

# What is the promise?

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**the promise**  
scotland





Scotland's ambition is that **all** children will grow up  
**loved, safe and respected**  
so that they meet their full potential.



But in Scotland, care experienced people aren't always as  
**loved, safe and respected**  
as they should be.

# Independent **Care Review**

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The conclusions of Scotland's  
**Independent Care Review** made a series of  
recommendations about how this had to change



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And **the promise** is that Scotland will implement these recommendations **in full**— by 2030 at the latest.

# Independent **Care Review**

The Independent Care Review was announced after  
care experienced people campaigned for  
**substantial change.**

# Independent **Care Review**

heard more than **five and a half thousand voices** from  
all 32 local authorities.

including:

**2,640+**

people with lived experience  
(infants, children, young people, adults)

**2,320+**

parents, carers, and members of  
the paid/unpaid workforce

# Independent **Care Review**

heard from over **five hundred organisations**

including:

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**schools and universities**  
**think tanks**

**Curious Collaborative of Funders**  
**corporate parents**  
**national bodies**



over **150** volunteers  
used **943** research sources  
to produce **56** outputs

in areas including  
education, health, data,  
inspection, regulation  
and justice.





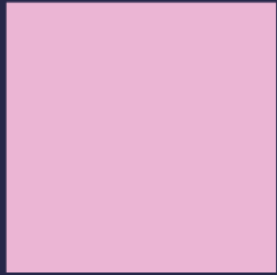
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**More about the promise**

The promise is based on five foundations



And seeks change over **three different levels** of Scotland's "care system"



The system level



The organisational level



The individual level

As individuals, we can help keep the  
promise by gaining skills and knowledge,  
and building relationships



If Sarah, a housing officer, understands more about the importance of relationships, this is an example of **Individual Change**.



As **organisations or groups**, we can help keep  
the promise by **changing how we function—**  
and **relate to ourselves and others**

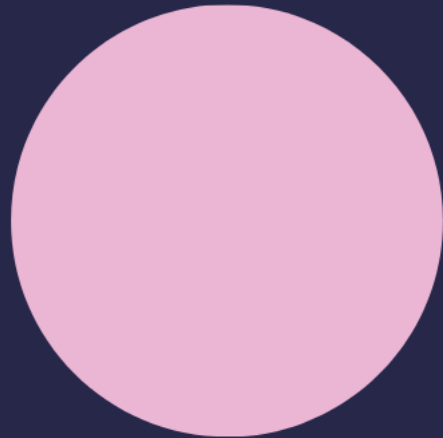


If Sarah's organisation works to embed The Independent Care Review's approach to relationships, this is an example of **organisational change.**

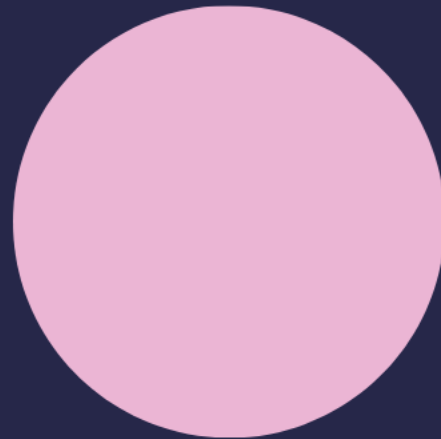




As a system, we change how organisations,  
groups and individuals **work together across**  
**a greater whole**



If the Scottish Parliament, wider workforce and local authorities need to work together to change how relationships are treated, this is an example of **systemic change**.



The Promise Scotland helps support change to take place across all these levels. It provides the scaffolding to help this change take place.



What changes can you be involved in to keep the promise?

What level will these changes need to take place at?









# Representing the needs of infants.

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**A person is a person, no matter how small.**

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The United Nations Convention on the Rights of the Child (UNCRC) cites the Declaration of the Rights of the Child. *“The child, by reason of his physical and mental immaturity, needs special safeguards and care, including appropriate legal protection, before as well as after birth.”* Article 24 requires provision of pre-natal and post-natal health care for mothers.

# UNCRC

All children and young people:

- Should not be discriminated against
- Should have their best interests accounted for as a primary consideration
- Have the right to survive and develop

Have the right to have their views heard and taken seriously



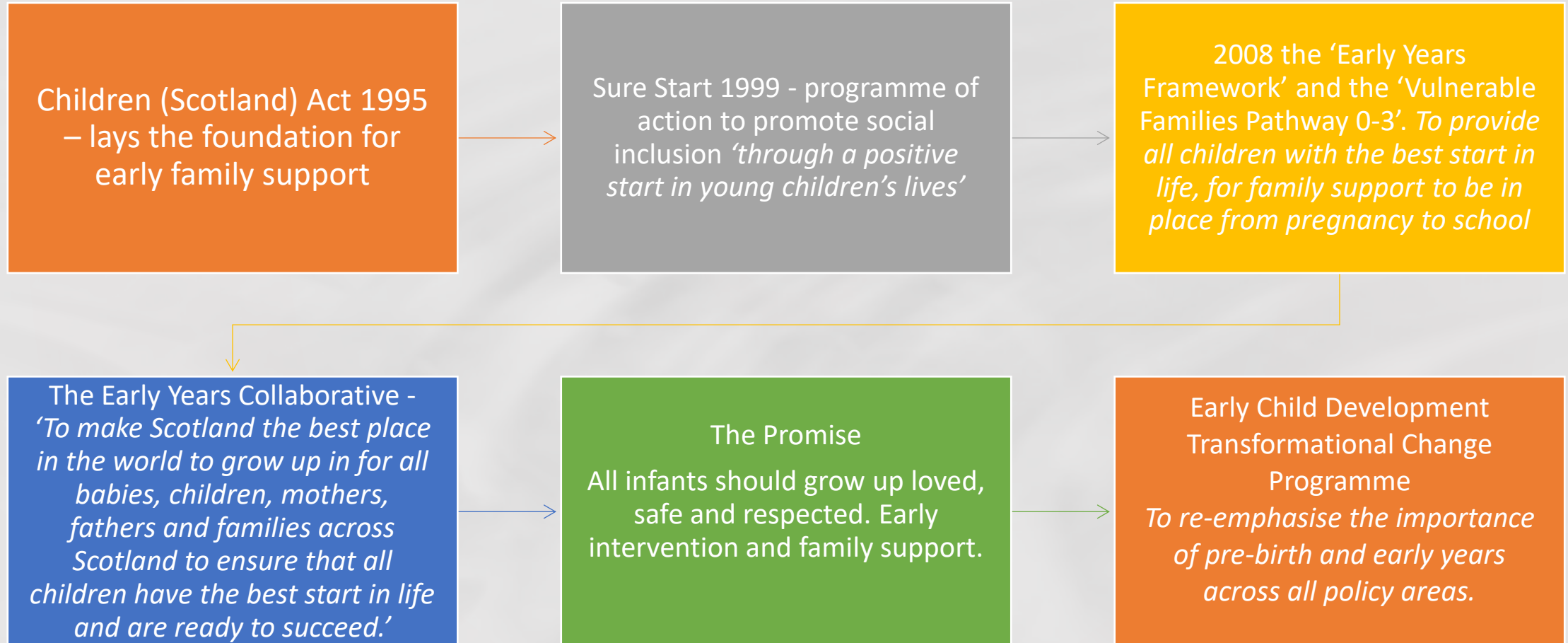
The right for children to be heard is also set out within legislation Children (Scotland) Act 1995, key national policy approaches, including Getting It Right For Every Child, The Promise, and the National Guidance for Child Protection in Scotland.

The Scottish Government (2023) *Voice of the Infant Best Practice Guidelines and Infant Pledge* which provides a specific focus on the voice and participation of children aged 0-3 years.

The Promise – “By 2030, Scotland will be a nation that listens to and puts the needs and experiences of infants, children, young people and their families at the heart of all decision-making”.



# 25 years of policy – Ambition v Action



# What we know?

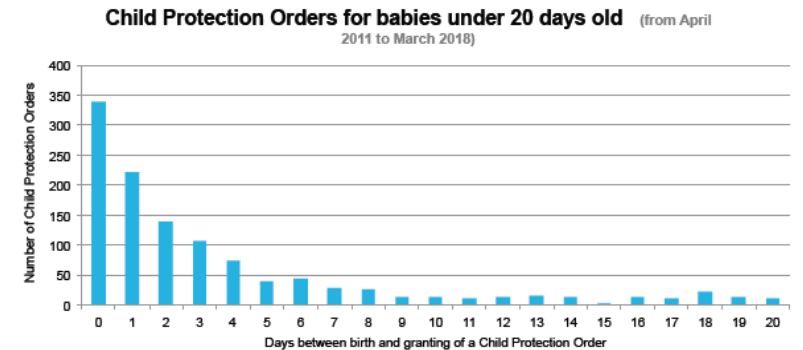
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Babies in Scotland are 10 x more likely to experience significant harm than other children.

25% of children with Child Protection Orders are aged under 20 days old

50.4% are under two.

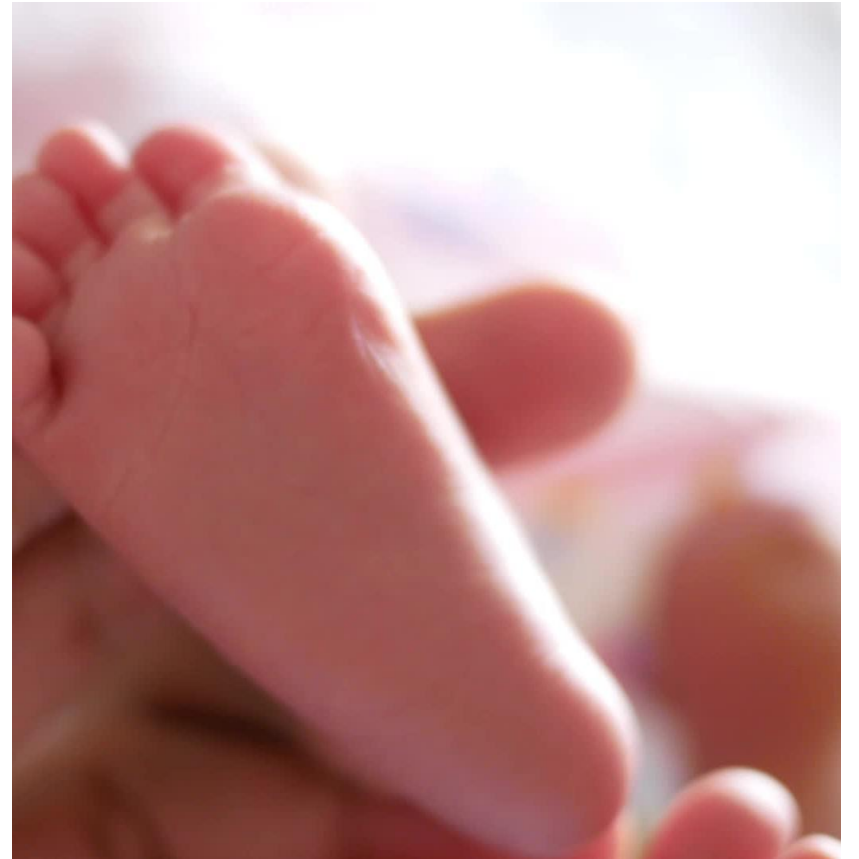
50% of all looked after children who enter care, were first looked after when they were less than a year old.



# Why is it so difficult?

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- An 'infant lens' is not always applied. For example, while there is research indicating that most children who become looked after in Scotland have experienced early trauma, there appears to be a common assumption that babies and very young children are less affected by traumatic experiences than older children.
- The impact of trauma in infancy may be under-estimated or minimised because very young children are unable to talk, and older children may not remember, understand, or be able to verbalise their earliest experiences.
- Together these help to explain why infants can so often be 'invisible'.



# Those infants most at risk.

Scotland is the only one of the 4 home nations, that has not developed legislation that supports a child (who may not be able to remain in the care of their parents), to have the minimum number of moves, by putting in place a duty to consider early permanence and placing them with dual approved carers.



“Looked after infants are at highest risk of a failed rehabilitation home and for those babies unable to remain safely with their families it is taking too long to place them in alternative family care”. SCRA research 2011 and 2015.



Our legal system in Scotland CHS, SCRA and the court is complicated and there is nothing on the CHS or SCRA websites that supports an understanding of the importance of infant development, despite the national data that shows a significant increase in infant referrals.

# Children's Hearing System

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Many of the hearing system review recommendations (2022) centre on advocacy and a child's right to legal representation, neither of which is available to infants in Scotland. In Northern Ireland, Wales and England, **all** children have the support of a children's guardian, regardless of age and each guardian has a legal representative.



# NSPCC

## Working together to build an infant attuned 'care' system

NSPCC Scotland







# Applying what we know

- Investing in the parent-infant relationship transforms outcomes
- Yet, we don't prioritise these services
- An infant attuned 'care' system requires cultural, structural and legislative change
- **Urgent strategic leadership is required to facilitate and drive collaboration to uphold the rights of babies in 'care'**



# The Baby Blindspot



Babies are powerless and need us to fight for them:

- They are dependent of the quality of care giving for the development of their basic human capacities
- They can't express themselves in ways that are easily understood
- They don't display fear and distress so their suffering can routinely go unnoticed
- In addition, it's hard for adults to confront babies suffering
- By the time crisis hits full recovery is much less likely
- System not attuned to infants' MH needs



# The levers to deliver the Promise exist in infancy

- Welcome current advances in youth justice but babies are largest group referred to Hearing
- Drift and delay in decision making, placement instability and ruptures in attachment relationships undermine babies' right to thrive
- Yet, 6 pages of Promise focused on secure , ½ on EY
- Evidence that IMH focussed intervention reduces families entering and re-entering care proceedings
- Economic case well recognised but babies have a right to **safety, belonging and love**



# The earlier the better

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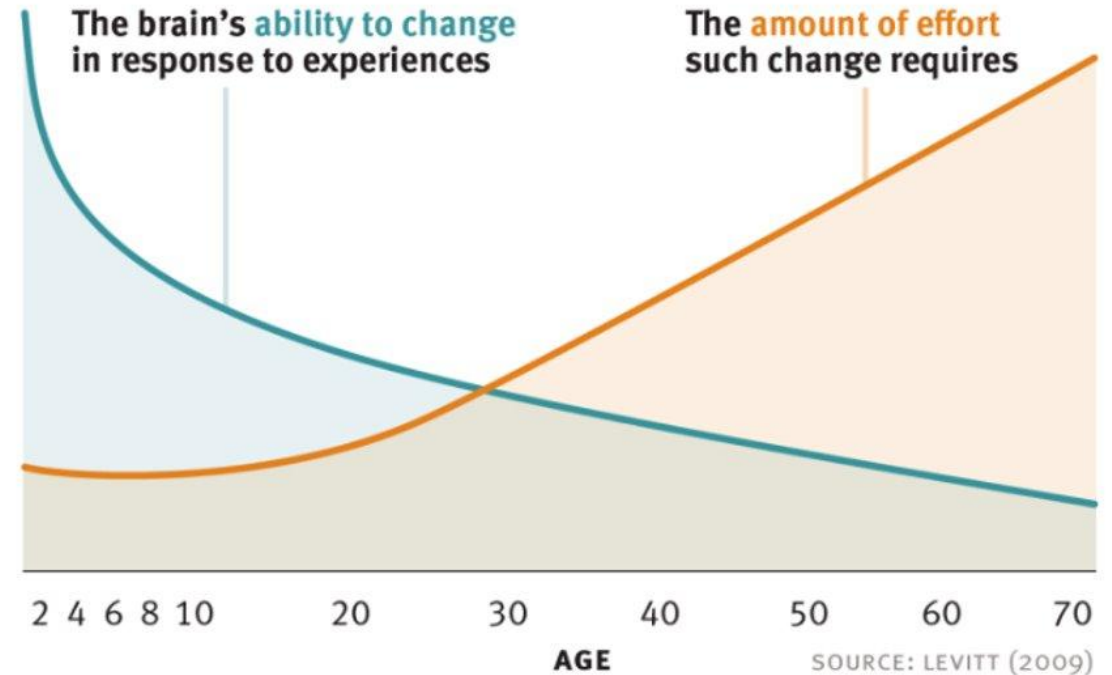
- Mental health problems much more common amongst children in care than their peers
- Reasons complex and multi-faceted. Early adversity contributes but effects compounded by placement instability and change
- Children are **most vulnerable** to the effects of poor care *and* **most responsive to intervention** during the early years of life





# The critical 'window of opportunity'

- Babies' needs are same as C&YP but developmental timescales are radically different
- 1 million new connections form every second. Less malleable as time goes on
- The basic architecture of the brain provides the foundation for future learning, behaviour, and health. (85% by 3)
- Early life experiences can undermine or optimise infant development
- New parents are **uniquely motivated** to make positive changes, but can't always access support
- Current 'care' system is not designed to facilitate relationship-focused, goal orientated work to keep families together, or to enable safe reunification



# Glasgow Infant and Family Team

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## Reasons Accommodated

The Infant and Family Teams work with complexity, young children and their families experience a range of adversities and entrenched difficulties. Most children were accommodated due to an accumulation of concerns rather than in response to a single child protection event (95%).

## Prior Social Work Involvement

- All infants were known to social work prior to accommodation (20/20 cases).
- Pre-birth child protection procedures/planning carried out for 80% of infants.
- Evidence of multi-agency support services prior to infants being placed away from birth family, but lack of support for the parent-infant relationship (can we say dearth?)



# Key components of an infant attuned system

- **Careful interpretation of infant behaviour** takes **time, sensitivity, critical thinking, observation in different contexts**, and, **testing out in the context of the child's care relationships**
- **A system that can hear and act on the 'voices' and lived experience of babies will require all** those in policy, planning and decision-making to be knowledgeable about the principles of IMH, child development and the impact of trauma
- This work will not happen on its own. Infant Voice 'Champions' must be established, and formal mechanisms for ensuring that infants' lived experience is considered
- Effort and attention is required at specific points in the system .
- However overall, the principles and the design of the current system undermines professionals' ability to work therapeutically with families



# Keeping the Promise to Infants w. Social Work at the heart

**Statutory Social Work is the backbone of the system** but lacks capacity to build relationships and to work therapeutically with families. Key barriers include:

- Longstanding issues recruitment/high turnover
- Unmanageable case-loads demanding a focus on crisis
- Lack of specialist training in infant and child development

**Keeping the Promise to Infants report (2022) set out a vision for system-wide approach to protecting infants inc.** C&F social work working closely with: G.Ps, midwives, H/Vs, early years, specialist P/IMH teams e.g. SNIPS/FNP, and voluntary sector e.g. Parent-Infant Partnership, Edinburgh, Barnardos, Aberlour

**Pockets of great practice but must be systematised**







# System-wide progress unattainable to date

Ambitious early years policy since 2008 =  
generous suite of EY entitlements:

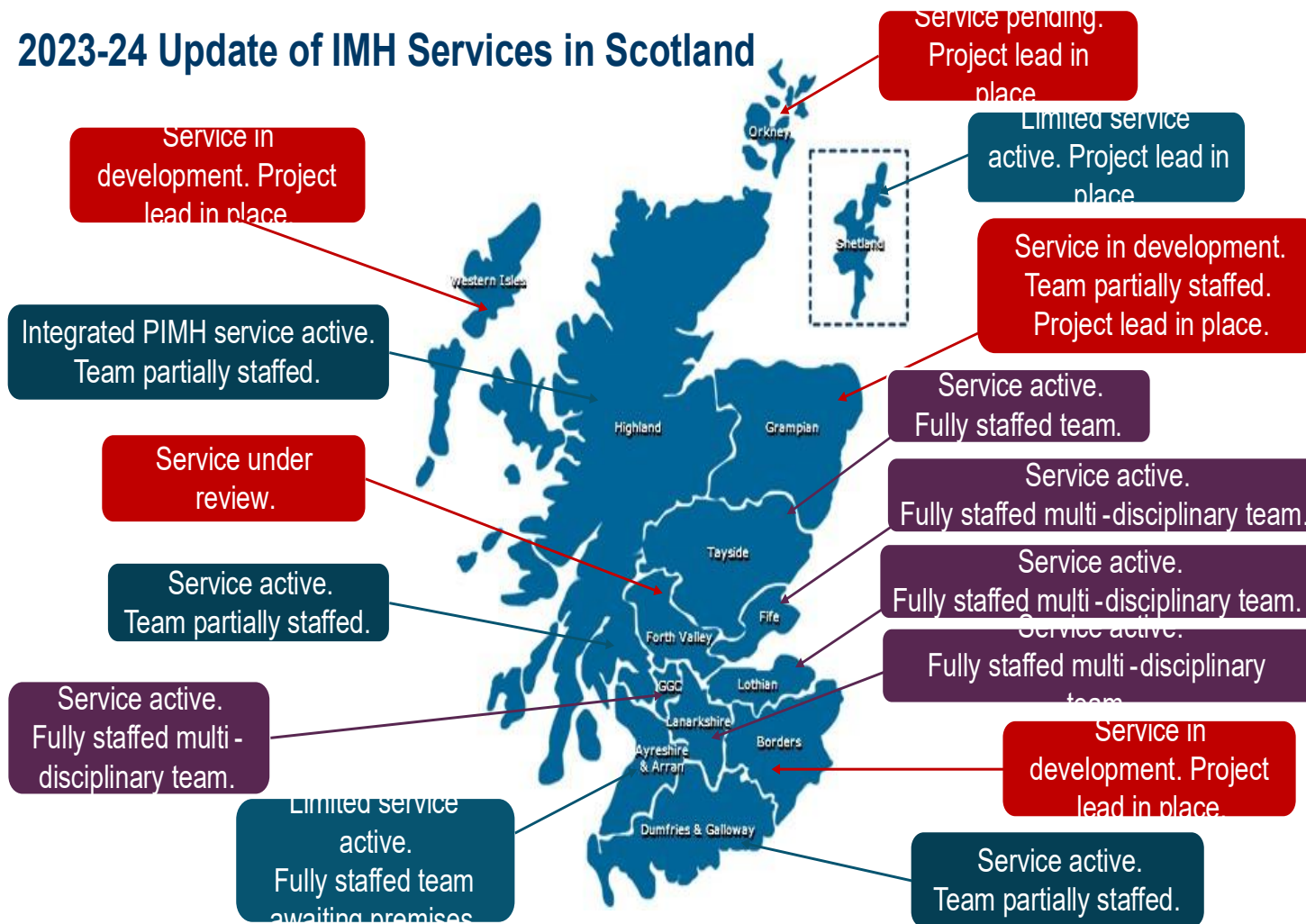
Enhanced Health Visiting Pathway (2015),  
P/IMH expansion (2019),  
ELCC expansion (2021)  
Scot Child Payment(2021)  
FNP extended (2022)

**Yet, inequality remains stubbornly high**



# Expansion of IMH services across Scotland

## 2023-24 Update of IMH Services in Scotland



- The new Scotland-wide multi-agency model of IMH provision,
- *“to meet the needs of families experiencing significant adversity”*
- ***IMH must sit at the core of Children’s Services Planning to deliver holistic whole family support that reflects the scale/intensity of need***

# Strengthening the 'core' of EY child protection

Fixing one point on the early years continuum won't make a difference unless all parts of the continuum are improved at the same time.

Therefore, a highly structured and standardised process is required to enable effective multi-agency decision making around infants in 'care', this should include:

- Pre-birth planning and assessment mapping; standardised parenting capacity assessments; expansion of pre-birth IRD; mandated preventative support
- The third sector plays a vital role but **embedding core statutory provision** is key
- Developments in IMH present opportunities for integration between services
- Exponential impact of confronting complex problems together with others who share deep knowledge and passion about babies' and families 'best interests'

**Radical reform of Children's Hearings System critical to upholding babies' rights**

# Breakout questions

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- What are the enablers and barriers to working preventatively and collaboratively with babies and families in, and on the edges of, care?
- How can we ensure that infant voice and lived experience is proactively considered in all aspects of service design, delivery and decision making?
- What support should be available to all babies and families in, and on the edges of 'care'.
- Should it be mandated? Should it be ringfenced? What other mechanisms can **ensure** preventative spend at this critical end?



Changing childhoods.  
Changing lives.

# Voice of the Infant

Barnardo's Threads

Barnardo's Scotland Adoption Service

Birth Families Inverclyde

Louise Wakeling & Viv McCurdy  
19<sup>th</sup> February 2025



# Barnardo's Threads

4 Lochfield Road

Paisley

PA2 7RG

0141 884 6696

[paisley.threads@barnardos.org.uk](mailto:paisley.threads@barnardos.org.uk)





# Ways we hear the infants voice at Barnardo's Threads



## Five to Thrive

We use this approach to support all our children and families who come into our service



## One to one support

Providing one to one support in your home, community or at our base in Paisley.



## Pre-natal group

Supporting parents to prepare for parenthood and make connections with others who are experiencing the same changes



## New baby group

Supporting parents and infants through early stages of parenthood, promoting an understanding on ways your baby will communicate with you and others whilst creating a network of support

# Barnardo's Scotland Adoption Service

Building 10000

Academy Park

Gower Street

Glasgow

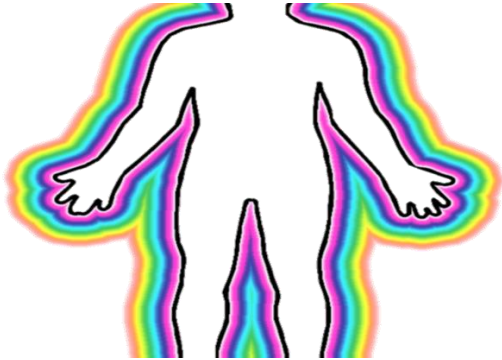
G51 1PR

Tel: 0141 4194700





# Ways we hear the infants voice in our Adoption service



## Identity exercise

Create your own identity doll



## Loss exercise

Case study telling a child's journey



## Children's Profiles

A day in the life of....



## Preparing to move

- Likes/dislikes
- Photos
- Significant people
- Familiar tastes and smells
- Questions at panel



# Birth Families Nurture

Terrace Road

Greenock

PA151DJ

01475728493

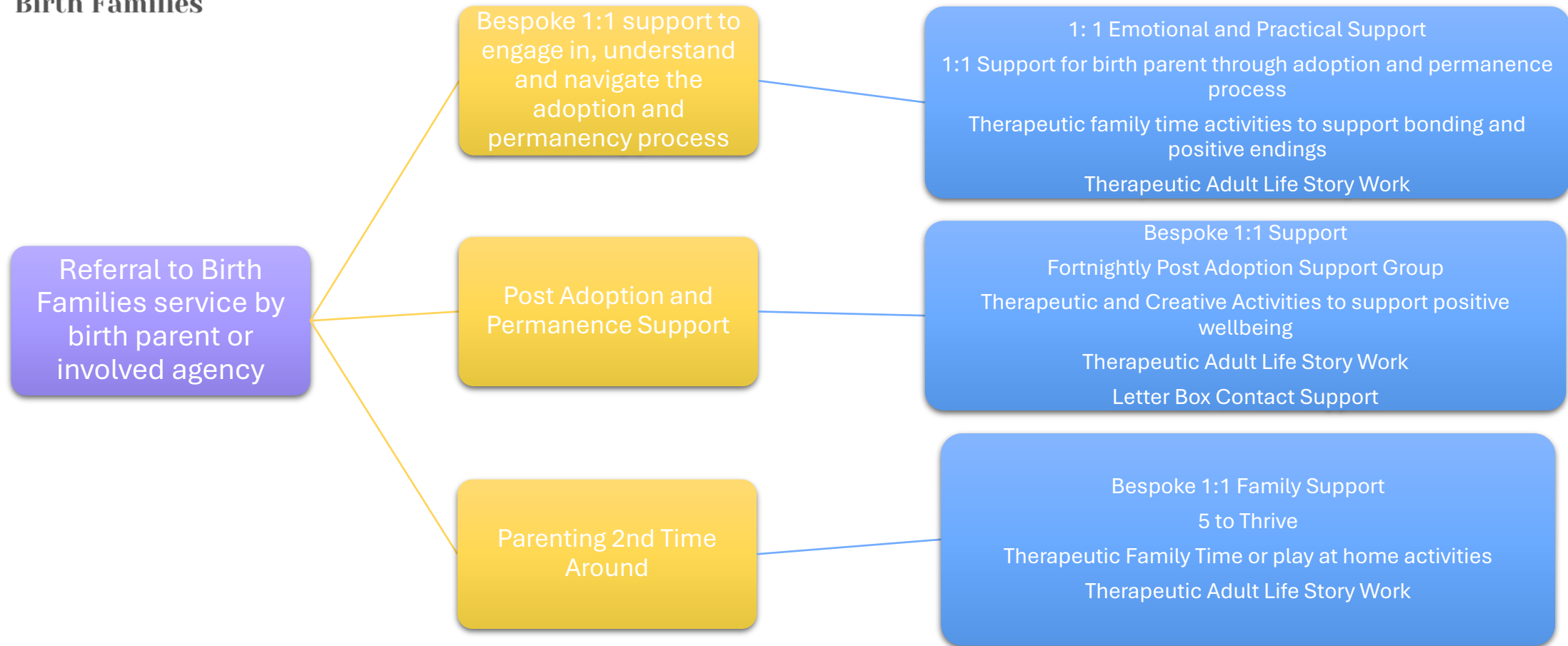




**Barnardo's  
Birth Families**



# SERVICE MODEL



# Mother and Child Recovery Houses

Liz Nolan – Director Children and Families



[Baby "D" having fun in the paddling pool]



## Mother and Child Recovery Houses

- Our Recovery Houses are about keeping families together.
- Challenging stigma and marginalisation within communities.
- Empowering women to take control of their lives.
- We are a service that welcomes LGBTQ+ people.
- Compassionate and understanding of the challenges of addiction.
- We are a national service.



[Mum "A" and baby "B" doing sensory play]





# #Keep The Promise

[Mum "C" and baby "D" on a park walk]





# Falkirk



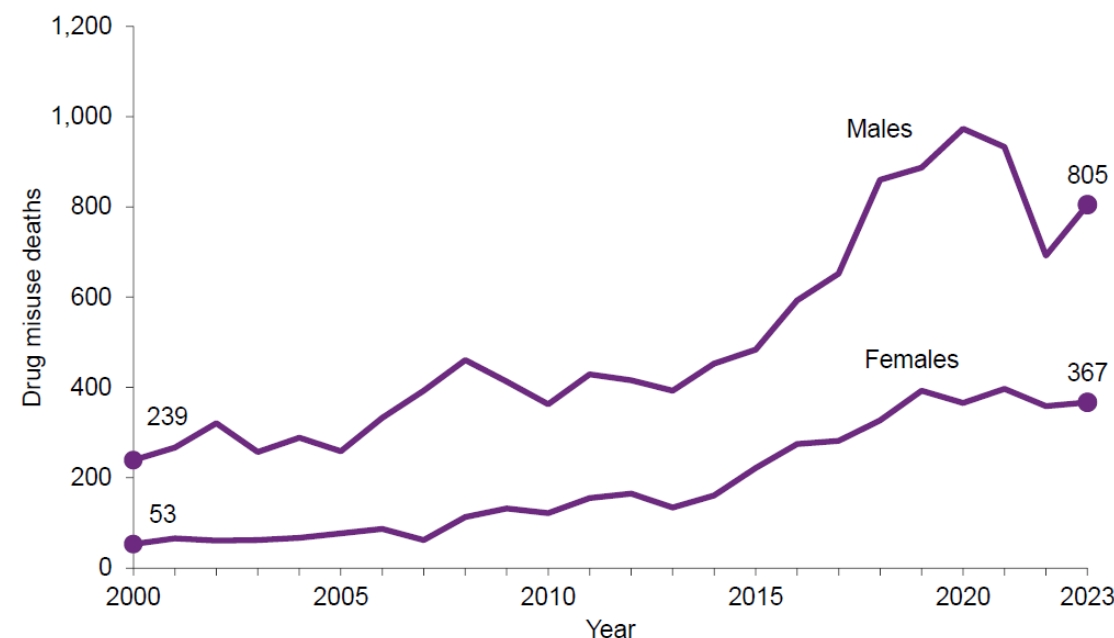
# Dundee



## Statistics and Response

- Responding to rising drug deaths in Scotland.
- Rise in number of drug deaths for women across Scotland.
- Funded as part of The National Mission from The Scottish Government.

**Figure 2: Male deaths driving increase in drug misuse deaths in 2023**



National Records of Scotland, 2023



# Our Program

Community Assessment

Residential Stay

Community Outreach

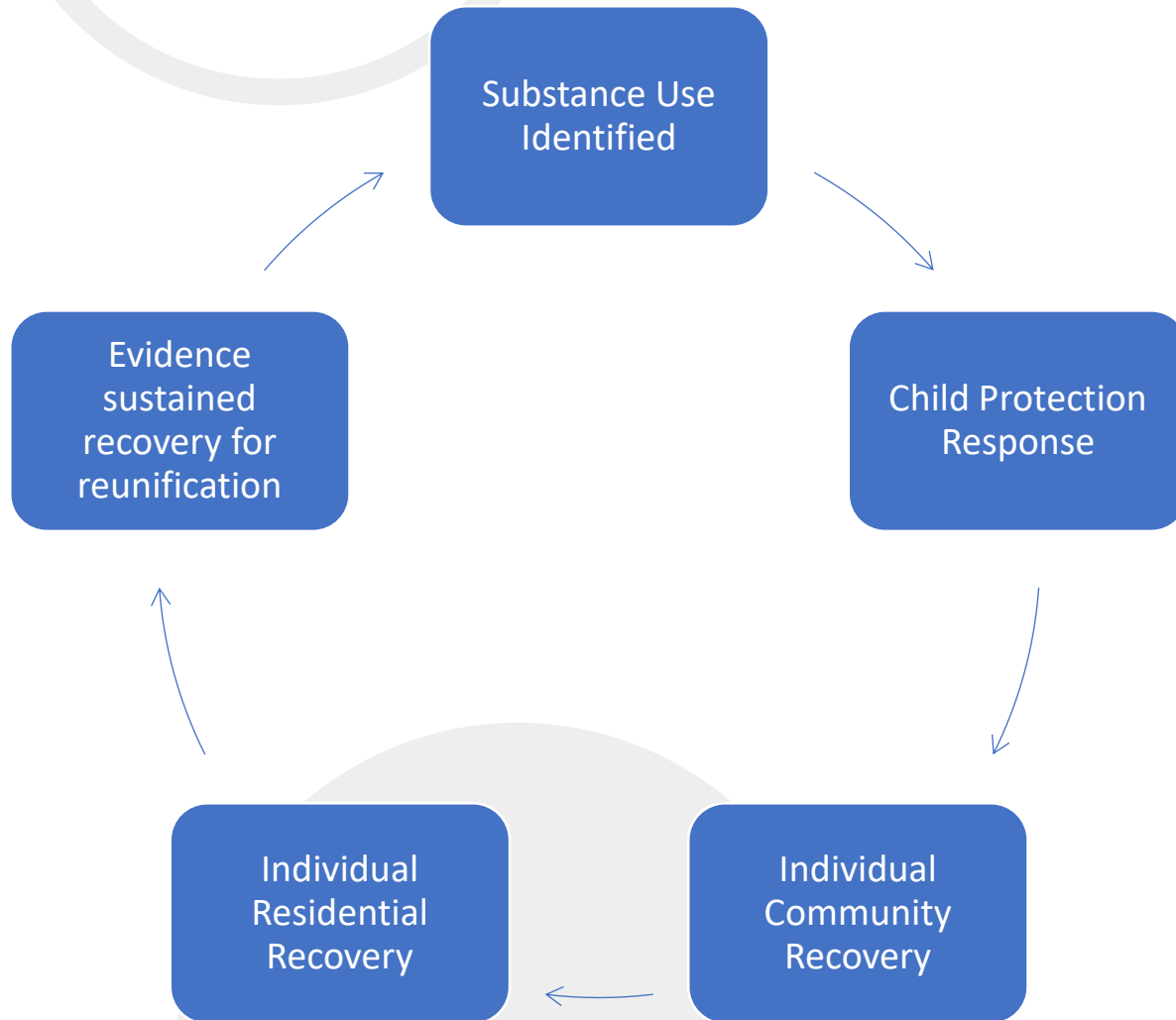


[Baby "E" enjoying some tummy time]

# So. What Makes us Different?

- One of the few residential services in Scotland where children can remain in the care of the parent.
- Prioritises the bond between mother and child throughout the recovery process.
- Maintaining the family unit plays a crucial role in long term success.
- Holistic, family-inclusive and trauma informed.
- Focusing on connection, relationships and community.

# Traditional Models of Residential Recovery



- Care for mother and child happen in isolation
- Leads to additional trauma, loss, grief and attachment disorders.
- Can impact long term recovery efforts
- Long term emotional and psychological challenges for both mother and child.
- Faced with stigma and marginalisation.
- Critical role that family unity plays in successful, sustainable recovery.

# What Have Our Supported Mothers Said About Our Service

**“[The House] has gave me the support, belief, confidence and all the right tools and techniques to make sure my recovery has been the easiest it could be ... therefore I’m buzzing to start the next part of my journey at home”**  
**[Mum H – July 2024]**

“I see myself as someone who has purpose now and have things to stive for. I see things a lot clearer.  
[Mum C – August 2024]

“I like the groups because you learn about other people's journeys and sharing my struggles, so we can all support each other”  
[Mum H – April 2024]





[Mum "F" and Baby "G" doing baby massage]



# Questions & Feedback

[aberlour.org.uk](https://www.aberlour.org.uk)

Registered Head Office: Kintail House, Forthside Way, Stirling, FK8 1QZ  
Scottish Charity no: SCO07991 | Company Reg no: SC312912



## **The Voice of the Infant**

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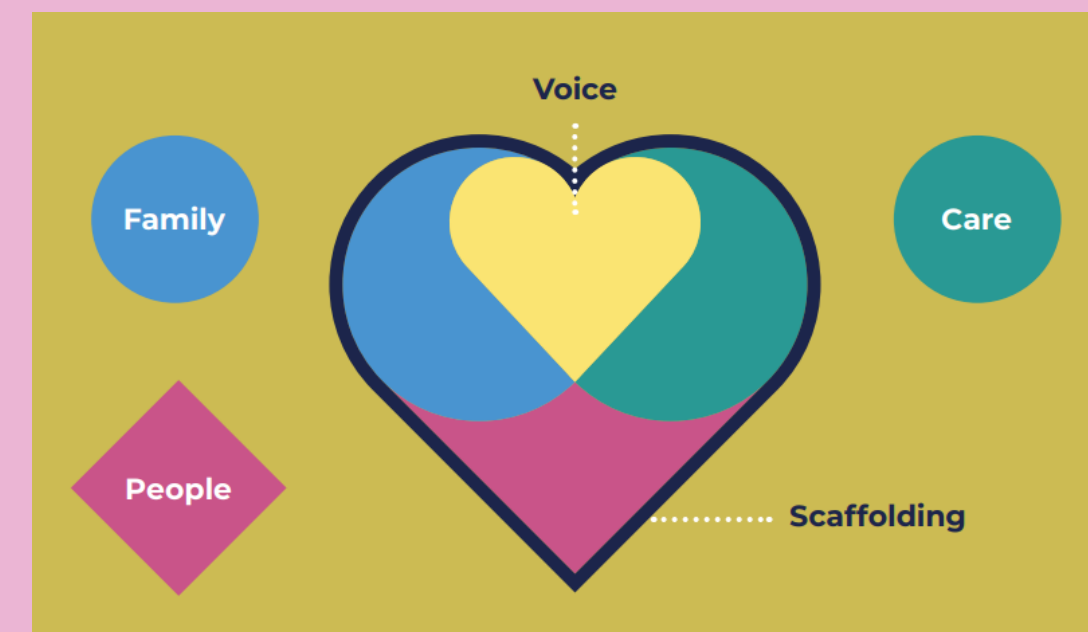


# The Promise and Infants

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## Plan 2024-30 Key actions

- Early Support and Intervention
- Infant Mental Health and Development
- Whole Family Approach
- Specialised Services, Knowledge and Expertise
- Legal and Care System Improvements
- Prevention and Early Intervention
- Rights and Needs Recognition
- Workforce Development



# Infant Pledge

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## Infant Pledge



I am one of Scotland's youngest citizens. To give me the best start, so that I can thrive throughout my life, I need to be seen as a person with my own feelings and rights. I depend on adults to interpret my cues and communications so that my rights are upheld, and my voice is heard.

My relationships with the people who care for me are important and directly affect how my brain grows and develops, and how I learn to process and regulate my feelings. Safe and secure relationships and consistent care support my wellbeing now and give me better chances and outcomes in later life too.

Professionals and academics in the field of Infant Mental Health alongside organisations championing the rights and welfare of babies and very young children have come together on my behalf to create the following expectations, which they believe would help improve my life chances.



# Infant Pledge

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## **I expect that I will:**

1. Be seen as a person with my own feelings and views.
2. Be seen as able to communicate my feelings and views.
3. Be able to trust my important adults to think carefully about my feelings and views and speak them for me.
4. Be supported to have secure relationships with the adults who care for me.
5. Have safe, interesting places to play and learn, and the help I need to do so.
6. Have my views valued by my family, community, and society.
7. Have a say in decisions about what happens to me.

## **My important adults will:**

8. Have support to be healthy, including before I am born.
9. Have the information they need to make good choices for me.
10. Have the support they need to understand and meet my needs and their own.
11. Have help from people with the right knowledge and skills.

## **It is everyone's responsibility to:**

12. Consider me and my perspective at all levels of decision making.

Organisation	Agenda
The Promise Scotland	Introduction and welcome
CELCIS	Infant voice and legislative context
NSPCC	Keeping the Promise to Infants
Barnardo's	Threads, Adoption service and Birth parents
Aberlour	Mother and Baby Recovery House
Greater Glasgow & Clyde HSCP	The role and impact of Family Nurse Practitioners
The Promise Scotland	Summary key discussion and next steps

Join at [menti.com](https://menti.com) | use code **4223 9614**



Teacher Training Checkout

# What are your biggest takeaways from today?



leader **bold**  
creative  
inspiration **focus** **fast**  
transpiration



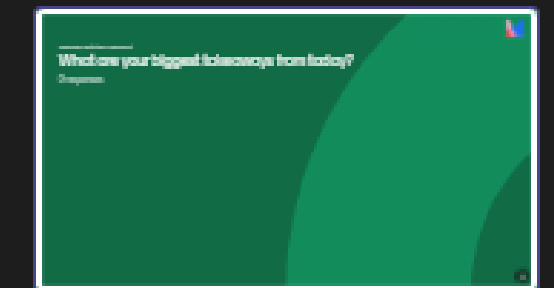
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Infant key take away



Choose a slide to present



Questions?  
Thank you for your time.

Microsoft Form:

[Developing Practice to Support Infant Voice](#)

Contact information:

[lauras@thepromise.scot](mailto:lauras@thepromise.scot)

