



A National Care Service for Scotland: Consultation

The Promise Scotland's response to the Scottish Government's consultation on a National Care Service for Scotland.

Date of submission: 2 November 2021



Introduction: One Question and One Question Only - #KeepThePromise

About The Promise Scotland

The Promise Scotland is the independent body established to drive the change demanded by the [Independent Care Review](#).

Over the course of three years, over five and a half thousand children, young people and adults, plus families and the paid and unpaid workforce, selflessly shared their stories as part of the review of Scotland's 'care system'. These stories were often the most intimate, sometimes painful and traumatic experiences of their lives. It was their stories and generosity that informed the conclusions of the [Independent Care Review](#), which told Scotland what must change.

In February 2020, their voices were heard, when the conclusions were accepted in full, as laid out in the [Independent Care Review's reports - the plan, the rules, follow the money](#) and [the money](#) and [the promise](#).

Included in [the promise](#) are the 80+ calls for action that are the foundation for Scotland to #KeepThePromise it made to its children and families. It presents a radical and transformative approach to achieve '*a country that cares, made up of services that work*' driven by the voices of children, young people, families, and the workforce.

[Plan 21-24](#) was published in March 2021. A careful sequencing of the [Independent Care Review](#) conclusions, it is the first of three plans that will conclude with the promise kept to children and families by 2030. It translates the [Independent Care Review's](#) conclusions into five priority areas of change. This was followed by the accompanying [Change Programme ONE](#), published in June 2021, capturing the work underway in each priority area of change.

The Promise Scotland engaged with hundreds of organisations across Scotland in the development of both [Plan 21-24](#) and [Change Programme ONE](#), and the work of change is underway. Once Scotland has kept its promise, by 2030 at the latest, The Promise Scotland will cease to exist.

The Promise Scotland's response

The launch of the Scottish Government's consultation on the creation of a National Care Service on 9 August 2021, prompted The Promise Scotland to publish the 'One question and one question only' series, which covered [setting the scene](#), the [possible opportunities](#), and [possible risks and challenges](#) that the National Care Service brings, and [The Promise Scotland's approach and](#)

[methodology for responding to the NCS consultation](#). As reflected in this series, all of The Promise Scotland's work is guided by one question: will this #KeepThePromise?

Despite its hashtag, this is not a slogan. #KeepThePromise encapsulates the vision of the [Independent Care Review](#) and its 80+ calls for action, [Plan 21-24](#) and the current and subsequent change programmes.

This has underpinned The Promise Scotland's response to the creation of a single National Care Service that includes children and families, as defined by the Scottish Government's proposal in the consultation document.

Since The Promise Scotland's single reason for existing is to make sure [the promise](#) is kept by 2030, and since it has no organisational stake in what structural arrangements should be in place for children's services, it is in a unique position to respond to the consultation.

The Promise Scotland has carried out an assessment of the extent to which this proposal as a whole, and each relevant question, will support Scotland to #KeepThePromise. Where consultation questions do not touch upon #KeepThePromise, The Promise Scotland has not answered.

To develop this response, The Promise Scotland team has completed a detailed process of assessing the implications of a proposed National Care Service. It has:

- Revisited the [Independent Care Review's Evidence Framework](#) to assess the proposals against each of its 80+ conclusions.
- Considered the questions in relation to the [twelve composite stories](#) developed from and with the hundreds of children and young people that the [Independent Care Review](#) spoke to. Will a National Care Service #KeepThePromise to the children represented by these composite stories?
- Re-examined the cross-referencing work carried out in February of this year when the [Review of Adult Social Care](#) published its 53 recommendations, to map against the [Independent Care Review](#) conclusions published in February 2020.
- Assessed the implications on the implementation plans to #KeepThePromise that it reported on in [Change Programme ONE](#).
- Considered the impact of the creation of a National Care Service on the successful achievement of [Plan 21-24](#) by March 2024, by listening to and assessing the views expressed at a range of engagement activities at national and local levels, and also reviewing strategies that state commitment to #KeepThePromise, such as the [Programme for Government](#) and the [Covid Recovery Strategy](#).

There is no simple yes or no answer to the question 'will a National Care Service #KeepThePromise?'

There are aspects that might – but only **if** other decisions, links, processes and structures are also in place.

Babies, infants, children, young people and adults are all part of families and communities - an ideal National Care Service would focus on what matters, and give a holistic response to anyone who is in need of support, considering and understanding properly the context of their whole life and others in it.

A single pathway when help is needed could cement over the cracks that the current disjointed service provision creates and which so many fall into and get lost.

A shared, clear language, which is inclusive and doesn't stigmatise or 'other' would dissipate communication barriers between those who need support and those who give it, go a long way to creating a culture, and help dissolve silo-working across services.

[The promise](#) report identified the importance of measuring what matters to children and families, rather than to the 'care system'. [Plan 21-24](#) and [Change Programme ONE](#) set priorities and actions to do this and work is underway. If the right processes were in place, a National Care Service could improve upon the completeness and quality of data, which means services could be redesigned to better understand and support everyone.

The Promise Design School, which offers people with care experience the training and skills to collaborate and design public services, could be expanded to include all people with lived experience of state support.

Macro change levers, such as money, legislation and governance are of relevance across all social care. The Promise Scotland continues to work on identifying solutions to using these levers, and this work could expand to encompass adult social care too.

And as the [Independent Care Review](#) identified, and as detailed in [Change Programme ONE](#), of the 43 Scottish Government directorates, 26 have an interest in implementing [the promise](#). This encompasses 49 of 117 policy areas and spans the responsibilities of five Cabinet Secretaries and nine Ministers. Creation of a single care service would lend itself to better policy cohesion – necessary for connected whole-system change.

There is so much complexity to grasp and weigh up and intended – and unintended – consequences to be carefully considered. And before embarking on such a shift in how social care is provided in Scotland, we must completely understand what the impact will be on every child, adult, family and community.

However, there is little evidence provided in the Scottish Government's consultation that the carefully crafted approach to change, as detailed in [the promise](#) and the other [Independent Care Review reports](#), and endorsed by Scottish Government and local government, among hundreds of others, is understood.

For example, the benefits of integrated finances and shared governance and accountability arrangements would not #KeepThePromise if wider improvements, with care experienced children and families at the centre, were not taken into account.

There are also questions which have not been asked in the consultation, but that need to be answered before a full assessment can be made. For example, how would the specific requirements, set out in [Plan 21-24](#) in relation to [supporting a single planning approach](#) for families, be met by a National Care Service?

The Promise Scotland cannot reach a binary decision based on the evidence it has from the [Independent Care Review](#), or on what was heard during and since the development of [Plan 21-24](#) and [Change Programme ONE](#).

It will remain engaged in the national discussion and will aim to support whatever decision is made as a result of this consultation, but only on the basis that Scotland's commitment to #KeepThePromise, as swiftly as it can, to its children and families, is maintained and clearly articulated.

But the consultation has already interrupted and delayed both the process and pace of change.

The new uncertainty created by the government's proposal of imminent, significant structural change has allowed inertia to thrive. It has provoked questions about whether this 'piece' of the system will remain or not, whether to dedicate resources to change it now, or wait.

This is not new.

At any given time, over the course of its three years, the [Independent Care Review](#) tracked and connected to around [20 parallel reviews, inquiries, and commissions](#), all examining intersectional issues from different angles, within different timeframes, and taking into account, to a greater or (more often) lesser extent, lived experience.

This potential risk - that the next set of conclusions might contradict the previous one - leads to circumstances that contribute to inaction or worse still, permit paralysis.

And when conclusions don't align, there needs to be a change of course, a detour from the previous forward motion.

In itself, this perpetual motion is a major contributor to Scotland's policy 'implementation gap'.

It creates uncertainty, devours energy and resources, causes chaos and provides, for those who want to avoid change, something to hide behind.

The challenge of how best to bring together the **planned** implementation of the [Independent Review of Adult Social Care](#) and the **ongoing** implementation of the [Independent Care Review](#) without derailing progress already made remains.

The proposed timeline for the National Care Service cuts across and conflicts with substantial change work, prompted by the conclusions of the [Independent Care Review](#) – and others. Change that is underway right now and still requiring time to embed. This risks hindering or even reversing work that is already beginning to improve the lives of children and families.

A good starting point, if the **planned** implementation of the review into adult social care and the **ongoing** implementation of the review into the children's 'care system' are to be brought together, is an appreciation of the different approaches the two reviews took, as reflected in the 'form follows function' principle:

- the [Independent Review of Adult Social Care](#) was a 2020 Programme for Government commitment 'to examine how adult social care can be most effectively reformed to deliver a national approach to care and support services. This will include consideration of a National Care Service': **form**.
- the [Independent Care Review](#) was a promise made by the First Minister at the SNP 2016 Party Conference to the care community of a 'root and branch review of the care system' 'to love our most vulnerable children and give them the childhood they deserve' with a focus on the experience of the system: **function**.

The consequences of this can be seen in the difference in how conclusions are framed.

To avoid the danger of failing to create a 'new' National Care Service and instead adding 'more' to an already cluttered, fragmented 'care' system, will require a comprehensive understanding of how the respective systems - and services - could work together, nationally and locally, and what could get in the way – no insignificant task.

The [Independent Care Review](#) identified the negative impact of the currently overcrowded, fragmented bureaucracy on those it is meant to serve, and as [the rules](#) report made clear, children, adults and families can fall into the resultant disconnects, and 'childhoods can get lost'.

Rather than streamlining and simplifying, the amalgamation of adult and children and families social care plus justice, could introduce a new set of obstacles for people to navigate.

Scottish Government would be required to demonstrate its ability to pull together currently siloed policy areas to better reflect the real-life experiences of children and families.

And even if this was all achieved, it could lead to another significant concern.

There are more adults in the social care system than children and families and, with an ageing population, this is likely to increase. The [Independent Care Review](#)'s premise, that more families will stay together where safe to do so, assumes that the number of children, young people and families who come into contact with the 'care system' will shrink. A single National Care Service, designed to accommodate the larger and growing demographic of adults who need support, risks eclipsing children and families, obscuring their needs and making it harder, not easier to access

support. The bigger service becomes the standard; the smaller, the outlier required to flex and shift to accommodate particular ways of working, processes, language, and so on.

A single National Care Service with all social work disciplines (adults, children and families and justice) delivering local universal services and specialist care, underpinned with services currently sited in the National Health Service, could have real benefits - but only if it meant that children and families could access seamless services that impact positively on their experiences and outcomes.

Change remains urgent and must continue unabated and unimpeded during this debate – and beyond its conclusion.

The Promise Scotland recognises that there is no one-size-fits-all solution: keeping the promise will take time and investment, but, most importantly, collaboration, concerted efforts, and a commitment to lasting solutions.

But there are no shortcuts. The 80+ conclusions of the [Independent Care Review](#) must all be implemented, in sequence, at pace and in full. There may be more than one way to do this, but there can be only one outcome: the promise is kept.

Improving Care for People

1. Improvement

Shared governance and accountability arrangements that facilitate whole system governance with embedded improvement, and system and service redesign models, could be an advantage of incorporating children's services into a National Care Service, and provide an improved alternative to the status quo, with all its complexity highlighted by the [Independent Care Review](#). Further improvement would be achieved if integrated planning and funding streams were included. If resources and budgets across multiple areas of the current 'system' were to be shared, there is an enhanced opportunity for investment to be focused on the needs of the child and their family.

Little mention is made in the consultation of balancing consistent outcomes with improving the quality of children and families' experience at each stage of engagement with services. The [Independent Care Review's Evidence Framework](#) describes in some detail what was heard about how the quality of experience must be improved.

The Promise Scotland also recognises that the lack of consistent data capture across all aspects of the current 'care system' is a serious impediment to achieving significant progress with [Plan 21-24](#). The Promise Scotland welcomes the ambition expressed in the consultation, of achieving consistency in outcomes reporting, but more detailed proposals are required to give confidence in how outcomes will be consistently achieved, captured, reported and analysed.

2. Access to Care and Support

Care experienced children, young people, adults and families told the [Independent Care Review](#) about a multitude of preferences for support and called for recognition that these might change depending on circumstance and relationships. Their views were largely consistent with the Scottish Government's ambitions to be compliant with UNCRC, and to apply Getting it Right for Every Child principles, to enable children and families to access the support that best responds to their specific needs.

[Plan 21-24](#) describes the need to develop trusting relationships between families and those who provide support to them. Of particular importance is the need to ensure seamless transitions between different supports as circumstances for families change. As described in [Plan 21-24](#), there must be more support available for families within their communities, and local arrangements for children's services planning must reflect the appropriate local responses.

3. Support Planning

The Promise Scotland welcomed the emphasis given by the [Independent Review of Adult Social Care](#) to co-ordinated, rights-based planning to support and meet the needs of adults for social care services. There were many parallels with the [Independent Care Review](#)'s findings published a year earlier in February 2020.

The consultation questions 5-8, would have benefited from an approach that reflected fully the [Independent Review of Adult Social Care](#) principles that received widespread support, including from the Scottish Government. These principles emphasise that the purpose of planning is to enable adults and their families to have agency, their rights fulfilled and needs met, when working together with professionals to plan their care and support effectively.

[The promise](#) makes clear what is needed, when planning support with children and families:

- Where adults in the family need support, developing a holistic response is integral and any adult planning practices must take cognisance of the family as defined by the individuals involved.
- Practices established for adults must interlink with the other processes and mechanisms in place for children and young people.
- There must be appropriate and shared use of language across the workforce which:
 - *reflects what matters to children and families.*
 - *supports the reduction of stigma.*
 - *does not contribute towards power imbalance.*
 - *is used consistently across all formats and is accessible.*

- A single file would help to eliminate barriers to information sharing, therefore keeping children and young people safe providing that:
 - *A child/family member's rights are upheld with regards to consent about use of their personal information and the sharing of information.*
 - *The single file captures what matters to children and family members, for example their community supports.*
 - *This single file follows through service transitions and reflects the views of children, young people and families and what matters to them, rather than service or organisational criteria.*
 - *The culture surrounding information sharing achieves a significant improvement in protecting children, by ensuring that the right information is shared at the right time, and that those close to children are heard.*
 - *Children and young people participate in all decisions about them, including how their personal data is captured and shared.*

There are specific requirements in relation to supporting a single planning approach for families that are not mentioned in this consultation or considered in the support planning questions (5-8). The consultation could be improved by addressing the [ten principles of intensive family support](#) that are set out in [the promise](#).

More detail is available in The Promise Scotland's [Family support briefing](#).

4. Right to Breaks from Caring

The Promise Scotland recognises that respite and the *"right to a break"* refers to adult social care. However, the evidence from the [Independent Care Review](#) is very clear that children, young people, families and carers reject this language and the stigma underpinning these terms. The Promise Scotland offers the following findings from the [Independent Care Review](#) and calls for all relevant agencies providing adult social care to consider stopping the use of such language and grasp the potential to reframe the language of respite, for the benefit of all who need access to short breaks as part of their care and support planning.

[The Independent Care Review](#) concluded children, young people, their families, their carers and the wider workforce called for:

- *"Experiences of visiting, staying over or holidays with people outside of their immediate carers. These must never be called respite and must never be used in a way that makes a child feel excluded from family and home.*
- *A stop to using the word 'respite' and to rethink the nature and purpose of short breaks.*
- *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 relationships) and take place in ways that do not create or compound stigma, and help children continue to feel part of the family.

- *An approach to planned time away, which always takes into consideration the best options for both children and carers. 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.*
- *Opportunities for planned time away being available consistently to enable carers to plan breaks when most suitable for them and their families.”*

([the promise](#) pgs. [22](#), [88](#) and [101](#))

5. Using Data to Support Care

Legislation is proposed in the consultation document as an option but putting in place legislation can only ever be part of the answer to data quality. Completeness and collection, analytical issues, as well as risks and limitations, must be considered. Legislation could compel services and other relevant parties to collect and share data but will not shift the focus of that collection towards experiences, and away from ‘systems’ for example, nor will it improve the quality of the data collected.

There is a risk that it could have the opposite effect and lower quality, as services and bodies prioritise providing data in response to legislation- rather than improving and connecting the data they hold.

Focus must be placed on collaboratively building systems that are predicated on joint working and the production of usable data that is reflective of experience and reality. Doing this will require parallel workstreams, focused on data improvement and on joining up the data picture simultaneously. The Promise Scotland is currently undertaking an extensive [data mapping project](#) which will conclude in summer 2022 and will support rationalising data collected across Scotland and creating a cohesive central picture of the data for children and families.

A requirement to share information and meet common data standards would not #KeepThePromise unless the data better reflects the lives of children and families, and they are given ownership and control over their own information. As concluded by the [Independent Care Review](#) ([the promise](#), [pg. 35](#)) Scotland already has the ability to support the development of digital tools that could aid in doing so.

6. Complaints and putting things right

Complaints about the provision of all social care need clear routes to redress and resolution. For children and young people, that must be underpinned by the UNCRC. In a complaint situation, children and young people must have supportive advocacy provision and access to legal advice, as set out in [Plan 21-24](#).

The [Children and Young People's Commissioner Scotland](#)'s role, powers and responsibilities must be considered and where necessary strengthened, if the consultation proposals are approved for children's services.

7. Residential Care Charges

The Promise Scotland offers no comment on Questions 17-19

National Care Service

8. National Care Service

Please refer to The Promise Scotland response below (section 9) regarding the inclusion of Children's Services in a National Care Service.

Scope of the National Care Service

9. Children's Services

The consultation document does not present a compelling, evidence-based case for including children's services in a National Care Service. Whether or not children's services are included, The Promise Scotland would expect reassurance from the Scottish Government that a National Care Service will ensure:

- *Families on the edge of care get the support they need to stay and live together where safe to do so.*
- *Scotland's infants, children and young people are nurtured, loved and cared for in ways that meet their unique needs.*
- *Relationships which are significant to infants, children and young people are protected and supported to continue unless it is not safe to do so. This recognises the importance of siblings, parents, extended family, friends and trusted adults.*

- *Care experienced infants, children and young people thrive in supportive & stable learning and work environments, ensuring they have the same opportunities as others.*
- *Aftercare is designed around the needs of the person leaving care, supporting them to lead a fulfilling life, for as long as they need it.*
- *Infants', children's and young people's voices have a visible and meaningful impact on decision making and care planning.*
- *Infants', children's and young people's rights are part of normal everyday life, practice and decision making.*
- *All adults involved in the care of infants, children and young people are empowered, valued and equipped to deliver the best 'care system' in the world.*
- *Scotland's care services plan and work better together, sharing information more easily to ensure the 'what' and 'how' of supporting infants, children, young people and their families is understood from a local through to a national level.*
- *Scotland understands the financial and human cost of care, including what happens when people don't get the help they need.*
- *The words used to describe care are easily understood, positive and do not create or compound stigma.*
- *There is no stigma for care experienced infants, children and young people in care because Scotland will understand why our children need care.*

[\(The Independent Care Review Intentions\)](#)

The complexity of children's services was covered thoroughly by the [Independent Care Review](#) which mapped the operating environment of children's services and found that it sat within fragmented policy silos as set out in [the rules](#). In [Change Programme ONE](#), The Promise Scotland identified that of the 43 directorates of Scottish Government, 26 have an interest in the implementation of the promise, a structure which straddles 49 of 117 policy areas. In addition, there are 5 Cabinet Secretaries and 9 ministers with responsibility to #KeepThePromise.

The [Independent Care Review's twelve composite stories](#), developed from and with the hundreds of children and young people that the [Independent Care Review](#) spoke to, illustrate the impacts of that complexity and how it is experienced by children and their families. Would the proposal to include children's services reduce complexity and #KeepThePromise for children and their families? A persuasive case has not been made within the consultation to demonstrate that it would.

The [Independent Care Review](#) acknowledged that organisational boundaries can support alignment, but not in isolation. Its review of the evidence highlighted additional and critical success factors:

- *Collective and collaborative leadership at every level in all relevant organisations.*
- *A sense of purpose that can align around a shared practice model, such as GIRFEC.*
- *Joint professional training, development and supervision.*

The Promise Scotland notes that there is no detail provided on these prerequisites, if a National Care Service is established to include children's services. There is also no discussion of the risks of removing children and families social work and care, from alignment with early years provision, school education and youth work within Local Authorities; and no commitment or evidence provided of how these risks would be mitigated. One example is how a National Care Service would improve the support currently available to children most often removed from their families – the under 5 population – and ensuring that the support provided to these children and their families is in line with [the ten principles of intensive family support](#). If a National Care Service simply becomes the means of merging organisations and services, the existing gaps that are experienced by children, young people and families in the current 'system' of care and at the edges of care, will remain.

The commitment to #KeepThePromise by 2030 at the latest is dependent on replacing the current 'system' of care with an approach that supports families to stay together provided it is safe to do so. If achieved, this will secure a dramatic reduction in the number of children and young people in a 'care system'. If the current complexity remains in whatever organisational configuration, the preventative and foundational approach that underpins #KeepThePromise, cannot be achieved.

10. Healthcare

It is not within The Promise Scotland's scope to comment on whether this proposal would achieve better outcomes for children and families than the current system. The question to be addressed is whether the complexity of the current 'system' will be significantly reduced, making appropriate GP and other primary care provision more easily accessible, such as accessing GP services, including out of hours, and in remote and rural areas.

11. Social Work and Social Care

There are possible benefits to having a National Care Service that is responsible for planning, assessment and commissioning. At present commissioning is fragmented and does not allow for strategic planning based on need. For example, there are five Secure Care providers in Scotland all operating under different management structures and cultures. They reflect a mix of provider models and in order to sustain themselves are increasingly accepting referrals from English Local Authorities - a situation that does not accord with the upholding of children's rights, nor with Scotland's stated policy intention.

Although the consultation is silent on this example, and on other specialist residential provision for children in Scotland, it is feasible that a National Care Service could provide an opportunity to ensure that there is strategic planning for children's social care that responds to need and is driven by evidence and the views of children, young people and their families.

Without specific attention to the requirements in [Plan 21-24](#), for example the actions set out in the priority area of [A Good Childhood](#), there is a significant risk of a national approach which does not allow for local responses to local needs.

For example, children and young people who need to live away from their families must not have their right to family life, and the maintenance of connections and relationships that are important to them, overridden by a potential centralised planning approach. Specific mitigations to prevent this must be set out in any proposals for the inclusion of children's services.

12. Social Work and Social Care

It is not within The Promise Scotland's scope to make the assessments requested in this section, but it is appropriate to mention the critical role of nursing in the provision of Child and Adolescent Mental Health Services, Child Development Centres, Family Nurse Partnerships, Health Visitors and wider family support services. Whatever decision is made on the organisational arrangements for the care services of children, young people and families, the expertise of nursing leadership, professional development and governance will need to be retained. In future developments, professional ability to cross service boundaries and the definitions of quality, standards and leadership values for nursing must be informed by lived experience.

13. Justice Social Work

The [Independent Care Review](#) found that a criminal justice response was often inappropriate for children and young people who have experience of Scotland's 'care system'. As detailed in [the promise \(pgs. 89-91\)](#), support needs to be put in place at the earliest opportunity, and prior to escalation into offending. That support must address underlying issues, such as problematic drug and alcohol use, trauma and poverty, rather than focusing on the offending behaviour itself.

There is opportunity within a National Care Service to ensure that a more holistic and trauma-informed approach is taken with children and young people caught up in the care and justice 'systems'. The consultation does not provide evidence that this would be the case. If this proposal is adopted, there must be sufficient community-based alternatives provided when offending does take place. If restriction of liberty is required, it must be within small, trauma-informed, safe places where children and young people are cared for, and their rights upheld.

The [Independent Care Review](#) found gaps between children's social care and criminal justice social work, where there is still a strong impetus toward the use of custodial sentences and use of Young Offender Institution provision.

If justice were to be included within a National Care Service, for it to #KeepThePromise it would need to take account of and be fully responsive to family circumstances and needs. This would <https://bit.ly/3wd5axa> involve the inclusion of children and families' views and the upholding of

their rights at all points in the process. It would also need to ensure that all those involved, including the non-statutory agencies who provide services in prisons, are able to provide and share a holistic view of the impacts of imprisonment on children, young people and their families, and that children and/or family members facing or experiencing imprisonment receive wraparound support at every stage in the process, including planning. Family support services would be more clearly joined up with diversion practices and community rehabilitation and support.

Similar concerns as described for children's services include the potential risks of fragmentation and silos, for example holistic family support, encompassing all statutory interventions that a family is experiencing, must be accessible and local. What mitigations will be in place to ensure a National Care Service would be as locally responsive as required?

[Community Justice Scotland](#) already exists to provide advice to Ministers and local government on how to strengthen public services, third sector and partners to prevent and reduce offending. If criminal justice social work is not included within a National Care Service, change is still required to strengthen existing powers to drive cohesion between agencies and increase diversion from both prosecution and incarceration of care experienced children and young people.

14. Prisons

As detailed in [the promise, \(pgs. 53 and 54\)](#), The [Independent Care Review](#) found parental imprisonment to be a significant factor in negative experiences and outcomes for children and their families. Lack of coordination and joint planning between the prison service and family support creates disjointed services, leaving children and families unsupported. [Follow the money](#) also found that there is an over-representation of care-experienced adults within prison populations.

A National Care Service that provides a holistic approach to social care services in prisons could go some way to improving outcomes for people in custody and those being released, together with their families, but only if it:

- Is fully aligned to and cognisant of family circumstances and needs.
- Has the views and rights of children and families at its heart.
- Is fully inclusive of all those involved in providing support, to ensure a full understanding of the impacts of imprisonment.
- Includes wraparound support for the family, including within planning, for each stage of the process.
- Is aligned to the promise:

“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 promise, pg. 53](#))

These outcomes can only be achieved if there is proper and ongoing dialogue between services, with the appropriate involvement of the criminal courts, to ensure joined up planning and support, with active consideration to achieving as positive as possible an impact on children and families.

The Promise Scotland is aware of the forthcoming report 'Health and Social Care Integration in Prisons Workstream' (of the [Scottish Government's Health and Social Care in Prisons Work Programme](#)) planned for later in 2021. It will be important to use this review as key evidence for future much-needed improvements in support for families whose family members are imprisoned.

The services provided throughout imprisonment must do all they can to ensure support for relationships and the family, rather than erode them. Any proposed approach to social care support must recognise this, providing appropriate support at each stage and actively planning and preparing for each transition. It must recognise that the achievement of outcomes at each stage is not necessarily dependent only on efforts and supports at that point, but rather is linked to, and dependent on, the services and supports at the preceding and following stages.

15. Alcohol and Drug Services

The Promise Scotland cannot comment on the specific merits of alcohol and drugs partnerships and/or the advantages and disadvantages of other organisational models. Nevertheless, it is critical that the current complexity of delivering support to children, young people and families affected in any way by drug and/or alcohol issues is rectified. The consultation paper describes this well: the responsibility for the provision of specialist adult drug and alcohol service provision is entirely delegated to the integration authority, while *"specialist services for children who use alcohol/drugs are generally provided through children's services rather than the specialist drug and alcohol services"* and then *"each local authority area has an Alcohol and Drug Partnership (ADP) that has a responsibility for strategic planning and performance across the spectrum of drug and alcohol issues including education, prevention, early intervention, treatment, support, recovery, and licensing/legislation"*.

While The Promise Scotland cannot comment on whether a National Care Service that incorporates all alcohol and drug services is the optimal solution, it can be clear that to #KeepThePromise will require these services to be provided, taking a whole family approach to support and management of problematic substance use, ideally offering the potential for most families to stay safely together. If a National Care Service is to support both parental substance use and statutory children's services, a collaborative and compassionate approach will be required to ensure supports are in place that holistically assess children within their families and support them to stay with families whenever this is safe to do so.

“The Independent Care Review heard from those who had very serious concerns about a lack of support available to young people who had an alcohol and/or drug addiction and who were dealing with complex and interlinked issues of trauma, poor mental health, drug use and poverty. Some were very critical of the lack of residential options and also the length of time that methadone was prescribed.

Some foster carers expressed frustration with the response received when they warned that a placement was at risk of breaking down due to drug or alcohol use. They described receiving no support for their young people when they had acute need for mental health support and were at risk, and felt there was no sensitivity, understanding or support offered when they started to use drugs and or/ alcohol.”

([The Independent Care Review Evidence Framework, pg. 46](#))

More detail can be found in The Promise Scotland's [alcohol and drugs briefing](#).

16. Mental Health Services

The risks of disconnecting community-based mental health services must be fully considered to avoid exacerbating the negative impacts and experiences of the disjointed mental health support that many young people and adults with care experience told the [Independent Care Review](#) about.

The Promise Scotland welcomes the intention to achieve effective and flexible collaboration between all mental health support services for both children and families as part of a wider and integrated range of children and family services and supports that must surround children and families. Many of those who engaged with the [Independent Care Review](#) spoke about the importance of mental health support for their parents and families, the lack of which had directly impacted on the whole family's experience. Mental health support must be responsive to familial needs.

Whether or not the decision is made to include children's services in a National Care Service, improved planning, resourcing and joined up working is required to ensure that the services are experienced as cohesive and supportive. Transitions between different mental health services often create chasms in the provision of support and the spectrum of mental health provision and range of providers: GP, NHS, independent, third sector, private providers etc, can be impossibly difficult to access and navigate.

Any decision on the future location and organisational arrangements for children's services must be based on transforming the experiences described by young people in the [Independent Care Review](#), namely:

- *“Care experienced children and young adults must find it easy to access the right support at the right time, and not be in acute crisis before support is available.*
- *When available, support must 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 those who have experience of care.*
- *Care experienced children and young people did not want services targeted to certain population groups, which not only stigmatises but also 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 must not be a barrier and need not always be a requirement to promote healing from distressing experiences. Barriers to accessing support can lead to people requiring a diagnosis before they access a service.*
- *Parents’ and adult carers’ mental health must be fully supported. There must be availability of services to support parents’ and carers’ mental health at all stages of their parenting journey.*
- *Timely access to mental health support before crisis point is essential not least so children can avoid hospitalisation. That support must be there for as long as needed. If children and young people must be in hospital, co-ordinated services between hospital and local services must be in place to help children, young people and families to return safely to the community.”*

(the promise, pgs. 51 and 55)

17. National Social Work Agency

It is not within The Promise Scotland’s scope to comment on the benefits or not of a National Social Work Agency. The Promise Scotland will be pleased to support and work alongside each and every organisation which works to improve and influence practice. One of the five priority areas in [Plan 21-24](#) is [Supporting the Workforce](#) in pursuit of relationship-based practice, shared values and understanding across all disciplines to uphold the UNCRC and #KeepThePromise.

Reformed Integration Joint Boards: Community Health and Social Care Boards

18. Governance model

Scotland's commitment to #KeepThePromise requires a transformation of the governance of care for children, young people and families. Governance arrangements must support the vision that children and young people's families will receive the support they need to love and care for their children safely at home. By 2030, the purpose of Scotland's 'care system' will be to provide this preventative support to every family that needs it and to keep to an absolute minimum those children or young people who need to live away from their home in small, homely and loving settings.

It is not appropriate for The Promise Scotland to say whether the National Care Service Model will be better placed to achieve this than the current or proposed governance arrangements. [Plan 21-24](#) describes the need to rationalise governance across Scotland to enable effective and accountable shared working around the lives of children and families. [Change Programme ONE](#) is clear that the 'system' must hold its own by 2030. The Promise Scotland is mapping governance arrangements and linking responsibility for shared outcomes to work on money, data and legislation.

[The promise's chapter 6: scaffolding](#) offers guidance on what the characteristics of a governance model must be, in order to #KeepThePromise:

- *Scotland's 'care system' is decluttered and operates effectively. Services and provision are designed on the basis of need and with clear data.*
- *The standards of care are consistent across providers and subject to independent scrutiny and accreditation that values what children and families value.*
- *There is universal and intensive support for families who are struggling, whatever issues they face. There is access to that support in the communities where they live when it is needed.*
- *Services are joined-up and cohesive from the perspective of children, young people, families, and carers.*
- *Information is shared across services to improve outcomes. The information and data captured reflects the experiences of children and families, not the 'system'.*
- *Effective working across services and between the whole workforce is the norm, with best practices, successes, and challenges shared consistently.*
- *Services are easy to access, creative in their listening and ensure effective participation and listening across its services and decision makers.*
- *Children and their families have a say about the people who provide them with support. The quality of relationships between families and the workforce is the key factor in assessing if interventions will be successful.*
- *Budgets are responsive to families' choices. There are no barriers to families' wishes being carried out, with members of various services and organisations available as a support team.*
- *Services provide joined-up, comprehensive, long-term support for people as they progress and transition throughout different stages of life. Older care experienced people must have a right to access to supportive, caring services for as long as they require them. When young adults move on to independent living or need to return to a caring environment, all*

decisions are made in their best interests and not on the strict application of age criteria. Aftercare takes a person-centred approach, with thoughtful planning so that there are no cliff edges out of care and support.

- *Transition services' and all those with ongoing parenting responsibility can explain how they plan to deliver integrated services for care leavers to adulthood.*

An important feature of the current governance arrangements for adult care is the work of Adult Protection Committees. It is not in The Promise Scotland's scope to offer a view on where these should be located in future arrangements, but it must be noted that in many families there will be issues for both adult protection and child protection. Gaps between the two must be filled within one system of care, if the whole family support commitments of [the promise](#) are to be achieved.

19. Membership of Community Health and Social Care Boards

The [Independent Care Review](#) made clear that families must be able to contribute their views and be fully included in all decision-making processes and planning. Whatever governance model is identified, this principle must be followed. To #KeepThePromise there must be culture change in key institutions responsible for decision making. This must include active listening and engagement as fundamental to the way Scotland makes decisions, with families.

20. Community Health and Social Care Boards as employers

The Promise Scotland welcomes the ambition to "ensure consistent, quality delivery across services". It is not The Promise Scotland's role or within its scope to say whether that can best be achieved by Community Health and Social Care Boards as employers.

What is clear from the evidence gathered by the [Independent Care Review](#), is the responsibility of employers to enable all their staff to have capacity and capability to:

- Ensure active listening and engagement is fundamental to the way Scotland's 'system' of care enables effective decision-making from the perspective of children, young people and families' needs.
- Secure consistent standards of care across providers that must continue to be subject to independent scrutiny and accreditation that values what children and families value.
- Avoid the monetisation of the care of children and prevent the marketisation of care.
- Enable children and their families to have a say about the people who provide them with support and build relationships based on trust and honesty. More widely, families will have the opportunity to contribute their views and be fully included in all decision-making processes and planning.
- Set budgets that can be responsive to families' choices with a clear line of sight to bringing down barriers to families' wishes being carried out.

- Operate within a strong and supportive 'national values framework' for all its workforce. Those values will be multidisciplinary and fundamental for people who work with children in any capacity.
- Provide strong leadership across all of Scotland's workforce, modelling and supporting the values and principles of the broader workforce. Employers will not place the responsibility of values and care on those with the lowest reward and least agency. Values-based leadership will exist at all levels and in all settings.
- Lead a strategic and holistic challenge to notions of professionalism in care. Clear expectations will be set. The purpose of the workforce will be to care and caring above anything else. Recruitment will prioritise people with the right ethos and qualities rather than qualifications. This will mean a shift away from reliance on specialism, to an understanding of the importance of relationships, values and peer networks of support and care.
- Provide support to children, families and the workforce through a system that is there when it is needed. The scaffolding of help, support and accountability will be ready and responsive when it is required.
- Deliver learning and training that will be planned by employers in Scotland, to create a well-supported workforce that operates across disciplines. There will be a clear learning pathway at all levels of the workforce that builds a sense of self, emotional competency and human connection through relationships.
- Ensure employers prioritise and are responsible for shared learning across professional disciplines to create a common language and culture, transferable skills and better information sharing.

Commissioning of Services

21. Structure of Standards and Processes

The engagement and co-production processes outlined in this consultation are welcomed. In addition, the definition, development and delivery of the structure of standards and processes must include active listening at every stage and level. Children and their families must be at the centre of commissioning decision-making, with listening consistent and built in.

Services and provision must be designed on the basis of need and with clear data. Data mapping and collection is one of the 25 actions in [Plan 21-24](#). Data has been identified as a challenge by each organisation The Promise Scotland has worked with. Almost all of these relate to work to shift data away from system perspectives and towards the wider experiences of, and outcomes for, children, their families and communities. It will be important to consider the connections to scrutiny, inspection and regulation environments to ensure the things that matter to those who experience services and supports, are the things that are measured and monitored and become a central part of the evidence base, driving commissioning, procurement and delivery.

22. Market Research and Analysis

It is not The Promise Scotland's role or within its scope to make an assessment of whether a National Care Service should be responsible for market research and analysis.

23. National Commissioning and Procurement Services

The Promise Scotland recognises the ambition in the consultation to develop improved commissioning and procurement services through a national approach for some services. The [Independent Care Review](#) concluded that:

"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."

([the promise, pg. 110](#))

Examples of current challenges within commissioning and procurement structures were identified in Secure Care:

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

([the promise, pg. 81](#))

These examples highlight key disconnections within and between commissioning and scrutiny which contribute to significant challenges in delivery and outcomes, leaving no doubt improvement is needed. Unfortunately, the answer to this is not simply to improve or restructure commissioning policy and process, but instead must involve examination of how Scotland spends money and invests in pursuit of better supporting its population and improving outcomes. The question of 'what' is being commissioned is as important as the 'why' and must be linked to experiences and outcomes.

The [Independent Care Review](#)'s report, [follow the money](#) worked through the investment in the delivery of Scotland's 'care system' and in the wider universal services that operate around it providing support in adulthood, conceptualising the latter as 'failure demand' services. It did so across both human and economic costs and identified there was already a significant amount of money in the 'system', whilst the human outcomes the 'system' was purchasing were incredibly poor.

This finding points towards there being issues with the ways in which Scotland spends its money and what it buys.

It is likely that the crowded, commercial commissioning and procurement environment, and lack of strategic planning identified by the [Independent Care Review](#), are both contributory factors to, and symptoms of, this wider issue. Taking this lens is important to fully understand the issues and ensure that the solution does not simply replicate the existing problems.

Regulation

24. Core Principles for Regulation and Scrutiny

The Promise Scotland agrees that a National Care Service or improvement on the current arrangements must confirm core principles for its regulation and scrutiny. [The Independent Care Review found](#) that to #KeepThePromise, there must be a complete overhaul of regulation and scrutiny so that it 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. It must be totally focused on children's experiences and their ability to find and sustain safe and nurturing relationships. This focus on children's experiences is missing from the core principles set out in this consultation.

Outcomes are an important, but insufficient, measure of what matters to children and families (proposed core principle one [A National Care Service for Scotland - Consultation pg. 109](#)). The caveat that 'where possible' regulators should amplify the voice of people experiencing care must be removed. It must be replaced with an unambiguous commitment to listen to care experienced children and young adults in the inspection and continuous improvement of services and of care (proposed core principle nine [A National Care Service for Scotland - Consultation pg. 109](#)).

Based on evidence heard during the [Independent Care Review](#), a new framework for inspection and regulation, guided by the following thirteen principles, was published in [the promise](#) on 5 February 2020. In order to #KeepThePromise, each of these principles must be adopted for either a National Care Service that incorporates children's services or improved arrangements within the current organisational set-up:

- *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 Independent 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."*

[\(the promise, pg. 119\)](#)

25. Strengthening Regulation and Scrutiny of Care Services

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

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.

More detail can be found in The Promise Scotland's briefing on [Inspection and Regulation](#)

26. Market Oversight Function

Further detail would need to be available before The Promise Scotland could comment on this proposal. Section 23 (above) provides its full response on the commissioning and procurement of children's services and that, in particular, Scotland must avoid the monetisation of care, being particularly careful that children are not profited from.

If a market oversight function is developed it must reflect the [Independent Care Review](#) conclusions that regulatory bodies must scrutinise the presence of profit to ensure funds are properly directed to the care of children and young people.

[The Competition and Markets Authority](#) launched an investigation into the children's social care market in March 2021 and heard evidence from 120 providers and local authorities, as well as the experiences of wider stakeholders, including government and regulators. Their [initial findings](#) were published on 22 October 2021. They highlight that the prices and profits across England, Scotland and Wales are not what they would expect to see in a 'well-functioning market'. There is a shortage of appropriate places for children, high prices being paid for those places and over the past year Scotland care providers have accepted more and more children from Local Authorities outside Scotland.

27. Enhanced Powers for Regulating Care Workers and Professional Standards

Fear and complex bureaucracy are 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.

[\(the promise, pg. 27\)](#)

Supporting the workforce is a critical feature of [Plan 21-24](#) and The Promise Scotland welcomes proposal to achieve this. The [Independent Care Review](#) called for [supporting the workforce](#) to care to be at the heart of Scotland's service planning. Supervision and reflective practice must be essential for all practitioners, regardless of their professional discipline or role, who are working with children. Employers 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. [Plan 21-24](#) 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.

It recognises that 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. The consultation proposes that employers could be legally required to provide information to regulators to support fitness to practice investigations. Such investigations must be within the context of upholding the overall ethos of care and importance of cherishing relationships with children.

There is no evidence from the [Independent Care Review](#) on whether registering other groups of workers would help or hinder Scotland to #KeepThePromise.

Valuing People who Work in Social Care

28. Fair Work

It is not The Promise Scotland's role or within its scope to speak on behalf of the workforce and their employers, but the [Independent Care Review](#) spoke extensively to thousands of members of the workforce and made the following calls to support them by:

- *Supporting the workforce to care must be at the heart of Scotland's service planning. Supervision and reflective practice are essential for all practitioners, regardless of their professional discipline or role, who are working with children. Providing adequate time for effective, flexible, day to day and more regular structured support, supervision and reflective practice. Developing a workforce that can manage risk in a relational, rather than a process driven, way and which feels safe to practice even in challenging circumstances.*
- *Ensuring the provision of properly trained supervisors. Without proper supervision and support, the workforce is more likely to feel isolated, vulnerable and risk averse. Reflection, supervision and support must be recognised as an essential part of practice for anyone working with children.*
- *Reflective practice (coaching, mentoring, and supervision) which always includes 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.*
- *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 must recognise that the workforce also includes 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.*

[\(the promise, pgs. 100 and 101\)](#)

The consultation asks what would make social care workers feel more valued in their role. The points made by the workforce to the [Independent Care Review](#) and listed above, such as adequate time for supervision; to develop reflective, relational practice and supporting family/caring responsibilities, are not highlighted in the checklist provided in the consultation document.

29. Workforce Planning

The Promise Scotland notes that all the measures outlined in the consultation document to make it easier to plan for the workforce across the social care sector are likely to be helpful.

A workforce plan that is based on decluttering how it cares, with services and provisions designed on the basis of need, with clear data, and shifting from managing risks and needs, to supporting families to find their own solutions, would be a significant and important improvement.

30. Training and Development

The Promise Scotland welcomes this consultation proposal to support an improved system of training and development for the workforce. More information can be found in The Promise Scotland's [Workforce Briefing](#).

The [Independent Care Review's Evidence Framework](#) provides significant detail on what the purpose of an improved approach to training and development must aim for, from the perspective of the children, young people and families who have experienced social care:

In summary, what was heard:

“Love in the workforce:

Love was experienced by children and young people as the qualities and behaviours shown by the people caring for them. Those the Independent Care Review spoke to wanted carers to be understanding, kind, enthusiastic, warm, trusting, nurturing, enabling and encouraging. Staff and carers having patience, not shouting, being consistent, keeping promises and not leaving, were all communicated strongly, with many identifying why this was so important for helping them to build trust and develop mutual respect. Workers should ‘stick by them’, providing unconditional support which was key in creating trusting, and stable relationships.

For others, it was the approach to building relationships that meant the most, with a strong message about equality within new caring relationships raised as important. There needed to be a sensitive approach to learning about someone, which was mindful of the importance of building trust through time and space.

Some voices spoke about how consistent support built up self-belief, while others felt consistent support had helped them to feel a sense of belonging. Conversely, a lack of patience and consistency had left some feeling unsupported and alone. Many spoke about how inconsistency and people leaving, mostly due to changing jobs or placement breakdown, was the greatest challenge they had faced while living in care and beyond, ultimately making it difficult to develop trusting relationships further down the line.

Children who had experience of residential care spoke about their frustration towards staff rotas and the use of ‘relief staff’, because it had made it difficult to build the kind of meaningful

relationships they wanted. The Independent Care Review also heard repeatedly about social workers and others in the workforce having unmanageable caseloads, and the resulting impact this had on children's experiences of feeling loved and valued. Children expressed that they felt uncared for and that there wasn't enough time dedicated to them to build proper relationships. For many, love was felt most completely in environments where communication was effective and regular, and where those providing care were working closely together.

Children and young people often spoke about what they liked about the people that cared for them, alongside things they didn't like. The Independent Care Review heard about instances where children and young people felt they hadn't been shown respect for their wishes or feelings, for example by taking away their personal belongings without their permission. Many children and young people expressed that too much formality was a hindrance to developing good relationships and feeling loved.

Sometimes carers or workers were too strict, which meant that children and young people couldn't joke, laugh and have fun, which was viewed as very important in 'feeling normal' and having loving relationships. Those the Independent Care Review spoke to really valued being treated informally by staff, with less professionalism in their interactions, as this made staff more approachable, so they felt comfortable talking to them if they had problems.

Children and young people also really valued time being spent with them to get to know them and effort being made to build trusting relationships. Furthermore, they wanted those relationships to continue through times of transition or uncertainty in their lives."

[\(The Independent Care Review Evidence Framework, pg. 38\)](#)

"The need for a trauma-informed, responsive workforce:

There was recognition that while professionals working directly with children and young people should really know and understand how to support the children and young people they work with, there were also high numbers of other people involved less directly or frequently in children's lives, such as Panel Members, Senior Social Workers, GP's and Administrators. Whilst there was no sense of expectation that all these people should know the child, there was a hope that the current situation could be improved upon.

The Independent Care Review heard again and again about the impact that trauma and stigma played in the lives of children, young people and adults with experience of care. It was repeatedly suggested professionals could deepen their understanding if the workforce were trained in trauma-informed practice and more aware of the impact that stigma can have on young people's lives; how it leads them to feel isolated, lonely and to fall behind with their education."

[\(The Independent Care Review Evidence Framework, pg. 88\)](#)

If these experiences are to be used to redesign an improved training and development system, it could be expected to:

- *Support the workforce and services to listen. Build capacity to engage and participate in opportunities for experienced mentor or peer-led support.*
- *Support intensive family support, based on relationships between families and the workforce, and support the workforce to be themselves and be genuine with families that they work with.*
- *Build confidence in developing relationships. Training and specialist skills are vital in supporting this development, as is creating trust and supporting the capacity to love, by giving time to focus and reflect on relationships, as well as strengthening supportive networks and valuing the roles of varied people in children's lives.*
- *Support, training and reflection for healthcare professionals to support care experienced people as they become parents and eliminate stigma.*
- *Create a well-supported workforce that can operate across disciplines. There must be a clear learning pathway at all levels of the workforce with shared learning across professional disciplines, to create a common language and culture, transferable skills and better information sharing between sectors.*
- *Ensure active consideration of the development of multidisciplinary foundation years of learning for a range of professionals, which cover basic principles of child development and children's rights, together with an identification of gaps in the training of the workforce in some related sectors (such as education, justice and health), ensuring they are addressed as a matter of urgency.*
- *Provide access for all, 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 must be part of essential foundation learning for anyone working with children.*

[\(the promise, pgs. 107 and 108\)](#)

31. Personal Assistants

The Promise Scotland notes that Questions 94-96 relate to personal assistants within the context of self-directed support. It is not The Promise Scotland's role or within its scope to provide an assessment in response to these questions, but the following points from the [Independent Care Review's Evidence Framework](#), are offered with the aim of building a shared values base and foundations for all the workforce, including personal assistants who provide care and especially within a one-to-one relationship:

- *Children and their families must have a say about the people who provide them with support. For support services to succeed, those 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. Budgets must be responsive to their choices.

- *Scotland must support a strong 'national values framework' for all its workforce. Those values must be multidisciplinary and shared across the workforce and those who care for individuals in any capacity.*
- *The values must reflect that the primary purpose of care is to develop nurturing, patient, kind, compassionate, trusting and respectful relationships.*
- *Strong leadership across all of Scotland's workforce must model and support the values and principles of the broader workforce. Values based leadership must exist at all levels and in all settings.*
- *Children, families and the workforce must be supported by a system and scaffolding of help, support and accountability that must be ready and responsive when it is required.*
- *Supporting the workforce to care must be at the heart of Scotland's service planning and as described in response in sections 28 and 29. Employment conditions must allow people involved to flourish and feel valued, including attention to workload, remuneration, employment status, carer responsibilities outwith work and environmental conditions.*
- *Learning and training in Scotland must be rethought to create a well-supported workforce that can operate across disciplines, to create a common language and culture, transferable skills and better information sharing between sectors.*
- *There must be training and space for reflection for healthcare professionals so that they can fully support care experienced people as they become parents and eliminate stigma.*
- *Create a well-supported workforce that can operate across disciplines. There must be a clear learning pathway at all levels of the workforce with shared learning across professional disciplines, to create a common language and culture, transferable skills and better information sharing between sectors.*
- *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, together with an identification of gaps in the training of the workforce in some related sectors (such as education, justice and health), ensuring they are addressed as a matter of urgency.*
- *Access for all, 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.*

[\(the promise, pgs. 107 and 108\)](#)