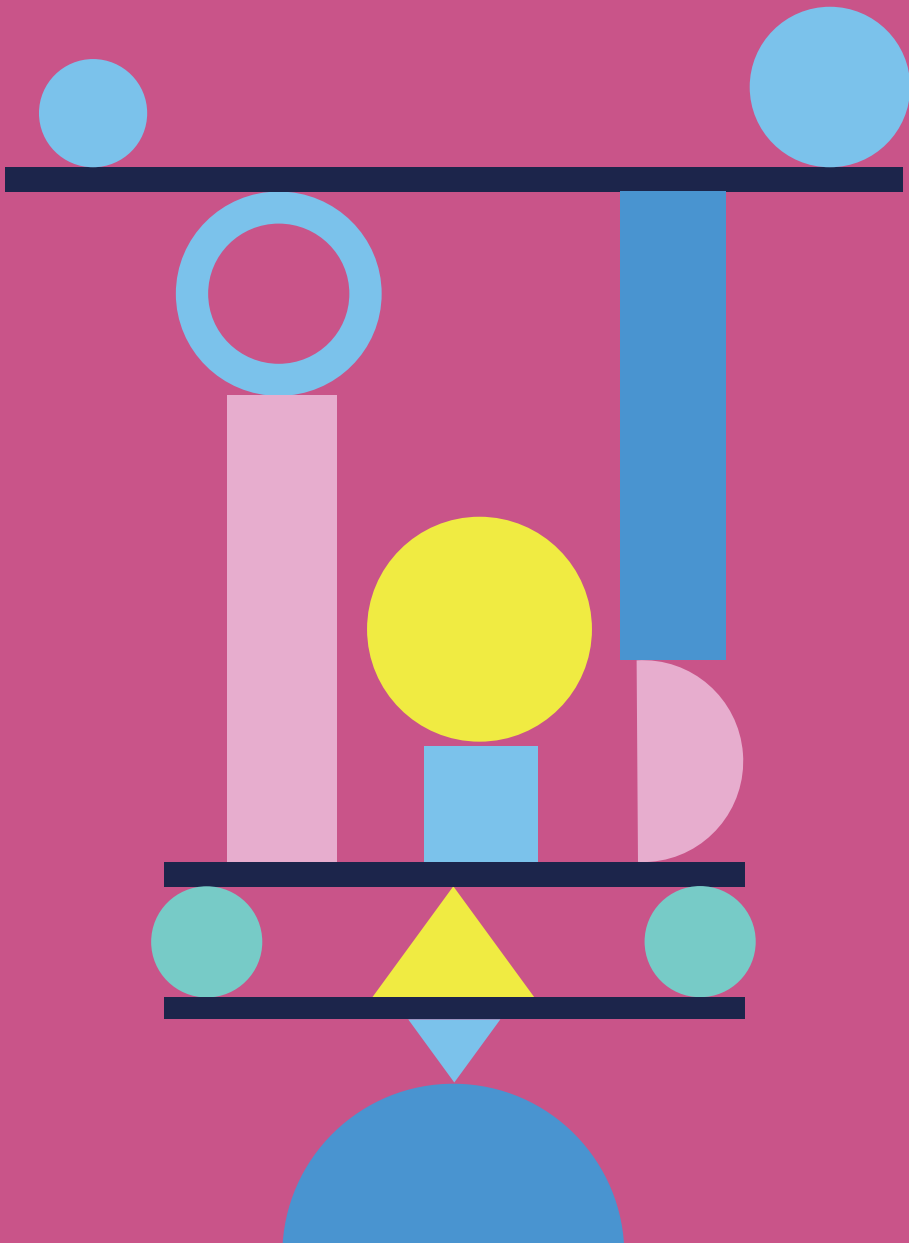
Everything seemed ok when she first moved out and she felt like she had support. However, as the years have passed, the support seems to have gone away. Lauren wants what everyone else seems to have and doesn't know why it feels so hard for her. She has turned increasingly to her foster carers. They've been a great support when they've been able but they're not able to help Lauren as much as they would like.

Lauren doesn't go out very much now and doesn't have many friends. She knows the situation is affecting her mental health but that feels like yet another thing she has no support to manage. She is still in touch with a former college lecturer who was great a few years ago. Lauren finds that even just chatting things through over a cuppa makes her feel better.

Chapter 5: People

In this chapter:

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- 100 **Nurturing Scotland's workforce**
- 101 Personal Identity, Love and Relationships
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The children that Scotland cares for must be actively supported to develop relationships with people in the workforce and wider community, who in turn must be supported to listen and to be compassionate in their decision-making and care.

Scotland must support and empower its workforce to provide consistent, loving relationships for children. Many in the workforce already provide these caring relationships for children, but the Care Review has also heard of a frustrated, anxious and overwhelmed workforce struggling to meet the needs of the children in their care.

Scotland must develop a new way of thinking about our workforce, from definition, learning and training, and recruitment through to supervision and retention.

The workforce must be nurtured. They must be supported at all stages of their caring journey. That support must enable them to facilitate a sense of home, family, friends, community and belonging in which children feel loved and can flourish.

Structure and Definition

Scotland needs a more holistic understanding of who the workforce is. This is not to professionalise or codify these roles, but simply to understand the nature of relationships that surround children and families.

Relationships around the child

Loving relationships with the child at the centre

Family of origin

Family Carer

(people in a parental role)

Decision Makers

Awareness Roles

(such as education and health)

Wider Community

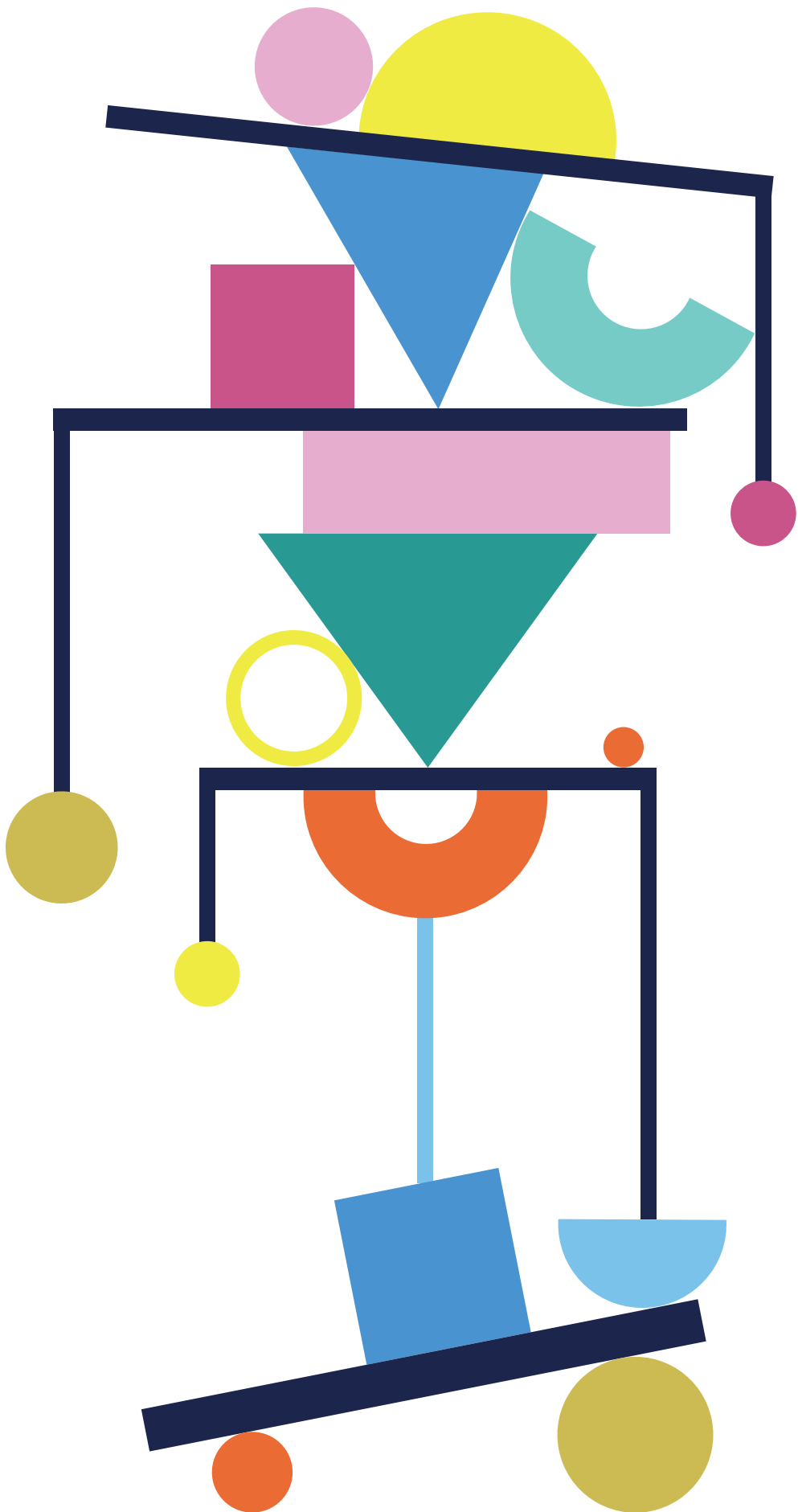


There must be a broad conceptualisation of the workforce which is, in essence, anyone who spends time with or has responsibility towards care experienced children, young people and families.

Many workforce models will put the 'child' at the centre. However, children live in families and communities and this model seeks to convey the importance of relationships around the child. Scotland must move away from process towards a relationship based understanding and approach to all children.

Scotland's understanding of the workforce must primarily be about their role in terms of the degree of closeness of relationships they have with children, rather than their status as paid/unpaid or in terms of professional/voluntary.

This model is offered as a way of thinking about those relationships, rather than as a static, restrictive framework.



Chapter 5: People

The conceptualisation of the workforce is outlined below, recognising that there is transience and movement in these groupings. It also recognises that people in each of these categories will not necessarily feel like their role is a codified one. For many this will simply feel like a relationship.

- Family of origin: birth parents who may be looking after their children at home with agreed support, and the wider family network.
- A 'Family Carer' group (who may be kinship carers, foster carers or otherwise undertaking a parental role on a day to day basis).
- A 'Decision Maker' group (those involved in decision making which impacts on the lives of children; specifically with planning about where children will live).
- A group who require heightened awareness of the developmental needs of children (such as educational professionals, health workers or police).
- The wider community who share responsibility for the care of all Scotland's children.

Scotland must firstly recognise and then provide support to all people who are involved in the care of children.

Scotland must support a strong 'national values framework' for all its workforce. Those values must be multidisciplinary to be shared by teachers and learning assistants as much as by social workers and prison staff. These values must be fundamental for people who work with children in any capacity.

The values must reflect that the primary purpose of care is to develop nurturing, patient, kind, compassionate, trusting and respectful relationships so that children feel loved and safe.

There must be strong leadership across all of Scotland's workforce that models and supports the values and principles of the broader workforce. Scotland must not place the responsibility of values and care on those with the lowest reward and least agency. Values based leadership must exist at all levels and in all settings.

Nurturing Scotland's workforce
Supporting the workforce to care must be at the heart of Scotland's service planning.
Supervision and reflective practice is essential for all practitioners, regardless of their professional discipline or role, who are working with children.

That must include teachers, particularly those working in residential or alternative provision.

Providing adequate time for effective, flexible, day to day and more regular structured support, supervision and reflective practice is vital in caring for the workforce so that they can care for others. It supports the development of a workforce that can manage risk in a relational rather than a process driven way and feels safe to practice even in challenging circumstances. Scotland must ensure the provision of properly trained supervisors.

Without proper supervision and support, the workforce is more likely to feel isolated, vulnerable and risk averse. Scotland must recognise the secondary effects of working with and caring for children who have and continue to experience trauma. Reflection, supervision and support must be recognised as an essential part of practice for anyone working with children.



Scotland must value relational practice with children and families. Scotland must build in time for reflection across all of the workforce, tailored to the needs and preferences of individuals and delivered in ways which work best for children, young people and their families.
Read more at Chapter 4: Care.

Reflective practice (coaching, mentoring, and supervision) must include things that matter to children, including how loved they feel, how their rights are upheld and how stigma is being reduced. This must emphasise support for the worker and their relationship with the child over evaluation of performance.

Scotland must recognise that the workforce is also made up of survivors of trauma. Those with lived experience must be supported to be part of the workforce and nurture their instinct to 'give back,' but there must be recognition of the pain that may accompany that involvement. They must be supported to continue to care.

Chapter 5: People

Employment conditions must allow people involved in the care of children to flourish and feel valued, including attention to workload, remuneration, employment status and environmental conditions. Scotland cannot expect those providing relational human care to operate on good will alone.

Nurture and care for the workforce, particularly for Family Carers, will involve time away. All families benefit from babysitting opportunities and short breaks; these can also benefit children and be a time of fun, treats and love. All short breaks must mirror those routinely in place in wider family networks (with recognised continuity of relationship), and take place in ways that do not create or compound stigma, and help children continue to feel part of the family. [Read more at Chapter 4: Care.](#)



Personal Identity, Love and Relationships

Children who have been harmed through relationships, must have supportive relationships in order to heal. Scotland must support and encourage the workforce to bring their whole selves to their work, and to act in a way that feels natural and not impeded by a professional construct.

The personal and the professional must not be seen as two different things; the workforce must be supported to be human with the people they work with.

The workforce must be supported to have a strong understanding of themselves. That must begin with personal insight that:

- Fosters a core sense of self;
- Accepts personal vulnerability;
- Enables awareness and reflection;
- Facilitates understanding of the relationship between self, team and the context in which the team is operating;
- Allows response in accordance with individual values when children, young people and contexts are challenging;
- Encourages curiosity and openness to learn;
- Enables people to be the 'person' not the 'badge.'



Isla

Isla is 10. She moved in with a new family when she was 4. She moved back in with her parents not long after and things were much better when she went home. Then her parents separated when she was 6. Her mum was unwell and struggled. Isla went to live with another new family.

Isla liked it there but she couldn't stay. She's since lived with another 4 new families. She thinks the hardest bit is having to change schools – she's left a lot of friends behind and no one seems to remember to keep in touch. Her favourite time of day is lunchtime – the dinner ladies always seem really nice.

Isla finds it really difficult to make friends and trust people. Her current classmates know she is in care and she wishes they didn't. Isla's social worker visits every so often. Isla really likes her, she is fun and kind. Isla wishes she could see her more.

Chapter 5: People

Personal identity must then support the development of a cohesive professional identity that actively supports meaningful human connection. That must involve:

- Cultivating values based leadership and emotional intelligence at all levels.
- Fundamentally shifting the power balance and treating children and families with respect, as equal and never 'othering.'
- Always actively upholding children's rights and challenging practice which is not consistent with those rights.
- Articulating aspirational and inspirational aims for all professional roles.
- Designing systems and processes that are value based and emotionally informed.
- Creating working conditions that align to values to support personal lives.
- Fostering a culture of openness that welcomes challenge.

Prioritising relationships and bringing your whole self (including your own lived experience) into the workplace is vital in embedding value based practice and leadership. Scotland must retain and recruit a workforce that really wants to work with children, young people and families and make a difference. That workforce must be supported to develop the space within which loving care and nurturing relationships can develop.



The workforce must be supported and encouraged to maintain relationships with people that matter to them, even if they 'move on'. The relationship and the needs of the young person must be prioritised. This will require imaginative planning, supportive systems and adequate resource. [Read more at Chapter 4: Care.](#)



People and Risk **Read more at Chapter 4: Care.**

Children need to be enabled to take sensible risks in order to grow and develop their resilience. If they are not allowed the space to take risks that are a natural and perfectly ordinary part of growing up, children remain dependent on the 'system' rather than moving towards independent living. Independence is rooted in relationships, and young people should be able to transition to adulthood in a supportive and positive way when they feel ready to do so. The Care Review has heard of the frustration of children who have been prevented from engaging in activities that their peers were allowed to do.

The workforce wants to provide appropriate opportunities for personal development. They reported frustration with the 'care system' and its processes, and an inherent fear that they would be blamed and punished if things went wrong. These circumstances tended to be exacerbated in situations where children might have complex needs and/or challenging behaviours, or during periods of crisis.

Scotland must help the workforce to have a different conception of risk taking, where risk taking is seen as a normal part of care. This shift in mindset must be underpinned by developing the confidence of the workforce.

Leadership based on a broader understanding of risk is critical. Leadership must recognise that completing all the forms may make you or your organisation 'feel better' but may not actually minimise the risk in any given circumstance or represent defensible decision making. Natural, warm human relationships must be an essential component of strong leadership, and act as a demonstration to the wider workforce.

The workforce must be supported to work autonomously so that they can make decisions that are natural and thoughtful. Developmental training and ongoing professional development must give the workforce the tools and confidence to exercise effective judgement.

Scotland must support the workforce to contribute to a broader understanding of risk. Scotland must understand, through its people and structures, the risk of children not having loving supportive relationships and regular childhood and teenage experiences.

Chapter 5: People

This includes:

- Reframing of risk as part of positive development; risk must be contextualised with differentiation between risk associated with crisis and risk associated with other behaviours. Balanced, incremental risk taking as part of healthy personal development in wider society must be encouraged.
- Systems and processes that behave like a good parent and maintain a focus on the safety and wellbeing of children and workforce members, rather than a narrow risk framework.
- Family Carer roles must be able to make decisions on all the usual aspects of parenting within previously agreed parameters rather than having to seek individual permissions on every occasion. Bureaucracy must not get in the way of day to day decision making.
- Values, permissions and the courage to build childhoods rather than manage risk. There must be a revisiting of values individually and organisationally when things get difficult.
- Complaints and disciplinary processes that are clear about what supports are in place for the workforce when things do not go as planned.
- Culture change which is supportive of making mistakes as part of learning, building reliability, predictability and trust.
- Establishment of a courageous culture in which workforce members are encouraged to challenge practice that is not meeting the needs of children and families.
- Societal recognition that the workforce is helping young people find a way through complex and emotive areas of their life, and is engaging young people in active decision making about a risk enabling environment.
- Minimising paperwork so that more time can be spent with children to reduce risk effectively, working through relationships and building their own risk competence within their community.

Kyle

Kyle is 16 and until recently lived in a residential children's home. He has been in care since he was 6. There are things that have happened to him that he finds hard to talk about.

Four months ago he was at the Sheriff Court. He was sent to Polmont Young Offenders Institute and has been there ever since. It wasn't Kyle's first time in Court but it is the first time he's been locked up and it isn't like he expected.

Kyle's mum visits when she can but it's very far from her home. He had some foster carers from a few years ago who were really kind and they visit more regularly. Kyle has made some friends in Polmont, many of them have been there before. He hopes that doesn't happen to him.

Kyle has been thinking about what he will do when he gets out. He finds studying difficult. He knows it won't be long before he leaves Polmont but it doesn't feel like anyone is able to help him. He hopes he can go to the foster carers who have been visiting him, but he isn't sure.

Learning and Development

There must be a rethinking of learning and training in Scotland to create a well-supported workforce that can operate across disciplines. The Care Review recognises the questions about qualification frameworks; and has approached these from the perspective of what children and families need to support the maintenance and development of loving relationships.

Scotland must support a model of a workforce learning together, both in a multidisciplinary context and with families. The foundations of learning must be loving relationships, having fun, an understanding of self, and key aspects of child development and children's rights. There must be a focus on developing shared understanding across development and practice.

That starts with a wider understanding and recognition of the importance of good parenting. Parenting education should be encouraged and available for everyone in advance of parenthood as an essential part of building a healthy society. That does not mean the provision of parenting education programmes that can be stigmatising, where an invitation onto a course can be interpreted as a sign of failure. Rather there must be a broader celebration of parenting and universal, community based, accessible nurture and support. **Read more at Chapter 3: Family.**



There must be a clear learning pathway at all levels of the workforce that builds a sense of self, emotional competency and human connection through relationships. This must involve shared learning across professional disciplines to create a common language and culture, transferable skills and better information sharing between sectors.

There must be active consideration of the development of multidisciplinary foundation years of learning for a range of professionals, covering basic principles of child development and children's rights. Shared learning allows disciplines to learn together and gain a shared perspective, values and language. In the meantime, there must be an identification of gaps in the training of the workforce in some related sectors (such as education, justice and health) to ensure they are addressed as a matter of urgency.

Scotland must ensure flexible entry routes that build towards qualifications, recognising prior learning and experience, including lived experience. Scotland must recognise that, where educational experience has been disrupted, some people may require additional or different support to realise their potential. There must be efforts to ensure that learning pathways are accessible and promoted to all with appropriate funding routes to build a diverse workforce.

All of the workforce should access, at a level appropriate to their role, initial and lifelong learning that is grounded in attachment theory, trauma responsive care and the clear understanding and application of children's Rights. Child development should be part of essential foundation learning for anyone working with children, not merely 'added on' as part of continuous professional development. There must be clarity about the application of theory to practice so that all learning can be applied.

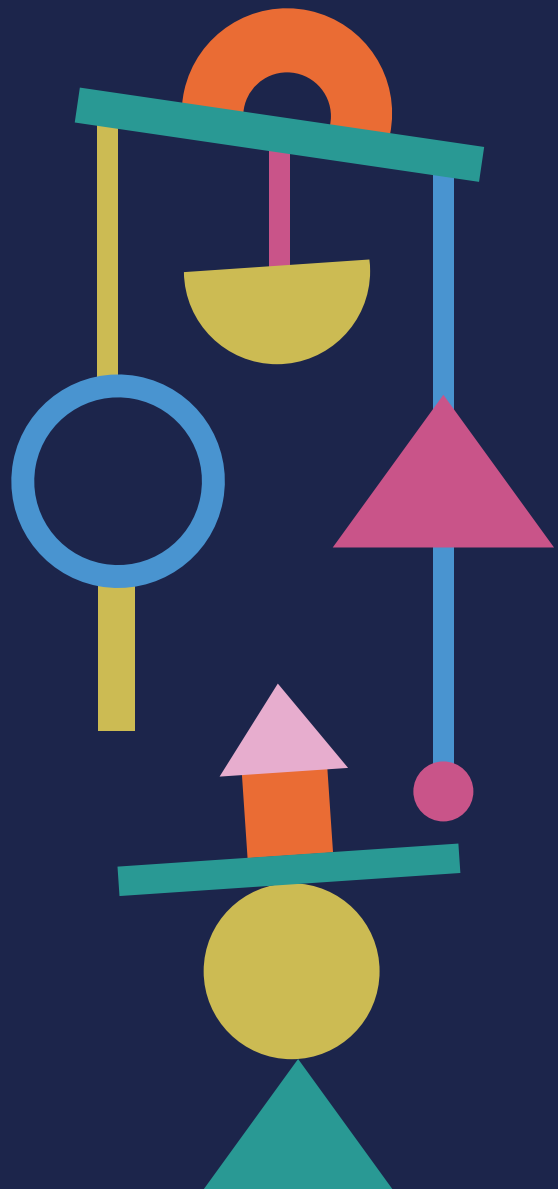
Learning must support the interaction between Family Carers and other professionals. It should nurture equal partnerships and encourage joint learning, with informal learning, mentoring, coaching and support networks, and opportunities for joint reflective practice. Feedback must be a routine component of development.



Chapter 6: Scaffolding

In this chapter:

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Children, families and the workforce must be supported by a system that is there when it is needed. The scaffolding of help, support and accountability must be ready and responsive when it is required.

Structure, Commissioning, Funding and Standards

The system for Scotland's care is complex and fragmented. Too often the system has taken precedence over children and families. Competing for contracts can lead to the duplication of services and can stifle sharing of good practice, it can encourage competition not collaboration that in turn drives down investment and standards.

How Scotland commissions services must change as a result of this Care Review, so that children and their families are at the centre of decision making.

Scotland must declutter the landscape of how it cares. Services and provision must be designed on the basis of need and with clear data, rather than on an acceptance of the how the system has always operated.

Scotland must stop selling care placements to Local Authorities outside of Scotland. Whilst this review is focused on children in Scotland there must be acknowledgement that accepting children from outside Scotland is a breach of their fundamental human rights. It denies those children access to their family support networks and services. It also skews the landscape for Scotland so that there is a lack of strategic planning for children, meaning that children can be put in inappropriate settings if demand has spiked.

Chapter 6: Scaffolding

There are challenges in the management of places and the sustainability of settings of care, but strategic planning must reflect the needs of children in Scotland's Local Authorities. Funding models based on the acceptance of children from England and Wales cannot be sustained when Scotland knows it is demonstrably not in those children's best interests to be transported to an unknown place with no connections or relationships.

Scotland must avoid the monetisation of the care of children and prevent the marketisation of care.

There must be strategic, needs based planning for children so that they are provided with warm, relational, therapeutic, safe, loving environments when they are required.

Scotland must make sure that its most vulnerable children are not profited from.

The application of that principle must be delivered in a way that does not impact the current delivery of good, important services for children.

Follow the Money and **The Money** demonstrates that Scotland needs to take a different approach to how it invests in its children and families. There is no place for profiting in how Scotland cares for its children.

Regulatory bodies must scrutinise any presence of profit to ensure that funds are properly directed to the care and support of children.

As Scotland moves towards early intervention and prevention, acute and crisis services must be phased out.

Services must change according to need to get away from a systemisation of care. As the number of children and families requiring a service reduces, the service must become obsolete or be refined so that it meets current and future need. The approach must be that care meets the needs of the child and their family.

The standards of care must be consistent across providers and these must continue to be subject to independent scrutiny and accreditation that values what children and families value.

Accreditation to provide services must follow the application of Scotland wide, core standards and principles. All those providing care must comply with Scotland's agreed and stated ambition for care.

Scotland must also consider increasing the length of tenders for stability of service delivery when services are meeting standards and making an impact.

Legislative Environment

The 'care system' is a complex, fragmented, multi-purpose and multifaceted entity which does not lend itself to easy definition. It provides an enormously wide variety of supports and services for a diverse group of children and young adults (and their families) and involves a vast array of organisations, service providers, professionals and volunteers in its delivery.

This is spread over legislation, policy and practice which is reflective of how many systems have evolved over many years. The current system is underpinned by 44 pieces of legislation, 19 pieces of secondary legislation and 3 international conventions and straddles 6 out of 9 Scottish policy areas making cohesive operation impossible and creates disconnects into which children, young adults and their families can fall.

Scotland must create a clear legislative, enabling environment that supports families to stay together and protects and allows relationships to flourish.

The UNCRC should be the bedrock upon which all legislation is based to ensure that children's rights are upheld as a matter of course.

Parenting

The Care Review has heard that the term 'corporate parent' feels cold and impersonal and at odds with an approach that seeks to uphold relationships that make children feel loved, safe and respected.

However, all of Scotland's institutions, organisations, national bodies and Local Authorities who have responsibilities towards care experienced children and young adults, must be aware of, understand and fully implement all their parenting responsibilities.

What care experienced children and young adults need must be at the heart of decision making, so that all of Scotland can live up to its parenting responsibilities.

Cameron

Cameron is 17. He was taken away from his family when he was 4. He first lived with foster carers but they could not look after him long term, so then he went to another foster carer nearby. He still gets to see his original foster carers. They feel a bit like a granny and grandad now.

When he moved between foster carers he found it hard to focus when so much was changing. He couldn't concentrate and got angry in class.

His guidance teacher at High School looked out for him and spoke to all his teachers about what he needed. He made a point of getting to know Cameron's foster carers and would often pop round after school for a cup of tea. Cameron enjoys those chats.

Cameron got an advocate who helped him understand his rights and was matched with a mentor who helped him think about his future.

It looks like Cameron is going to do well at school. He hopes to get a job as an electrician. His friend's Dad is going to try and arrange an apprenticeship in his firm.

Data Collection

Scotland collects data on the 'care system' and its inputs, processes and outputs rather than what matters to the experiences and outcomes of the people who live in and around it. Information on social demographics is so poor that it is often not possible to identify care experienced people within routinely collected data.

Whilst collection of data cannot be the primary mechanism for understanding how children and families experience a system.

Scotland must improve the quality and completeness of its data and consider the potential of data linkage to improve accountability for outcomes rather than inputs alone.

Access to Advocacy and Legal Advice

The way Scotland cares must not be built on a presumption that rights and entitlements can only be achieved through advocacy and litigation. Scotland must create and enable a culture where children's rights are respected and upheld as a matter of course.

A system that relies solely on the courts to achieve compliance with legal duties is one that is not operating with the right culture and resources. However, to ensure that those with least power and agency are able to access that to which they are entitled, there must be provision of advocacy and legal advice. Scotland must be clear as to the purpose of advocacy and representation.

Advocacy

An advocate is someone who provides support to individuals and families accessing information and advice. An advocate can help individuals to access rights, benefits that they are entitled to and guide them to legal advice and through legal processes if that is what is required. Scotland must aim to ensure that care experienced children, young adults and families can navigate the system of care without such extra support. The workforce should become the primary trusted adults who children and young adults turn to for support, advice and care.

However, advocates will be required for as long as the 'care system' remains complex and does not provide what children, young adults and families need. Therefore during the implementation of the Care Review advocates must be available to children, young adults and families who come into contact with the 'care system'.

Chapter 6: Scaffolding

Advocacy must operate with the following principles:

- **Care experienced children and adults must have the right and access to independent advocacy, at all stages of their experience of care and beyond.** Their needs in terms of who they can relate best to must be recognised and respected.
- Independent advocacy organisations must be commissioned to ensure that advocacy is structurally, financially and psychologically separate from statutory organisations and service providers.
- There must be no upfront or hidden charges associated with engaging an advocate.
- There must be consistent advocacy standards across Scotland that are subject to inspection and regulation.
- Advocates must be skilled and knowledgeable about the rights and entitlements of children. There must be specialist advocates available to support disabled and unaccompanied asylum seeking children.
- There must be no upper age limit. Advocacy must be available for all care experienced individuals for as long as they need it.
- Advocacy must be readily and quickly available to all families who are in contact with the 'care system'. Families must be supported to understand and advocate for their rights and entitlements.
- Peer advocacy has been proven to support families to navigate their way through a complex system, and reduce the number of children being removed from their families. Groups and providers of peer advocacy must be supported to provide meaningful support to families.

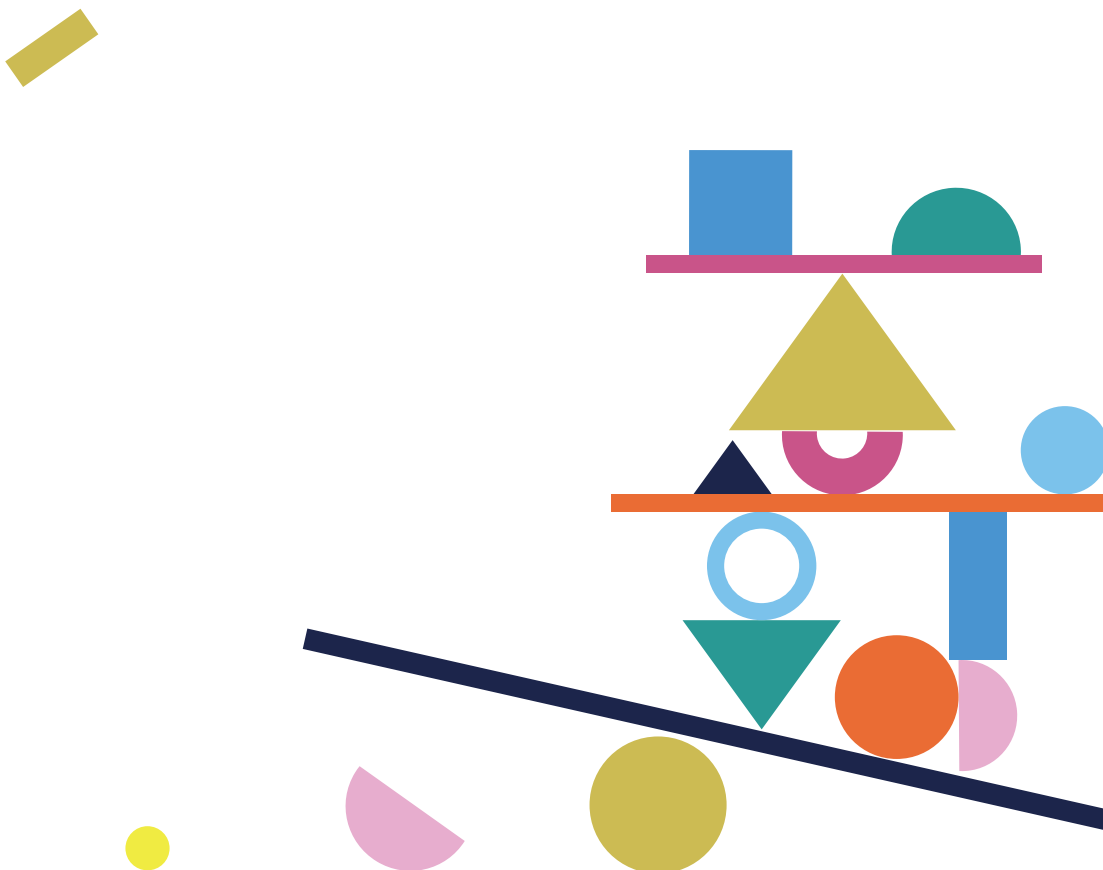
Legal Representation

Children and their families must have a right to legal advice and representation if required. Scotland must be clear that the provision of advocacy does not replace rights to legal representation but the two roles (advocacy and legal representation) have a separate, distinct purpose. Emerging evidence is demonstrating that the presence of lawyers is supporting children to see their parents.

Upholding the rights of children on the edge of and within Scotland's system of care requires a unique skill set. The Review has also heard the language used by lawyers has been confusing and distressing. Lawyers must act in way that is accessible, understandable and not overtly adversarial.

Scotland must consider the creation of an accredited legal specialism to set standards for legal professionals representing children. Those standards must uphold children's rights, understand trauma and attachment and how to operate in a setting that seeks to uphold children's wellbeing.

There must be ready access to legal advice and representation when aspects of the 'care system' go wrong. There must be clarity about where care experienced children and young people can turn for legal redress.



Jack

Jack was brought up in care. He's 18 now and has recently moved into a flat that other people have called 'temporary accommodation'. He remembers the months leading up to his 18th birthday. The idea of getting his own place seemed so exciting but now it feels really hard.

Jack moved a lot throughout his childhood and went to lots of different schools. He was in Secure Care for a while. He found education difficult. It felt like he found school harder than his friends and he didn't leave with many qualifications. He's applied for a few jobs since moving but hasn't had any interviews. He has been leaving the 'references' section on his application form blank and wonders whether that's not helping. He's tried to ask for help but no one seems to be able to give it.

All of the jobs he would like to do seem to ask for more qualifications than he has. He knows the local college offer courses he could take but he's already worried about paying his bills so he needs to spend his time earning, not learning.

Definitions

There are a number of rights and entitlements in existence for young adults who have care experience. There is not a cohesive, cross sector definition that encapsulates the totality of the experience. Definitions are difficult and can create tension as they align or not with personal identity. Increased rights and entitlements can feel very difficult as they provide more support to one group over others when there is a pervasive societal context of inequality and lack of general support and provision.

The access point for rights and entitlements is not the same as having an inclusive identity definition of the term 'care experience.' The term 'care experience' will have different meaning for different people; some embrace that definition and others do not identify with it. However, a universal and inclusive definition of care experience which encapsulates everyone with even the smallest experience of care will help to normalise care as more people can understand and relate to it. People with care experience must no longer be stigmatised for being 'different' because care should be considered a normal part of society.

There must be a more universal, commonly understood definition as it relates to rights and entitlements. There must also be an understanding that the purpose of those rights and entitlements is to support young people for whom the Scotland has had ongoing parenting responsibilities, recognising that parents seek to provide care and support for their children beyond the age of 18.

The present definitions that operate do not ensure that those who leave care prior to their sixteenth birthday are able to access legal entitlements, even though they have been removed from their families by a decision of the State. Current definitions also prohibit those who have experienced adoption disruption from being able to redress the failure of this decision and access those entitlements.

Scotland must ensure that current definitions that act as the access point for rights and entitlements are inclusive enough to benefit all young people for whom Scotland has had parenting responsibility.

As Scotland transitions to a new model of care that keeps more families together with support, the definitions for rights and entitlements will likely also change. That change must reflect the ongoing responsibility Scotland has for the children for whom it has had parenting responsibility and whose family life has been disrupted by the decisions of the State.

Inspection and Regulation

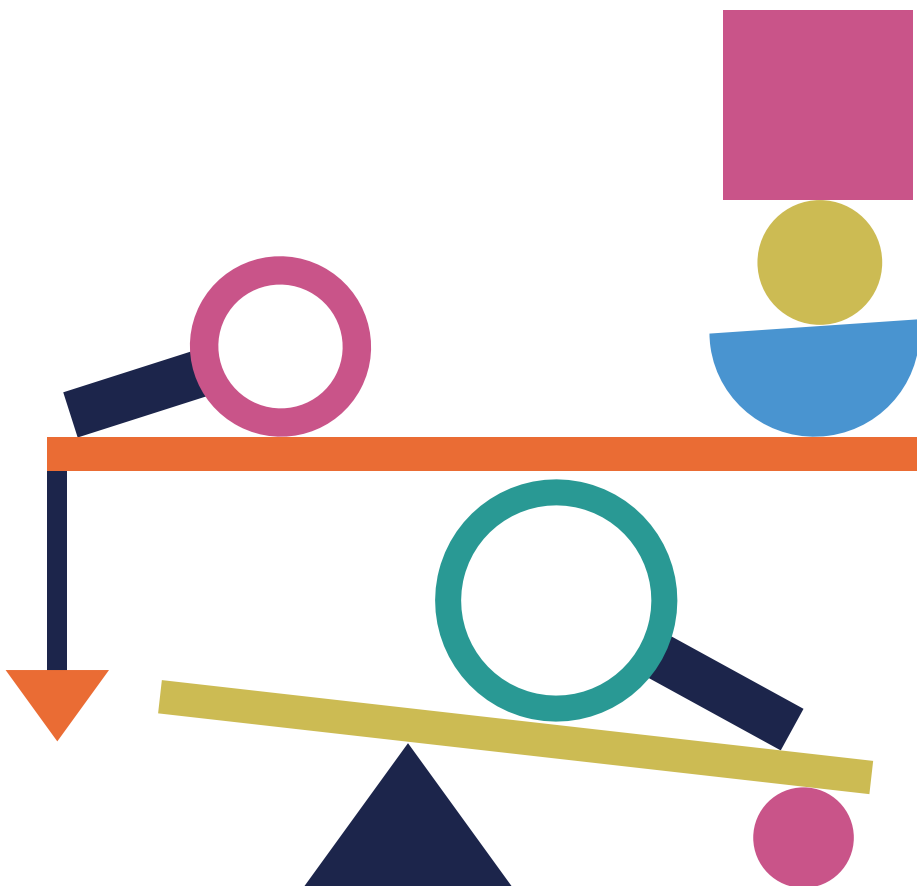
Scotland must fundamentally alter the way in which it inspects services for children and the way it regulates and supports its workforce. Accountability and what is measured has a profound impact on the way professionals behave and services are run. If Scotland is to shift its practice to support, prioritise and nurture relationships, then Scotland must shift its accountability structures.

The Care Inspectorate and the SSSC must come together with other regulators to create a new, holistic framework that values what children and families value. That framework must apply to the totality of care experience and include aftercare and advocacy services. A new framework must be totally focused on children’s experiences and their ability to find and sustain safe and nurturing relationships.

A new framework for inspection and regulation must be guided by the following principles:

- Inspection frameworks must prioritise the quality of relationships experienced by children, not the process surrounding their care.
- The rights of children must be at the heart of a new framework, so that all services, settings and professionals understand that it is their responsibility to uphold and promote children’s rights.
- Children’s voices and their experiences must be the focus of inspection and investigation processes. There must be significant emphasis on listening and responding to what they are reporting about service and professional provision. As a minimum, inspection must integrate meaningful participation methodologies into how they assess the quality of services and understand how to listen, present and collate their voices into the inspection process.
- There must be consistency across all regulators to align the evidence base so that there is not duplication and so that all those with inspection responsibility are looking at the same things and share common values. For residential services this will require the involvement of Education Scotland.
- There must be high quality inspectors who value and understand relationship based practice and are skilled at working with providers. When using ‘young inspectors’ as part of inspection processes they must receive significant support and training.

- Inspection processes must support organisational reflective practice and continuous improvement. There must be a collaborative and appreciative enquiry approach to the inspection of services.
- System analysis must form part of inspection, so that there can be clarity about processes in relation to the overall commissioning of services and how that impacts on delivery.
- Scotland's services must have time collectively to reflect on and understand learning from all Significant Case Reviews.
- Professional regulation and fitness to practice regimes must reflect the value of workforce relationships with children. Investigations into alleged misconduct must seek to uphold not only compliance with policy and procedure but the overall ethos of care and importance of cherishing relationships with children.
- Continuous professional learning must support the ethos of care outlined in the Care Review so that there are no barriers to the workforce facilitating a sense of home, family, friends, community and belonging in which children feel loved and can flourish.



What Next?

Most reports by most reviews would end with a conclusion, summing up its findings and task the Government to take action. But as the 'note from Fiona' at the beginning says, this approach does not always realise all of the changes needed.



Over the last three years the Care Review has worked hard to understand what obstacles are in place preventing all of the changes being called for to happen. The Care Review worked harder to make sure these were overcome.

So, if you are wondering:

how Scotland can keep [The Promise](#)

please read [The Plan](#) – it looks at what needs to be done, by who, by when and how.

how Scotland can afford [The Promise](#)

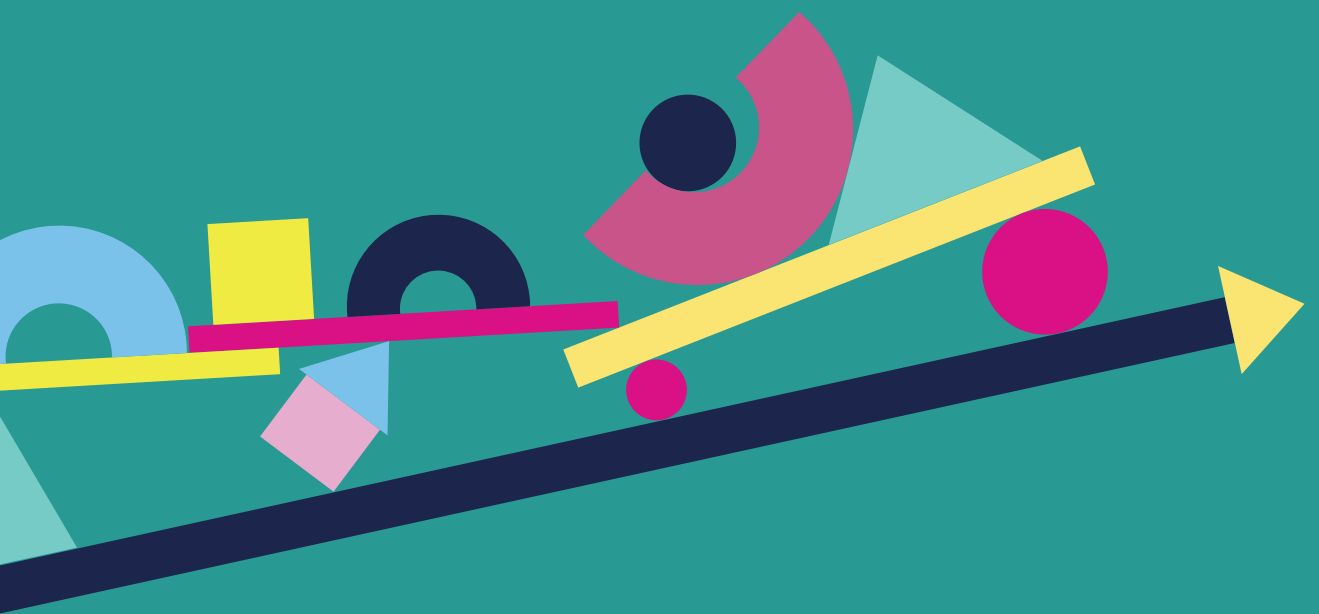
please read [The Money](#) and [Follow the Money](#) – they tell Scotland that it must change the way it thinks about investing in its children and families and shows the difference that will make.

how complicated the ‘care system’ is and how it gets in the way of [The Promise](#)

please read [The Rules](#) and [The Plan](#) to see how to change that.

about the story of the Care Review

please read [The Thank you](#) to the 5,500 people who shared their experiences and were the guiding light.



**“We grow up loved, safe,
and respected so that we
realise our full potential.”**

Scotland's Ambition for children and young people



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