

#KeepThePromise



Health and Wellbeing

Autumn 2020

Between 2017 and 2020, the Care Review heard the experiences over 5,500 care experienced infants, children, young people, adults and members of the paid and unpaid workforce had of Scotland's 'care system', and their vision for what needed to change. This vision was set out in '[The Promise](#)' which reflected what was heard and detailed the foundations that Scotland's care for its children and families must be built on:



Voice

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.



Scaffolding

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.



Family

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

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

People: The children that Scotland cares for must be actively supported to develop relationships with people in supported to listen and be compassionate in their decision-making and care.

This series of briefings is intended to help Scotland **#KeepThePromise**, highlighting key areas of alignment between what was heard during the Care Review and mapping those to different sectors, in order to guide and inform planning and implementation. They will also bring into focus the substantial amount of overlap between these areas across all parts of the country's workforce. It is hoped that in doing so, the briefings will support inter-sector, partnership discussions on how to take forward Scotland's Ambition, to make it the best place in the world to grow up.

Each briefing begins with a bullet point summary of the 'headline' themes for the sector. The remainder of the document highlights key sector-relevant themes and sections from The Promise giving the relevant page numbers to help signpost readers.

Briefing Summary

- Scotland must uphold its children's right to the highest attainable standard of health and wellbeing.
- Stable, nurturing, loving relationships are fundamental to children's health and wellbeing and must be prioritised.
- Nurturing and supporting families to stay together will take far more than what Scotland currently provides.
- Scotland must ensure that there is timely access to mental health support before crisis point, so that children can avoid hospitalisation.
- Scotland must ensure that timely, trauma informed and thoughtful support therapies act as a cushion to all those that require it regardless of diagnosis.
- Young adults with care experience, parents and carers and must be able to access mental health support at all stages of their lives.
- Scotland must support a broad understanding of the importance of the early years of parenting that does not stigmatise.
- Parents with learning disabilities must be given the right support, working with their assets to build on their capabilities as parents.
- Secure Care settings must uphold children's rights to access to all they need to achieve the highest possible standard of health.
- There must be significant, ongoing and persistent commitment to ending poverty and mitigating its impacts for Scotland's children, families and communities.
- Supporting the workforce to care must be at the heart of Scotland's service planning.

Scotland must uphold its children's right to the highest attainable standard of health and wellbeing

- p.89** 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.
- p.26** 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.
- p.89** The Care Review has heard from children who did not learn how to look after their own health and wellbeing, and care for themselves.
- p. 89** 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.
- p.89** 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.

Stable, nurturing, loving relationships are fundamental to children's health and wellbeing and must be prioritised

- p.8** Overcoming trauma 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.
- p.52** Scotland must do all it can to keep children with their families.
- p.52** 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.
- p.67** Stability – Scotland must limit the number of moves that children experience and support carers to continue to care.
- p.68** Transitions-Any transition in a care experience child's life must be limited, relational, planned and informed.
- p.62** Brothers and Sisters – Scotland already has a presumption that children will stay together with their brothers and sisters. That presumption must be fully implemented and closely monitored.
- p.63** Relationships that are important to the child – All children must be supported to continue relationships that are important to them, where it is safe to do so.

Nurturing and supporting families to stay together will take far more than what Scotland currently provides

- p.15** Nurturing and supporting families to stay together will take far more than what Scotland currently provides.
- p.46** Scotland's commitment to early intervention and prevention must be realised through proper, holistic support for families. There must be a significant upscale in universal family support services.
- p.52** 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.
- p. 55** Whatever issues families face, Scotland must ensure that intensive family support is available, proactive and characterised by the **10 family support principles**.
- p.54** 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.
- p.54** 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.
- p.54** 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.

Scotland must ensure that there is timely access to mental health support before crisis point

- p.84** 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.
- p.84** There must be appropriate and sufficient provision of inpatient services for children across Scotland.
- p.84** Scotland must ensure that there is timely access to mental health support before crisis point, so that children can avoid hospitalisation.
- p.84** 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.
- p.84** 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.

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

- p.51** 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.
- p.51** 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.
- p.51** 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.
- p.51** 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.
- p.51** 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.

- p.51** 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.
- p.51** 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.

Young adults with care experience, parents and carers and must be able to access mental health support at all stages of their lives

- p.55** Children have told the Care Review about the difficulties of growing up in environments where parents and adult carers mental health is not supported.
- p.55** There must be availability of services to support parents and carers mental health at all stages of their parenting journey.
- p.55** There must be effective and flexible collaboration between services supporting adult mental health and statutory children's services.
- p.55** All services must take the same approach and operate with the same values recognising that some families will require long term support.

Scotland must support a broad understanding of the importance of the early years of parenting that does not stigmatise

- p.48** 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.
- p.48** 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.
- p.48** 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.
- p.48** 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.
- p.48** 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.

p.49 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.

p.49 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.

Parents with learning disabilities must be given the right support, working with their assets to build on their capabilities as parents

- p.53** 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.
- p.53** 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.

Secure Care settings must uphold children's rights to access to all they need to achieve the highest possible standard of health

- p.83** 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.
- p.83** 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.
- p.83** 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.
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Poverty must be addressed

- p. 18 There must be significant, ongoing and persistent commitment to ending poverty and mitigating its impacts for Scotland's children, families and communities.
- p.17 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.
- p.17 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
- p.47 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.

Supporting the workforce to care must be at the heart of Scotland's service planning

- p.100** 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.
- p.100** Supervision and reflective practice is essential for all practitioners, regardless of their professional discipline or role, who are working with children.
- p.100** 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.
- p.100** 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.

#KeepThePromise

'The Promise' outlines an approach to family and to care that will mean that Scotland can truly be 'the best place in the world to grow up.' To achieve that, there is considerable work to be done.

This series of briefings is intended to support your organisation in thinking about what it means to #KeepThePromise. It should be used to help you to align organisational policies, strategies and practices with what the Care Review heard, and to identify what changes can be made to those, both now and in the future. The Care Review made clear that it is simply not possible to isolate any one aspect of the system. Therefore, these sector briefings should also help organisations understand who else they need to work with in order to make change happen.

To realise the ambitious scale and extent of change, The Promise Team will need the ongoing input and views of all those with responsibility. Please look at the #KeepThePromise **engagement document** to help you think about the work of change.

The Promise website will be regularly updated with information and resources.

For more information about what the Care Review heard about health and wellbeing, see the **Evidence Framework**.



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