

CEL CIS's response to A National Care Service for Scotland – Consultation

November 2021

CEL CIS is Scotland's Centre for Excellence for Children's Care and Protection, based at the University of Strathclyde. CEL CIS is a leading improvement and innovation centre which aims to narrow the implementation gap between legislative, policy and practice aspirations and the experiences and outcomes of children, young people, and their families. Our evolving work over the last two decades focuses on a child's life course, from birth through to adulthood, empowering those with lived experience, the workforce, and carers to support whole-system improvement and change.

We welcome the opportunity to respond to the Scottish Government's consultation on a National Care Service for Scotland. The consultation process has allowed and stimulated critical reflections, debates and an analysis about whether new or current arrangements for the delivery of health and social care will support us to meet our policy aspirations for children, not least in keeping The Promise – and what it will really take to make this kind of transformational change a reality. This has no doubt been valuable.

Our response is underpinned by research evidence, practice experience, our expertise and extensive insight and intelligence from lived experience and professional practice gathered through our long-standing, cross-organisational and interest-specific networks, as well as our care experience policy consultants' group. These networks are made up of people across the workforce, including leaders working across the spectrum of children's services and other public services in support of children, young people and their families, adults with care experience, as well as other communities of lived experience.

The proposals offer some real opportunities that merit further exploration and consideration. The consultation is both extensive and technical, necessarily spanning a range of subjects and factors concerning the social care needs of all Scotland's people. There are also critical omissions in content and detail that make it more difficult to assess the potential benefits, risks, and impact of the proposals at this time.

Given our work, we have chosen to respond and to prioritise the questions that have the most relevance to the rights, experiences and circumstances of children and young people in need of support, protection, and care, and their families and carers. In doing so, we focus on both the needs of children and the needs of the people who love and care for them, and where any national reform would require both existing and new services designed to meet all of these needs to provide a more co-ordinated and holistic way.

Based on our analysis of the content of the consultation, we would note the following cross-cutting issues for further consideration:

Children, young people, and their families

Our response considers the needs of *all* children who need support, protection and/or care, from infancy to eighteen years old (as per the definition of a child in [Article 1](#) of the [United Nations Convention on the Rights of the Child](#)). We also consider young people with support needs beyond this age, some of whom are entitled to support from corporate parents up to the age of 26.

Our understanding of the needs of children and young people as they grow up is also grounded in a need to understand and offer support that is responsive to individual needs and their development rather than solely based on chronological age. Adverse experiences and childhood trauma is a key element in shaping a child's opportunities and outcomes and has a significant impact on individuals' development and needs. This underscores how important it is to ensure that support from multiple agencies, services and people are able to provide a comprehensive assessment and response based on the developmental needs of an individual when they first need support, protection and/or care.

To support and care for any child or young person, we must also offer consistent and co-ordinated support to meet the needs of all members of their family, through a whole family approach – and a National Care Service that includes children's services may provide an opportunity to strengthen this. This includes all types of family across all circumstances, including families who are expecting a baby, foster families, adoptive families, kinship families, children who are supported by carers in residential care, and care experienced young people moving from homes with their family or carers to live independently. Many families will need some form of support at some point in their lives, and our response highlights key learning and reflections about what must be in place across the different systems and services in which support is offered, to ensure this is provided consistently, in a joined-up way and, crucially, from the earliest point at which a family needs support.

We also outline some of the challenges within the current arrangements in Scotland, such as a complex legislative landscape and fragmented approaches to the care and protection of children and adults, both of which can act as barriers to meeting the intentions of practice models like Getting it Right for Every Child (GIRFEC), and therefore, the proposed GIFRE model. To safeguard all Scotland's children there are very specific child protection duties and responsibilities assigned and undertaken by a team of professionals who work collaboratively across agencies. If Scotland is to be successful in meeting its policy aspiration to ensure that our children are able to "grow up loved, safe and respected so that we realise our full potential", these are the challenges that must be recognised and addressed, alongside any decision about structure.

Observations on the focus, content and process surrounding the consultation

The scope and scale of the proposals contained within this consultation are significant. The incorporation of proposals to re-structure elements of children's services was unexpected. Much of the content of this consultation, including sections outlining 'how it works now', 'issues and problems', 'what we propose' as well as the questions posed, do not appear to demonstrate a full appreciation for or understanding of what is relevant to children's lives, their families, nor the existent policy frameworks and complex practice environment. The consultation does not reflect the current approach that the prevention and early intervention pathways of GIRFEC depend upon, which is the close integration between health, education, social care, and social work.

The language and terminology used in the consultation is predicated on 'adult care' and therefore does not reflect the specific terminology and understanding of 'care' relating to children's lives. As such, how we have interpreted and responded to the questions posed will reflect this divergence. For example, in children's lives and services for children and families, the importance of relationships for children and families, breaks from care, and the protection agenda, differ significantly from how this is understood and works in the context of 'adult care'.

We would suggest that there are inherent limitations in asking the range of questions through this consultation format. The consultation seeks to engage views from the public, users of services, social care and social work workforces, and many other stakeholders, about a range of broad ideas as well as highly technical topics. This format and approach is unlikely to engage all the relevant voices and experiences, including those rarely included, listened to or heard, that need to be understood to inform decisions on these significant proposals.

It is also unlikely to build the readiness necessary for such changes. The way in which ideas for change are introduced ultimately impacts on whether they gain the 'buy-in' necessary to be taken forward. Involving key stakeholders at the earliest of stages of proposals and engaging them to offer their views, perspectives, and experiences, means that the change envisaged is more likely to be well informed and that those who are going to be involved in living through that change and helping to make it happen, feel some sense of ownership; a foundation for success in any complex change effort.

Independent Care Review and The Promise

It is almost two years since the Independent Care Review's findings were published. This consultation doesn't appear to reflect the Scottish Government's existing and ongoing commitments to the vision and investment in 'keeping [The Promise](#)' and how this would be incorporated into the proposals.

The findings of Scotland's Independent Care Review, The Promise Scotland's Plan 21-24 and Change Programme ONE, set out a collective vision and the key

areas for change required to improve the lives of *all* children and families across Scotland with a target date of 2030.

Without reference to these elements in the consultation, a valid question remains about how far this vision and its significant areas of change and improvement would be prioritised within a new National Care Service.

Form and function

The proposals in this consultation appear to prioritise the *form* that a change will take, over the desired *function* of the services resulting from the changes proposed. That is, it presents a range of structural changes and new bodies (National Care Service, reformed Integrated Joint Boards, National Social Work Agency) without being clear on the functions that need to be strengthened or put in place to meet the goals of the Independent Review of Adult Social Care (IRASC) and The Promise. This leads to such questions as, what evidence suggests that reformed Integrated Joint Boards will bring the hoped-for improvements in service planning, commissioning, and delivery?

The evidence is clear, structural changes alone do not lead to improved outcomes for children and families.

Guiding change, implementation, and improvement

We would argue that many of the challenges identified in the IRASC and The Promise are a product of Scotland's lack of attention to and investment in building the knowledge and infrastructure that can guide this kind of complex change. To this end, any decision about the location of children's services, and any attendant structure, must address this issue to ensure we can realise the improvement in outcomes we aspire to. We must improve our collective understanding and skills in making change happen, for example through the application of improvement and implementation science and practice. Scotland must close the implementation gap if we are to meet our policy aspirations, and there are decades of evidence and tried-and-tested approaches that will support us to do so if we invest accordingly. The goal must be to improve how services are experienced and how impactful they are for the communities who they serve, not how these are structured.

Addressing the implementation gap represents an opportunity for Scotland to realise the policy ambitions of The Promise and successful incorporation of the UNCRC. In our response we have suggested how a National Care Service and some of the new or revised ways of working or organisations could help address and take forward some of these fundamental elements to improve the delivery of social care for Scotland's people. At CELCIS we have significant expertise, experience and learning that we would welcome an opportunity to share and to explore further.

The impact and loss caused by disruption of services

This consultation proposes significant restructuring of many services in Scotland, aiming to align some more closely, which will result in divergence with other

services. Any restructuring presents a risk of disrupting the continuity of services currently offered, and this includes the support to children, young people and their families. The impact of this must not be underestimated. To go ahead with changes at this scale requires a further comprehensive assessment of the options, an understanding of the related risks, and with necessary mitigations put in place. This must include consideration of the risk of disruption caused by divergence with those services which would be outwith the proposed National Care Service, for example, housing or education. Education is a key GIRFEC partner, in which practitioners are likely to have close relationships with children and their family on a daily basis. It is 'everyone's job' to support children and their families. To do so, the conditions required to support collaborative working must not be disrupted. This involves each and every element required to support children and families, from child protection and all the agencies involved in safeguarding, right through to all the duties of all Scotland's corporate parents as set out in statute.

The COVID-19 pandemic and its associated public health restrictions continues to have an impact on children, young people and their families and carers, as well as the workforces who support them and this context should also be factored into considerations and decisions. It is crucial to take account of the timing, context and implications of these proposals and any subsequent changes. Is this the right time to introduce structural changes when everyone working and caring for our children and families are recovering from the pandemic? The pandemic has also entrenched disadvantage and caused harm to many across Scotland, and has placed a significant strain on services. The already stretched and challenged workforces have adapted to the impact of these extraordinary circumstances but there remains a challenging time ahead for many children, young people and their families. The urgency of their support needs have not diminished over the course of the pandemic, and we do not yet know what the full, longer-term health and financial impact of the pandemic may be on potentially many more families. Disruption to services as a result of the development of a National Care Service could cause real risks to Scotland's ability to meet the needs of children and young people in need of care and protection, their families and carers. Communities, including children and their families, should have access to consistent, high-quality services when they want and need them – the principle at the heart of GIRFEC on which the proposed GIRFE approach is modelled.

In our response to the consultation, we emphasise the need for further clarity on the functions needed to achieve these ambitions and we have proposed that what this will take is fundamental investment in practical support for change; attention to the challenge of implementation; and improvement at all levels: national, regional, and local. Decades of strong enabling policy have not yet resulted in desired change and this legacy and learning underscores that *how we approach implementation* is the crux of the matter: it is in getting that right that would make a National Care Service able to deliver on its intentions.

National Care Service Consultation Questions

1a. Improvement

Q1. What would be the benefits of the National Care Service taking responsibility for improvement across community health and care services? (Please tick all that apply)

- ✓ Better coordination of work across different improvement organisations.
- ✓ Effective sharing of learning across Scotland.
- ✓ Intelligence from regulatory work fed back into a cycle of continuous improvement.
- ✓ More consistent outcomes for people accessing care and support across Scotland.
- ✓ Other – please explain below

Please add any comments in the text box below

We welcome the commitment made in the Independent Review of Adult Social Care (IRASC) to science based improvement approaches, as we consider this to be a significant gap in the current attempts to support complex change across the landscape of human services.

We can also envisage many potential benefits of a more co-ordinated responsibility for improvement across community health and care services in Scotland, aligned to those referenced above. At present, the need for improvement capacity and infrastructure is poorly understood and current approaches to change are dominated by existing and often ineffective methods, such as structural or legislative changes alone or through dissemination of information or delivery of training. There is no evidence that these approaches will, on their own, support improved outcomes for children and families.

We also agree that there is a need to increase the commitment and investment in improvement and implementation approaches; and provide better co-ordination and clarity for the sector about the range of improvement offers across Scotland and greater links with associated agencies such as the Care Inspectorate.

While there are potential benefits, these are dependent upon *how* this improvement work is co-ordinated, aligned, undertaken and offered. National oversight *may* aid coordination, but there are a number of caveats:

1. The Implementation Gap

There exists a pervasive 'implementation gap' between evidence-informed policy/practice intentions and the scaling up of services/practice models which will realise these intentions. Given the findings of the Independent Care Review

(ICR) and the Independent Review of Adult Social Care (IRASC), there is a clear need to better resource and integrate the use and application of approaches to design, implementation and improvement, in order to address this implementation gap, and to better deliver on policy and practice intentions. Specifically, there is an opportunity to consolidate and build upon Scotland's existing investment and expertise in applying the Scottish Approach to Designⁱ, Active Implementation Frameworksⁱⁱ, and the Institute for Health Improvement Quality Improvement toolsⁱⁱⁱ.

It is crucial that the sector, as part of a National Care Service or not, has a range of methodologies as its disposal to respond to the range of complex changes required for success. Each of these stage-based methods of change are effective in their own right. We would argue that it is not about choosing 'one efficient method' as outlined in the proposal. Rather, it will be important to select an effective method that will help achieve the type and scale of change, and we have experience and learning to share about what is effective when supporting a change in *process* compared to a *model of practice*, such as relationship-based practice or trauma-informed work with children and families.

2. Learning from complex change work

CELCIS has extensive experience in applying the Institute for Health Improvement Quality Improvement tools^{iv} through, for example, the Permanence and Care Excellence programme (PACE) and using Active Implementation Frameworks^v in our Addressing Neglect and Enhancing Wellbeing (ANEW) and Glasgow HSCP's Transforming Pathways programmes within children's services. Evidence^{vi} and our experience shows that any effort to promote and support large-scale practice change requires close attention to:

- Stakeholder involvement and buy-in throughout all stages of design, implementation, and improvement. For us, these stakeholders include children and parents or carers, practitioners, managers and leaders at all levels and colleagues delivering support functions (HR, finance, housing, quality assurance, etc.) amongst others.
- Applying evidence of what works well in 'user' experience and perspectives is part of the design, development and testing of services/practice. Reaching an agreement between key stakeholders about the nature of core services and practices and how best to implement them, will be an important step. This process must include a definition of the core elements of a service/practice so that they can be implemented consistently across contexts and localities. One benefit of a National Care Service taking responsibility for improvement across community health and care services, could be clearly defined national practice models that are rooted in shared values and principles and are aligned across contexts such as social work, health, justice and education. For example, what is meant and is expected of roles and behaviours in relation to a strengths-based approach to assessment and co-ordinated care planning.

- Creating an enabling context for change. The context into which a new service/practice is introduced requires the capacity to think flexibly, understand and respond to local context, explore processes and mechanisms, and adapt the innovation or intervention to achieve the best fit with different settings. Assessing readiness and providing ongoing opportunities for stakeholder participation is key here, so that change is experienced as a collaborative process, rather than a 'top-down' initiative.
- Attending to collaboration in practice. True collaboration moves beyond information sharing to a sharing of resources and fully integrated programme and service planning. Whilst this brings great opportunity, it is vital that people are supported to come together in constructive ways to develop the trust needed for true-interagency working. Multi-agency teams require ongoing support for multi-agency leadership and coherent, collaborative ways of work should be modelled throughout all leadership activity.
- Identifying and resourcing teams responsible for guiding and supporting implementation and improvement within an organisation. Such teams have a role in driving forward the change programme, aiding communication and feedback loops between strategic, operational, and practice functions to identify barriers and facilitators to practice change and to problem solve with leadership teams. Such feedback loops are core when considering how best to bring practice change to scale. Here, learning from the first change sites will form the basis for next steps in scaling up the practice, with the recognition that successful implementation will require more implementation capacity to support and sustain high quality practice in a new setting.
- The evidence, and our experience, tells us that there are a number of structural components and activities that are the core components needed to initiate, support, and sustain change at practitioner, service, and local area levels. Capacity to access and interpret programme fidelity and outcomes data for improvement purposes is one such component. To be useful, data needs to be collected, analysed, and reported over time and across actionable levels. Capacity needs to be built across local areas to retrieve useful data available from across the system so that progress can be celebrated, needs identified, and improvement plans generated. Implementation teams provide a key role in ensuring that such data continues to be relevant and informs ongoing decision-making.
- A focus on workforce competencies that attends to the ways in which staff are recruited and selected; relevant pre-service and in-service training opportunities; and the provision of ongoing effective coaching to practice. The benefit being that high quality services/practices are not only defined but the supports are in place to ensure people are trained, coached and observed to meet this quality standard over time, with the ultimate goal of improving the experiences and outcomes of people using those services. A National Care Service would help to create a standardised approach to ongoing professional development to ensure that the values and principles of the National Care Service are reflected across all aspects

of professional development, and that capacity is created systematically to ensure that high quality practice is delivered as intended and consistently across Scotland.

- Leadership, which is foundational to any complex change initiative. Creating space for leaders to engage in collaborative and reflective planning is central to any change programme, and supporting leaders to sit with uncertainty as transformation unfolds has been a key element of our work. The National Care Service offers great opportunities for improvement but will cause significant disruption to the status quo, as all transformational programmes must. Preparing leaders for the journey ahead and providing a level of containment for such complex change, will be an important part of this work.
- Promoting leadership practices that value and nurture a learning culture within and across organisations as this is also key to supporting significant change.

While the evidence and our learning strongly suggests that these are the key issues to be addressed and attended to in the pursuit of transformational change, this understanding or opportunity has not yet been grasped across Scotland to a large enough scale, and existing arrangements and approaches to change are currently insufficient to support the socially significant outcomes we aspire to.

3. Resourcing

We believe that establishing a national body that has responsibility for coordinating improvement across community health and care services *could* represent an opportunity to build a widespread understanding and use of service design, implementation and improvement support. The National Care Service could strengthen coordination, coherence, cohesion and collaboration across design, implementation and improvement approaches and the partners brought together to support this. That would represent an opportunity to ring-fence and efficiently channel resources into these approaches, which are often subject to organisational cuts in the face of budgetary challenges and immediate service delivery needs.

It is important that a National Care Service supports the capacity building and competency needed for guiding complex change. This should include enhancing the retention of improvement staff, with the core skills to guide and facilitate change. Consequently, it would then be able to offer organisations and workforces streamlined access to a range of approaches that can be tailored to and matched to the improvements needed.

4. Responsiveness

In addition, there is an opportunity to enhance responsiveness to organisational support needs when regulatory bodies identify a need for improvement, with a National Care Service ensuring access to targeted support when immediate support is needed. Further information on consideration for approaches to

planning how regulation and improvement functions could interact with each other is provided in our response to Question 85.

Ultimately, this could result in improved explicit practice models, practised with consistent quality, and policies and procedures that enable good practice, across Scotland. If done well, and taking into account the caveats suggested above, this should address issues of equity of access to quality services, minimising any 'postcode lottery' of access to services. For children and families, this would mean timely access to person-centred assessment and planning processes, as well as help, support and services appropriate to their wishes and needs. This would need to be applied across different kinds of services, ranging from prevention and early intervention models to targeted intensive models. This, in turn, would result in positive opportunities and outcomes for Scotland's people and communities aligned with the aspirations of key policy areas such as The Promise.

5. Investing in applied research for social work

In response to the specific proposals for a centre of excellence for applied research for social work to support improvement activity (National Care Service consultation section National Social Work Agency, Questions 54-57), new research will be critical to ensure we are working in a way that will have the biggest impact for families and enhance their experiences of using services. However, in and of itself, research does not result in change that is experienced by children and families. It is the work of improvement roles to make good use of that evidence and integrate it into design, implementation and improvement approaches and, to this end, the research function would need to be closely aligned to the improvement function.

We recognise a need to invest in social work applied research, including practitioner research programmes^{vii}, but we believe this would be better done as a protected stream of funding available to a range of existing Scotland's academic institutions/HEIs, research centres and practitioners. This would enable a greater breadth of the extensive range of topics relevant to social work, would capitalise on the wealth of knowledge and skills that sits across existing academic departments and research centres in HEIs, and minimise expenditure on additional infrastructure.

Q2. Are there any risks from the National Care Service taking responsibility for improvement across community health and care services?

While we envisage many potential benefits of co-ordinated responsibility for improvement across community health and care services in Scotland, there are inherent risks in any restructuring programme and change to services. Some of the key risks to consider here are:

1. Efforts to realise The Promise

If the National Care Service assumes the responsibility for improvement across community health and social care services, it must address the evidence base that currently exists about what it really takes to realise transformational change. This means building on the science and practice of improvement and implementation and addressing the infrastructure required to support these approaches, as outlined in our response to Question 1.

It is also essential that this responsibility honours and integrates the change planning stemming from The Promise of the Independent Care Review through The Plan 21-24 and Change Programme ONE, and the work of The Promise Scotland. The Promise has set out the agenda for change for improving the rights, experiences and circumstances of children, and there is widespread consensus and commitment to making these improvements. We think that there is a risk of demoralising the thousands of care experienced children, young people and adults, families and carers and practitioners who contributed to that review as well as the organisations and workforces who are already investing time, skills, and resources in taking forward the changes envisioned in The Promise. Failure to align the timelines envisaged for the National Care Service and The Promise also risks undermining the ability to achieve real change. In the development of our response, care experienced people and practitioners have shared with us their anxieties that the positive momentum enabled by The Promise could be delayed or derailed. We believe there must be a targeted effort to align the development of a National Care Service with the work of The Promise, with a commitment made to children, young people and families about how and when this will be delivered.

2. Current improvement work

We think it is important to build upon what has been learned and is currently offered by different improvement agencies and organisations in Scotland, including CELCIS. There is a risk that time, energy, and funds are spent on recreating rather than incorporating or capitalising on existing knowledge, skills and capacity. We affirm the proposal's emphasis on 'how to align the proven successful elements of improvement methodology and implementation science' and in doing so we would want to highlight that any failure to consolidate learning and expertise to date and integrate approaches, carries the risk of being ineffective, failing to bridge the implementation gap, and wasting crucial financial and human resources.

In relation to CELCIS, and the Children's and Young People's Centre for Justice (CYCJ), we would argue strongly that any improvement function needs to build on and capitalise on the existing centres that have been at the forefront of these activities, have built up invaluable learning, as well as the relevant skills and expertise. We do not believe it would be helpful for the centres to be subsumed into a new National Care Service given the history and value of their independent position within the University of Strathclyde and with the links to the relevant research and knowledge exchange activities in the School of Social Work and Social Policy. We are, however, fully committed to greater co-ordination and alignment with any national agency that has an improvement function.

3. Concerns about scope, structures and responsibilities proposed

We also think there are some inherent risks linked to the scope and structuring of the National Care Service and the responsibilities of reformed Integrated Joint Boards or Community Health and Social Care Boards (CHSBs):

a. The exclusion of early years and education services

Firstly, promoting and protecting the rights and wellbeing of children, young people and their family spans many disciplines and workforces. The proposed scope of the National Care Service excludes the early years and education services that are fundamental to children's wellbeing and are essential for the continuity of support built into the Getting It Right for Every Child (GIRFEC) model. These services hold a critical role for preventative and early intervention, and for targeted support to children who are deemed to be 'at risk' or who are 'looked after', and so it is essential that the responsibility for improvement in child and family services in Community Health and Care Services is aligned with improvement in early years and education services.

b. Accountability and decision-making

Secondly, while the National Care Service proposal draws attention to the "many complexities of different professional governance and regulation structures, multi-agency working and the different cultures that underpin practice across the sectors" it is unclear how the addition of a National Care Service and reformed Integrated Joint Boards could reduce this. There is a potential risk that the proposed changes would *add* another layer of bureaucracy and complexity. For example, clarity is needed on how integration, alignment and improvement would or could occur if, for example, the lines of accountability for oversight (Scottish Ministers), service planning and commissioning (CHSCBs) and the responsibility for workforce employment (NHS, National Care Service, local authorities, third sector) differ.

From our review of the information given in the proposal, we are unable to determine how the lines of accountability and decision-making would work. For example, in improvement work it is critical to engage decision-makers at all levels (strategic, operational, supervisory, practice) in understanding and guiding what needs to change (recruitment, training and coaching, data) within

and across many different organisations (NHS, third sector, local authority) to enable good practice within workforces. Therefore, it is critical to determine what influence an improvement function built into the National Care Service would have upon delivery agencies, and who could allocate and protect resources to support organisational and workforce development, how and in what ways.

c. Competing priorities

Thirdly, the scope of a National Care Service, as proposed, runs the risk of managing many legitimate but competing priorities and poses many practical questions not yet answered. As such, how would an improvement function balance the need to understand and support *all* areas of practice? How would it take account of the need to emphasise investment in preventative and early intervention while also navigating the demands of acute needs? How would it balance attention to children and adults, with the latter a much larger population? Additionally, what would this mean when individual needs cut across adult and children's services, such as the transition of a care experienced or disabled young person to independent living, or a family where parents and their children have distinctive needs?

In wanting the best for children and families specifically, any improvement approach would have to work across the diversity of workforces in the public and third sector delivering compassionate, relational based 'children's services' and across the full continuum of support from prevention to targeted intervention. Otherwise, there is a risk of creating transition problems between services and/or a lack of attention to services for the small proportion of children in need of protection and care services and their families.

Section 1b. Access to care and support

Q6. The Getting It Right For Everyone National Practice model would use the same language across all services and professionals to describe and assess your strengths and needs. Do you agree or disagree with this approach?

- Agree
- Disagree

We support the development of the GIRFE practice model, which is proposed in the consultation paper as 'a pathway through support from young adulthood to end of life care',^{viii} drawing on the GIRFEC practice model for children. However, there would need to be further clarity on the proposed structure of GIRFE and the envisaged relationship and alignment with the GIRFEC model.

We welcome the intent stated within the consultation paper for the GIRFE national practice model to be rights, relationships, and strengths-based; putting the adult at the centre of decision making; providing support based on need in a 'no wrong door' approach. Additionally, in order to align the GIRFE approach to

the Scottish Government's commitments to trauma-informed practice across the workforce, we would suggest that plans for how the GIRFE will be trauma-informed should be included in planning at the earliest opportunity.^{ix}

In responding to this question, we seek to outline the learning around barriers to the implementation of GIRFEC in the current arrangements that would therefore need to be considered in the planning and development of the GIRFE national practice model if these intentions are to be met in practice. We also emphasise the overlap between the GIRFEC model and the current systems in place to support adults, and the importance of alignment between these approaches. Care experienced people have shared with us their concerns that if these two models are not aligned, then young people will experience the adverse impact of this and potentially 'fall between the cracks' of the two approaches.

In order to support a child, it is important to work alongside their family.^x This may involve drawing on the strengths of family members, such as through Family Group Decision making, as well as meeting any support needs of family members, such as financial support, or any physical and mental health needs of family members or support with any addiction or substance misuse needs, for instance. The quality and consistency of support to family members (including collaborative working between agencies such as housing and welfare), will impact on the wellbeing of a child (and vice versa), so the need to ensure that a compassionate, whole family approach is implemented in practice is integral to the implementation of GIRFEC principles, as well as the intentions stated for the National Care Service and GIRFE practice model.

Similarly, for children who need support as they grow older, they may need to transition between services for children and adults. The United Nations Convention on the Rights of the Child (UNCRC), to which GIRFEC is aligned and is set to be incorporated into Scots law, defines a child as a person under the age of 18. However, the criteria for support in children's and adult's services is inconsistent in Scotland. Some services and areas of legislation define a child as a person under 16, and others a person under 18. This differs across local areas and between different services. This can result in interruption or termination of care for individuals, contrary to their support needs. To ensure that children and their families experience consistent, joined-up support, and for this support to continue if it is needed as children grow up, there is a need for a rigorous and comprehensive scoping of current learning and improvement programmes around child and adult services, to ensure any changes are aligned, effective in practice and based on this learning.

The GIRFEC model advocates a range of approaches to support a child consistently as their needs change, with 'the right help at the right time', to ensure that the child's needs are at the centre of all support and decision-making processes across the continuum of their care and protection. This includes supporting a child and family when a support need is first identified and early intervention and preventative support for the needs of children and their families are a core finding of The Promise,^{xi} as well as a strategic priority for CELCIS.

Where early intervention support has been successful, a number of components have been identified as important to this success:

- Offering a consistent framework and shared language to everyone who supports children and families
- Strategic planning of services which matches needs with resources and services (for both children and adults)
- Enabling a shared understanding of wellbeing and of what children and families can expect from services.^{xii}

However, inconsistencies in the implementation of the GIRFEC model have also been identified,^{xiii} which mean that the experiences of children and families of the GIRFEC model differ across Scotland. This includes barriers and a lack of resources that are preventing universal services managing wellbeing concerns earlier (when a child and their family first need support from services), as well as how the numerous systems involved in multi-agency responses to a child's needs can result in fragmented responses that therefore do not best support the needs of each child. Learning from these challenges and barriers to the full implementation of GIRFEC, and what is needed to support the policy into practice, will be crucial to the development of an effective GIRFE approach.

Some of this learning is drawn from the national [Permanence and Care Excellence \(PACE\) programme](#) led by CELCIS, which worked with 27 out of 32 local authorities across Scotland to support change to enable infants, children and young people to have greater stability and security in where they live and who cares for them, and the [Addressing Neglect and Enhancing Wellbeing programme \(ANEW\)](#), which worked with local authorities to respond to the needs of infants, children, young people and their families where neglect had been identified where they needed help. Reflections from the PACE and ANEW programmes has resulted in crucial system-wide local and national learning about the ways in which universal services could be better supported to address the unmet needs of families, including how to meet them earlier and in non-stigmatising ways, preventing the escalation to statutory services.

Key considerations for what using the same language for strengths and needs across all those being supported and cared for under a single GIRFEC model would mean for children and families are:

1. Early and preventative support

Barriers to preventative, continuous and congruent support for a child and their family within the GIRFEC approach have been identified.^{xiv} In practice, families are often directed to specialist supports that exist to provide a different and more intensive service than they require at the time of referral, which also have long waiting lists, meaning that needs are left unmet for periods of time and may escalate. Additionally, care experienced people have shared their experiences of the challenges of waiting for CAMHS or other mental health support. Families would benefit from access to a wider range of community-based supports which could offer lower-level support but at the right time, preventing further challenges for families.

This lower level of support will need to respond more proactively around the impact of poverty, with strong evidence that services should focus on reducing inequalities between children through an increased emphasis on supporting families and prioritising those facing greatest hardship and insecurity. Front line staff and managers should integrate a focus on the interaction between families' material circumstances and their wellbeing.^{xv}

To ensure the GIRFE approach does not lead to similar barriers in accessing preventative support, there needs to be enhanced and focussed attention to and investment in community services, and a strategic approach to commissioning which is truly responsive to local needs and considers trends for future planning of services. The development of core children and families centres for all, in keeping with the model of delivery in the Netherlands, would reduce stigma and realise the ambitions of GIRFEC and The Promise.^{xvi}

2. Restructuring of systems to support children and families

The legislative and procedural systems that structure support for children and their families in Scotland, as well as for young people transitioning to adult services, can act as a barrier to early, preventative and/or consistent support, and the implementation of GIRFEC. Scotland has a complex legislative landscape around the processes to support children and families and The Promise of the Independent Care Review has suggested that this is in need of radical reimagining.^{xvii} There are opportunities within a National Care Service, if aligned to the ambitions of The Promise, to address these challenges.

Furthermore, in Scotland, there are fragmented approaches to 'child protection', which are not congruent with other responses such as universal services, or care for 'looked after' children by their corporate parents. Delineated responsibilities for different supports or different measurements of need have resulted in a delineated system of support. For example, not all children who receive protective measures through 'child protection' approaches will be or become, 'looked after' (as defined in statute), but those who do are often involved in a range of systems. For example, a child may have different designated chair-people for their Child's Plan and their Child Protection Plan, as well as other duties, from those who are the child's Corporate Parents. Those with lived experience have told us that the support and interventions they receive are often fragmented into different systems and different practitioners, which can be stressful and confusing. The same can be seen with variation in the understanding of 'thresholds' of need locally and across the different services that support a child and their family, resulting in either gaps or fragmentation of support.

As children grow up, they may need new or different support or continue to need support from the same services. Services for adults and children have age and support thresholds that differ across Scotland and between agencies. Many children and young people can also experience a gap in support when they transition between these services. Our response to Question 24 gives further information about the needs of children transitioning to adult services.

There is an urgent need to restructure current legislative and procedural systems, including alignment of GIRFEC, to adequately meet the needs of children and their families, and children as they grow into young adults. There is potential for the National Care Service, and the proposed GIRFE model, to support these changes, but only if there is careful scoping of current policy, systems and evidence, this draws on what we already know through the Independent Care Review process and findings, and there is adequate support for effective implementation.

3. Consistency of implementation across local areas

Learning from the current challenges of GIRFEC implementation highlights that while the national co-ordination of the language around wellbeing indicators and what children and their families can expect is positive, there remains significant inconsistencies in the experience of support across local areas in Scotland.⁹ This is due to wider challenges that cause inconsistency in support and resources across Scotland, as well as local differences in approaches to how support is developed and provided to meet the specific needs of local areas. Barriers and challenges that result in inconsistent experiences of care and support include local differences in:

- Tools to support assessment and recording of support needs;
- Culture/s and ways of working, including the relationship between teams and agencies that cause confusion and uncertainty about roles and responsibilities for supporting children and families;
- The age at which a child should expect support from adult or children's services, which can vary at a local or agency level; and
- Differing levels of need and resourcing across local areas affecting the support and services available.

The planning and structure of a National Care Service will also need to be aligned to current local Child Protection Committee structures and support local co-ordination of Child Protection Committees so that these offer consistency across Scotland. As yet, this process of alignment is unclear in the consultation document and a significant concern for the sector. Resolving these challenges will require further insight through engagement, consultation (including with Child Protection Committees Scotland) and evidence on how centralised planning can support consistency of experience across different local areas, whilst also meeting local needs with community-based support.

4. Community based services for families

To ensure that the infrastructure and resources are available to deliver support and practice along the continuum of GIRFEC responses, there is a need for strategic leadership to commit to mapping what is available for families and any gaps in this at a local level, and to meet any gaps with commissioning and resourcing. Community-based services for families that offer relationship-based support on a non-statutory basis, can be highly effective in supporting families at the earliest point of need and should therefore be part of what is in place for families. These had previously been commissioned across Scotland through Sure Start (in the form of family support and/or family centres), but that funding has now ceased and many of these services no longer exist.^{xviii} As we further explain

in our response to Question 25, there needs to be an emphasis on *adequate* and *additional* funding to ensure these services are consistently available across local areas, nationally, as these will be integral to meeting the intentions of the National Care Service and The Promise.

5. The named person and lead professionals

In Scotland, all children have a named person, who will be a point of contact if a child, young person or their parents want information or advice, or if they want to talk about any worries and seek support. This contact will be someone whose existing role already involves providing advice and support to families, such as a health visitor or head teacher. When a child needs a range of extra support to be planned, delivered and co-ordinated, a personalised Child's Plan will be created. The Child's Plan is managed by a 'lead professional' who is someone with the right skills and experience to make sure the plan is implemented and reviewed properly. Depending on the situation and the child's needs, the lead professional may also be their named person.

Learning from our Addressing Neglect and Enhancing Wellbeing (ANEW) Programme emphasises the need to support the role of the named person and lead professional in the implementation of the GIRFEC model and planning for the GIRFE model. The learning highlighted the importance of clear guidance for practitioners on the roles and responsibilities of everyone supporting a child and their family and the importance of a named person in supporting the family as a whole, rather than focussing on the child solely. Any guidance must include a clear understanding of protocols for assigning lead professionals and named person responsibilities when multiple agencies are co-located in the same setting, stating that if there is more than one professional working with a child, there must be a lead professional to co-ordinate support.

When professionals are working across different agencies it is imperative to provide connected and holistic support that considers all the needs of an individual and family and anticipates how the different practitioners and services will work together to support that person (or family). The need to do this is even more important when working with multiple members of a family. It is essential that there is a consistent understanding of roles, responsibilities and processes, so that practitioners are confident in their understanding of how and where to refer concerns from the earliest point of need/concern, including confidence that these agencies or teams have the resources and capacity to meet these needs.

In implementation and improvement terms, this will only be successful if accompanied by the leadership, coaching and data required to ensure that Named Person and Lead Professionals are supported to consistently meet high quality practice which improve the outcomes and experiences of families. Doing so will be integral to meeting the intentions of the proposed National Care Service.

Additionally, if services are to be restructured for the National Care Service in a way that means social work is no longer based in education departments within local authorities, there would be a need to anticipate and mitigate any detriment

to the relationships between professionals involved the 'Team Around the Child' approach and lead professionals from education and social care.

6. Collaborative working

The whole 'Team Around the Child' approach to protect and safeguard the welfare of children requires a multi-agency response, an approach reflected in CELCIS's national Permanence and Care Excellence (PACE) programme. This involved social work, health and education, and partners such as local authority legal teams, Children's Hearing Panel members, and Reporters from SCRA. This approach was an acknowledgement that it was 'everyone's job' to progress permanence planning for children and agreement about the core elements of high quality practice. This collaborative approach led to a greater understanding of the whole system that supports a child and their family, which in turn led to well-informed and child-centred new ways of working being developed. Collaboration was a foundation of this work because no one agency is able to make improvements in isolation from each other.^{xix}

Collaborative working requires addressing and bridging differing working cultures and ideologies, and fostering relationships, trust and confidence between agencies. It is necessary to address and overcome 'power and inequity' issues in these relationships as well as practical barriers like different systems for assessment and collection of information, and how information can be shared. This is in addition to consistency, clarity and confidence from all agencies in their understanding around data sharing and shared working spaces, co-location and inclusive cultures, and communication styles and practices that also contribute to effective collaborative working.

CELCIS's work with a Glasgow HSCP in the Transforming Pathways programme gives a further example of what is required to support collaborative approaches to change and improvement. This work reinforced how important it was for all those involved to agree a shared vision of what was needed to support a child and their family, the need for leadership to be 'behind' this shared vision and agree effective methods for change, and ensure there was sufficient multi-agency resource and capacity to enable this vision to be realised. This work also called attention to the importance of managing 'adaptive material'- that is, the emotive reactions that can arise in collaborative improvement work when changing established ways of working, practices or services, such as loss, fear, frustration, defensiveness or anxiety – both within and across teams. These reactions can act as a barrier to change if these are not addressed and so working through such 'adaptive issues' within teams will support 'buy in', readiness and motivation toward a vision of change and shared approach to implementing this. The evidence and our experience indicates that this type of change requires time and skilled external facilitation and support.

The positive impact of some education services being currently co-located with social work, including cultures of co-working and information sharing, should be considered within any restructuring. Many practitioners in education shared that the relationships they have built with social work colleagues have helped secure positive outcomes for children, including those who are care experienced.

Learning from CELCIS's work with Virtual School Head Teachers (VSHT) is also relevant here.^{xx} A VSHT is a senior member of education staff in a local authority who works at a strategic level, with responsibilities to improve the educational experiences and outcomes of care experienced children and young people in the whole local authority area. In doing so, VSHTs also provide a key link between multi-agency teams and advocate for the needs and rights of care experienced children and young people, acting as a point of connection between the agencies responsible for meeting the care and protection needs of 'looked after' children, and can mitigate any problems in collaborative working relationships. This works well because they are currently also co-located between agencies. If VSHT are separated by the structures of the new National Care Service, for example if children and families social work is no longer based within education departments at local authorities, the VSHT model could be undermined and potentially damage the educational outcomes of our care experienced children.

7. Assessment

Within children and family services, assessment can refer to an ongoing process to understand the needs of a child or family, as well as a task carried out by a person at a specific occasion(s). The nature, scope and depth of an assessment will differ depending on the needs of a child. It is important that whatever form an assessment takes, it supports an understanding of the needs of an individual child and their family, whilst also meeting the shared framework and expectations outlined in the GIRFEC model.

Currently, the tools for assessments and templates for reporting on a child's need differ across and within local authorities in Scotland. Sometimes differences in approach are necessary in order to meet the needs of a child. However, these differences can also reflect:

- Gaps in understanding of the tools and templates for reporting;
- Systematic differences in approaches depending on how children are cared for (such as whether they are in kinship or foster families); and/or
- Gaps in local resource that affect the availability of services and supports this can affect the quality and impact of assessments. For example;
 - Where a lack of available supports drives the quality of assessment. For example, anecdotal evidence highlights a lack of provision for care leavers to remain in their home after the age of sixteen, which in turn impacts the quality of and content of welfare assessments,^{xxi}
 - Where assessments are ineffective because they ultimately cannot be met with commensurate support or support plans and the resources do not exist^{xxii} This leaves many children and families having experienced a process of 'assessment' of their need without any subsequent and aligned intervention or support.

Whilst there is a need for flexibility according to the needs of children, inconsistency in practice across local areas impacts on the parity of care of children. Children across Scotland should expect the same rigour in planning and assessment processes wherever they are, and that decisions will be made based on comprehensive evidence-gathering and analysis.

To support a consistent approach to assessment that is focused on meeting the needs of a child, learning from CELCIS's ANEW programme suggests that what is required to enhance practice is:

- Support for the social work workforce to better understand and use shared assessment frameworks;
- Leadership, and strategic leadership, to understand a) what skills under the GIRFEC framework are required by the workforce; and b) how consistently these frameworks and tools are being used to best support the workforce and the outcomes for children and families; and
- A commitment from leadership at all levels to identify gaps in services, and to resource and commission services so that any and all support needs identified in assessments can be met.

These could be functions served by a National Social Work Agency, and we have outlined the considerations to make here in our response to Question 54.

8. The participation of children and their families in the GIRFEC model

Core to the principles and values of the GIRFEC model is that a child, and their family are at the centre of decision making and support.^{xxiii} GIRFEC is grounded in children's rights under the United Nations Convention on the Rights of the Child (UNCRC),^{xxiv} and this approach aligns to Articles 12 and 5 of the UNCRC, outlining the right of children to express their views on matters that concern them, and have these views taken into account, as well as the responsibilities and rights of parents to provide guidance to their child to ensure they enjoy their rights according to their evolving capacities. We welcome the intention for the GIRFEC model to place similar emphasis on participation of people who use services by 'putting the adult at the centre of the decision making process' as well as a rights-based approach in the proposed GIRFEC model.^{xxv}

To support the implementation of the GIRFEC model, any planning for the GIRFEC proposed model, and to meet the intentions of the National Care Service, we must listen to the needs and seek to understand the experiences of *all* children (including babies and pre- or non-verbal children) as well as their families, at every single opportunity.

In addition to formal participatory approaches, this must be part of the everyday interaction children and their families have with services, and within every relationship they have with the people who support them. For any child or family, it is likely that there will be times when the needs or wishes of children and their family members will be in conflict, or when the experiences or views of children differ or conflict with the views of adults around them. The need for practitioners to ensure that the needs and experiences of children and their families are appropriately considered (for example, in situations where there are concerns about a child being at risk or experiencing harm) underscores the need for a skilled and well supported workforce. When children and families need support, it is vital that we sustain the support for the workforce to have the skills, support infrastructure, confidence and mechanisms to ensure participation informs decision making in complex circumstances.

Learning from the CELCIS's ANEW programme can support our understanding of how to support and develop this capacity within the workforce in the development of the GIRFE approach. This includes guidance for professionals and for children about what participatory approaches are in place, or could be, for children to support the workforce to work inclusively with children of all ages. In practice, the language of "a child's views" can lead to misconceptions that children who are non-verbal, either due to their developmental stage or due to additional support needs, are unable to give a view. Instead, using language such as a 'child's experience' would also support the workforce to seek to include a child's experience of their world, understanding that all behaviour a child exhibits is a form of communication that must be listened to.

Furthermore, it will be critical to understand current practices in participation across areas of social work and care. This work should consolidate practice guidance, assess levels of training and implementation support, as well capacity building and support for the workforce to enable them to engage in this way directly and meaningfully with all children and adults who use services within a national care service.

Our learning from the ANEW programme about how to embed and support the participation of children and their families within the GIRFEC approach includes The Team Around the Child (TATC) meetings. TATC is the name given to a group of people who come together to respond to the care and protection needs of a child, including family members, carers, teachers, social workers, health and early years professionals or any other professionals involved in the child's care, who will be able to represent the child's needs and experiences. The ANEW programme implemented a way of supporting the participation, voice and representation of the needs of children, families and carers within the TATC approach, and addressed the power imbalance that can exist between families and practitioners in these types of settings. This included the development of tools and a practice model that are available to support and measure the impact of participation in these settings.

Q7. The Getting It Right for Everyone National Practice model would be a single planning process involving everyone who is involved with your care and support, with a single plan that involves me in agreeing the support I require. This would be supported by an integrated social care and health record, so that my information moves through care and support services with me. Do you agree or disagree with this approach?

- Agree
- Disagree

A single planning process

The tools for assessments and templates for reporting on a child's needs currently differ across Scotland. There are a number of overlapping processes

that a child in need of care and protection may encounter, for example pre-birth planning, child protection, Looked After Child Reviews, Permanence Panels, Children's Hearings, court processes, continuing care and aftercare. One single process might make this easier to navigate for children and their families. Learning from the PACE programme identified that legislative and procedural systems for caring for children in need of care and protection can be extremely difficult to navigate, even for practitioners, and that simplifying processes and procedures leads to quicker and more informed decisions about a child's care.^{xxvi} This improvement programme also demonstrated that a multi-agency approach, which requires the sharing of information about a child, does allow for a greater understanding of each agency's roles and responsibilities in planning for children.

Currently, every local authority in Scotland has a different system for recording information. These isolated local practices, and even variations within a local area or teams, can cause barriers to sharing information that are highly localised and can result in more disruption than necessary when a child (or their family) is supported by different services and through multiple agencies. Furthermore, should the child or their family move to if a different local area or are being supported in multiple local areas, any such disruption is likely to be compounded even further.

Different recording systems also impact on parity of service, with children in one local area experiencing disruption to their support, or barriers to accessing their records due to the use of outdated recording systems, which may not arise for children in a neighbouring local area. National approaches to recording and data collection in social work could then support greater equality of experience and consistency across the country.

All aspects of the GIRFE practice model as described should be aligned with the GIRFEC model, including health and social care records, so that children and their families, and/or children as they grow up, can be supported consistently throughout and across the National Care Service without interruption to their care due to a lack of information, in a manner which upholds rights including to protection, support as well as private and family life. This will also need to include consideration of all existing legislation relating to data protection and privacy which enshrine rights for all children and families engaging with public services including criminal justice.

Our ANEW programme has shown that clearer support for the social work workforce to better understand and use shared assessment and recording frameworks can enhance a consistent approach to recording. The way in which information is recorded depends upon the capacity to write clearly, respectfully, with attention to analysis, and address multiple purposes.^{xxvii} This, in turn, is dependent upon practitioners being well supported to develop and sustain relevant skills.

We would argue that focusing on effective supports to the workforce would enhance children and families' experiences and their provision of informed consent, thereby strengthening information sharing processes and integrated plans, more than legislating for this alone. There is also a need to identify,

understand and address what skills are needed within a shared framework, which should include social work writing and written analysis, for which current training and support is sparse and inconsistent.^{xxviii} The need for this type of professional development could be supported by the proposed National Social Work Agency.

There is a need to integrate learning about the barriers to practice in sharing information between agencies, including proactive planning that anticipates any detriment to data sharing relationships caused by a restructure of services, especially for agencies that will not be included in a National Care Service (for example, education, welfare or housing). Learning from our ANEW and PACE programmes about how to support collaborative working practices around appropriate data sharing shows that there is a need to bridge differing working cultures and ideologies, foster relationships, trust and confidence between agencies, and to overcome practical barriers such as different systems for assessment and collecting information. One way in which this can be supported is clearer messaging and support about how, when and with whom to share information and support for effective implementation.

To ensure the intentions of GIRFEC and GIRFE are implemented around early and preventative support before crisis point, messaging and processes around data sharing would need to be particularly clear when a child (or adult) has a pattern of wellbeing concerns which individually do not indicate risk, but when brought together show a pattern and accumulation of concerns, as can be the case with the neglect of children. Often these individual concerns are held by different professionals across different agencies including universal support, so without effective collaborative working and data sharing, the effective identification and support of wellbeing concerns and risk cannot take place.

Learning from access to care records improvement programmes

We would highlight the findings of the Independent Care Review in *The Promise*, around the data and records held about care experienced children and young people, which will have relevance for any restructuring of systems around health and social care records for the National Care Service. *The Promise* states that care records can often feel like they meet the administrative purposes of the 'care system', however records also contain the life stories, experiences and feelings of people with care experience, which may include complex and distressing aspects of a person's life story. These records have a vital role in supporting a person to understand their identity and navigate trauma.^{xxix} This is why *The Promise* underlines the importance of people with care experience having a sense of ownership over their records, and to support a more consistent access to records as they are produced, so that these records can better reflect their stories, memories, emotions and needs.^{xxx}

Research and campaigning have consistently demonstrated that care experienced people experience barriers to accessing their care records, including:

- Delays in gaining access
- Heavily redacted materials
- Having to make repeated phone-calls, emails or letters to obtain records

- Difficulty managing the emotional impact of reading records and inconsistent offers of support when doing so.^{xxxii}

Many of the barriers to access have proved resistant to change due structural issues with how records are made, stored and held by record holders, for example, the loss of records held by multiple and/or historic agencies;^{xxxii} siloed working practices between agencies, local areas and teams; and a lack of resources to support organisations to meet requests to access records.

An integrated social care and health record

We recognise the intention to develop an integrated social care and health record. However, an integrated health and social care record would only go some way to providing the record of the holistic assessment, planning and decision-making needed for children and their families. If this is taken forward, we would highlight the need to incorporate learning from improvement programmes focussed on data recording, on sharing and access to care records, and it would also be necessary to have additional detail about how an integrated social care and health record would align or replace current systems.

For example, the information shared with early years' practitioners and teachers, with whom children spend a significant part of their daily lives, would not be captured in such an integrated record. This has implications for the pathways integral to the prevention and early intervention underpinnings of Getting It Right for Every Child framework and for continuity of support and care. Similarly, where children become 'at risk' and/or subject to statutory intervention in family life, the information shared with and held by other agencies, such as Police Scotland, Scottish Children's Reporter Administration, local authority/third sector providers of foster and residential care, is critical to their care. For the proposed National Care Service to "make sure people's data and information moves within them from prevention and early intervention through to acute and specialist provision" (p.38) this would need to be addressed.

While the ambitions outlined appear to be grounded in values and principles essential to rights and person-centred approaches, it will be important to take account of previous learning regarding the development and delivery of Getting It Right for Every Child. For example, at the inception of Getting It Right for Every Child in 2006/7, the Scottish Government funded a national initiative e-hub to design and establish a way to create an integrated e-record about individual children as part of a commitment to one plan for a child. This initiative was unable to deliver on that commitment. Similarly, there is a wealth of learning regarding the effort to bolster early help for children and their families by establishing the named person scheme and an expectation that health visitors, teachers and other professionals would routinely share information about the wellbeing needs of children^{xxxiii}. The place of informed consent and respect for privacy rights are fundamental to any change and these are key concepts that have historically not been addressed or resolved.

The findings of the Independent Care Review highlighted the importance of instilling cultures and practices that enable practitioners to share with each

other, and respond to, information about children’s needs and risks, and pointed to the potential digital tools that enable ‘information ownership’ by children^{xxxiv}. Any new effort to streamline how different practitioners share information about children or to establish an integrated record must be grounded in understanding the worries and concerns of both parents, carers,^{xxxv} and children, and ensure that it does not undermine their willingness to seek support and to share information about their needs and circumstances when in contact with education, health and social work professionals.

Planning for any system to integrate a single health and social care record would need to understand current barriers as well as improvement work in data recording, and sharing and access to care records, so that all systematic and structural barriers can be addressed. Our responses to Questions 12 and 13 include more detail on evidence and learning from data collection and sharing improvement work in Scotland.

Q12. Should legislation be used to require all care services and other relevant parties to provide data as specified by a National Care Service, and include the requirement to meet common data standards and definitions for that data collection?

- Yes
- No

Please say why in the text box below

We believe that providing a consistent framework and standards to capture, monitor and analyse data is an intrinsic opportunity in the development of a National Care Service. At present, however, we cannot conclusively say whether legislation would be required to effect this change, and instead we can provide insight to help understand the current landscape, as well as considerations for improvement.

Gathering, exchanging and recording information relevant to assessment, planning and decision-making for the provision of support and care is a complex area and we recognise many of the issues outlined in the National Care Service proposals; streamlining how information is shared, recorded and made use of is an important area for improvement. However, what we do not see an awareness and appreciation of historic and current efforts to address the challenges around the use of data concerning children’s lives and services for practice delivery and improvement.

The unintended consequences of developing legislation in this area must also be considered for all people who may interact with the proposed new National Care Service. For example, because the Data Protection Act 2018 does not explicitly consider the needs of care experienced people accessing records about their time in care, which can differ from generic needs around data protection and access to information, the current legislation does not offer sufficient clarity, nor

is it conducive to good practice in supporting access to records in a number of ways.^{xxxvi} This includes the practice of redaction of information in records. There is an exemption in the Data Protection Act 2018 to enable the disclosure of information about an individual referred to in a record but who is not the subject of that record (a 'third party') where it would be "reasonable" to do so.^{xxxvii} For care experienced people, 'third parties' can be family members, who they may not know about or be in contact with as a result of circumstances during or before their care experience. However, provision in this legislation does not offer sufficient clarity or emphasis on the importance of this information, nor support decision-making by practitioners about the redaction or disclosure of information, including stipulating processes for accountability, communication and support around these decisions. This lack of clarity and detail has resulted in widespread poor practices that cause distress and can re-traumatise care experienced people and survivors and victims of historic abuse.^{xxxviii} In addition, Section 54 of the 2018 Act stipulates a time period in which a request for data must be provided by. In practice, this can be prohibitive to meeting the needs of care experienced people, which often requires additional time to offer person-centred support and communication, as well as to minimise the inappropriate redaction of information in records.

'Data' can take many forms, and in the context of the specific question asked here, this can range from data held about a child or young person by an agency as part of assessment, planning and decision-making to support that child or young person, to information that is collected, collated at local or national levels to support improvement. The Promise of the Independent Care Review recognised that Scotland collects data on the 'care system' and its inputs, processes and outputs rather than what matters for the experiences and outcomes of the people who live in and around it.

We have outlined two key concerns about the efficacy of using legislation to drive forward any requirements for this type of meaningful data collection:

1. Data to support assessment, planning, decision making to support an individual

When considering 'data' for assessment, planning, decision making and provision of services, it is critical to understand and incorporate considerations particular to the support of children, parents, and carers. The proposed changes that stipulate that legislation will require all care services and other relevant parties to provide data, will not necessarily overcome the barriers to achieving more person-centred approaches to gathering, sharing and maintaining information relevant to support and care for children and families. Trusting relationships and effective communication are at the heart of quality information and therefore reliable, usable data. Information for assessment, planning and decision-making, depends upon what practitioners learn from children, parents and carers about their strengths, circumstances and needs^{xxxix}. There is some way to go to ensure that this process is always participatory and truly enables families to identify their own solutions.^{xl}

2. Collection and use of data collection to support improvement

With regards to collection, collation and the usage of data for improvement purposes, Scotland is yet to systematically prioritise the kinds of data that will allow for a fuller assessment of quality in practice and will drive better support for workforces to make a meaningful impact in improving the lives of children and families.

It is possible to align organisational, improvement, regulation and inspection functions to prioritise this kind of data and to use it to ensure that workforces get the training, supervision, and other supports that enhance these elements of practice and services. Such an approach would include a range of data collation and analysis mechanisms that collectively enable the effectiveness of all parts of system to be assessed – and in timely manner, drive improvements across all parts of system. These mechanisms include:

- Tools to assess (and learn from) practice
- Tools and measures to assess child and parental wellbeing and associated outcomes
- Tools to assess implementation capacity across workforces and organisations/agencies
- Outcome measures to assess system-wide changes

The Independent Care Review emphasised the need to spend time on assessing and developing solutions given 'the pace of technological advancements and the complexity of data issues'. The Plan 2021-24 outlines this as a priority area for focus with work already being undertaken as part of the change programme.^{xii}

Our responses to Questions 13 and 16 give further information and reflections on the question of data to support a National Care Service.

Q13. Are there alternative approaches that would address current gaps in social care data and information, and ensure a consistent approach for the flow of data and information across the National Care Service?

Alternative approaches and solutions to data sharing could be explored in place of mandating this through legislation. Using legislation or mandating approaches to address current gaps in social care data and information is not the most effective route to achieving a consistent approach to the flow of data and information across the proposed National Care Service.

Rather than attempting to fix the current system which was described as 'broken',^{xliii} The Promise of the Independent Care Review identifies the need for systemic change and a higher collective ambition. The Promise reports that current data is fundamentally flawed,^{xliiii} as it does not adequately reflect the care journeys that children and young people experience. CELCIS, The Promise Scotland and Scottish Government are part of the [Data for Children Collaborative](#) project team currently mapping all data on the processes and

systems that directly and indirectly impact on children and their families, including but not limited to data on housing, poverty, education, employment, social work and health. At CELCIS, we provide expertise and a focus on data around children in and at risk of coming into care. A more strategic review of data collection is certainly required, and it is essential that this aligns with and is informed by the work that The Promise is undertaking.

Capacity to collect, understand and use data effectively is key to assessing the quality and integrity of practice (ensuring what practitioners say and do with children and families is being experienced as they are intended); understanding how service delivery is impacting on the experiences and outcomes for children and their families; and for measuring and evidencing improvement. Designing any process intended to ensure a consistent approach for the flow of data and information across the National Care Service, will need to build upon what is already working well, what needs to change, and what is important to children and families who are the subject of the data and information being shared and collated.

There also needs to be a more responsive approach in data collection, based around the experiences and journeys of children and families. Currently children's social work statistics are often perceived to be out of date as soon when published. Information collected from August in one year will not be submitted until November the following year, and will not be published until March in the year after that. Annual returns may not always be the best way to collect operational information from the sector, and we should consider supplementing these data with more agile forms of data collection that will be more sensitive and responsive to changes such as service improvement and policy developments. An example of a more regular and responsive data collection exercise is the Minimum Dataset for Child Protection Committees in Scotland, which was developed by CELCIS in partnership with Child Protection Committees in Scotland. This is a set of 17 indicators that are produced on a quarterly basis by local authorities for consideration by Child Protection Committees. The production and analysis of this information on a more immediate and regular basis allows the data to be more readily used for service improvement.

Linkage across data systems has long been recognised as key in making best use of information about children and young people in need of care and protection, particularly when looking at outcomes. Identification and inclusion of the minimum data set of additional identifiers, that would allow linkage across disciplinary datasets, needs to be progressed. In line with The Promise, the aspiration should be to collect identifiers for all children to enable better understanding of the lives, journeys and outcomes of children.

CELCIS has a deep knowledge of the data landscape for our children and families, and expertise in developing the data systems that will support services to collect the kind of data to:

- Support planning and the deployment of resources relevant to the services and needs of children and families;
- Indicate integrity and conformity to particular practices and approaches;
- Support the coaching of staff towards agreed approaches;

- Measure the impact of improvement activities and initiatives; and
- Evaluate the experience of babies, children; young people and their families as they engage with services and measuring outcomes.

In sharing learning from our practice expertise, we can identify a number of areas that must be considered in planning for a National Care Service here, and which would further align with the work The Promise Scotland is doing. This includes:

- Enhancing data and information ownership of children and families with increased transparency in what is held and how it is held.
- Investing in strengthening the information flow within and from prevention and early intervention support within early years, schools, and family support settings. Data and information flow should generate insights into how well this is working, and how to improve this for children and families.
- Rationalising the multiplicity of local and national information systems, many of which are no longer fit for purpose, that are currently in operation in public services. For example, in child and family social work just ten local authorities in Scotland are using systems that could be considered up to date.^{xliv}
- Understanding annual returns in the context of a more strategic review of data collection around children in need of care and protection.
- Placing the review of data collection as the starting point for a broader consultation around data collection and analysis with the children's sector, and directly with children, young people and families. Strengthening investment and resourcing technical support roles to maximise how data is extracted, linked, and analysed for strategic planning and improving services.
- Fostering cultures and practices of access to and use of data within local communities, service organisations and practice networks.

We believe that there is considerable potential for strengthening approaches to collecting, collating, linking and using data to inform decision-making for planning and improvement and this should be a strategic priority for improving services and outcomes for children and their families, regardless of decisions made about a National Care Service.

Section 1e Complaints and putting things right

Q14. What elements would be most important in a new system for complaints about social care services? (Please select 3 options)

- ✓ Charter of rights and responsibilities, so people know what they can expect
- Single point of access for feedback and complaints about all parts of the system
- ✓ Clear information about advocacy services and the right to a voice
- ✓ Consistent model for handling complaints for all bodies
- Addressing complaints initially with the body the complaint is about
- Clear information about next steps if a complainant is not happy with the initial response
- Other – please explain

Please add any comments in the text box below

The elements given above are critical but do not include all the information relevant to the needs of children, young people and their families that an effective complaints system would need to cover.

Other crucial considerations are:

1. Accessible and child-friendly complaints systems

Providing opportunities to sustain and improve standards in children's care and protection includes the need for children, young people, their families and carers, to express their views about the support they receive, including making complaints where care and support is not adequate. Some children, young people and families may find it particularly difficult to express their views and/or complain if they have had negative experiences of services in the past, including where there is a power imbalance between them and those working in services that have had an impact on their experiences. For children and young people who are care experienced, this may include negative experiences involving people who care, or cared, for them. This can have a profound impact on any child's or adult's confidence in making a complaint, and bring up difficult feelings. The ability for complainants to choose from a range of options in how they can express their views and make complaints is therefore essential in order to meet the needs of *all* children, young people and families.

Relationship-based approaches to complaints mechanisms can enable services (including regulators) to mitigate some of these barriers, and offer support throughout the process. There is learning available to draw from here such as the development of relationship-based approaches to complaints processes developed by regulatory bodies.^{xlv} Furthermore, people with experiences of

services need to be involved in processes to plan and design any changes to complaints processes. Learning drawn from complaints processes must be shared at a strategic level across Scotland. Regulatory bodies and bodies coordinating improvement functions, such as the proposed National Social Work Agency, could support this.

Standards for care should also be available in child-friendly formats, so children and families are clear about what they should expect. Child-friendly information must be available to outline the range of ways in which the needs of children, young people and families can be expressed or understood, and how to support them to raise concerns or complain about a service if necessary. This information, and the processes entailed, must be accessible to *all* children, including those who are pre- or non-verbal and who may need carers or trusted adults to communicate their needs, as well as to children who have additional support needs, including speaking English as a second language. Ensuring that these processes are accessible will require support including advocacy and legal services where necessary. It is imperative that all staff are aware of this information, and are confident to discuss it with anyone who asks, and signpost to complaints mechanisms.

There is a need for connection and alignment in the processes for making complaints between all services, including those that care for children, young people and families that would fall outside of a National Care Service, such as education, housing, or other services provided by the third sector. This is crucial so that children (and their families and carers) feel confident about how to make their views heard in a meaningful way in every setting in which they receive care and support. Processes should be transparent for people making complaints to know how these are progressing, what action has been taken and whether these have led to changes.

2. Advocacy

Some children in need of care and protection experience particular challenges in relation to access to justice. Full incorporation of the UNCRC means that children are protected under Scots law and are therefore able to bring a case in their own name. Where legal action to enforce rights is necessary, court processes can be a difficult and traumatic experience for children. There is a need to remedy this, including the provision of child-friendly information and the availability of local support including advocacy and legal services. Support to seek redress may be more difficult if breaches of children's rights have been made by their carers or corporate parents, who are the very people and organisation to whom they should be able to expect they can otherwise turn to for support. This then heightens the need to ensure high quality and independent advocacy support is in place for children in need of care and protection.

Independent advocacy ensures children and young people have the opportunity to raise comments and complaints about their care and can be a critical safeguard for care experienced children.^{xlvi} The Scottish Government has funded a scheme to provide advocacy services to all children involved in the Children's Hearing System, as required by section 122 of the Children's Hearings (Scotland) Act 2011. This is welcome but given those parameters, this does not

guarantee that all children and young people in need of care and protection have access to advocacy services.

Advocacy workers and solicitors instructed by children must have the skills to enable them to communicate well with children, and must be knowledgeable about the particular needs and rights of vulnerable children in need of care and protection.^{xlvii} Children should be made aware of their right to access an advocacy worker, instruct a solicitor, or access legal aid, to ensure their rights are upheld where appropriate, and consideration will need to be given to support greater access to legal aid and legal advice and assistance.^{xlviii}

3. Preventative approaches

While complaints processes are an important tool to uphold standards, these are often reactive to individual grievances, rather than to any need for systemic change. Supporting children and families at an early stage, before the need for high level formal interventions (for example, by courts and Children's Hearings) is a foundational conclusion of The Promise of Scotland's Independent Care Review. This is also closely aligned with the GIRFEC model, which is underpinned by a preventative approach to support children and families to reduce the escalation of difficulties and the need for formal state intervention. To support consistency, all services should share common standards and expectations of the quality of care and support they will provide, such as the Health and Social Care Standards. Incorporating learning from GIRFEC about the efficacy of a shared language and framework to children's wellbeing can support such consistency.

To uphold their rights, and ensure services are high quality, facilitating the participation of children, young people and their families across all formal meetings and processes that they are involved in must also be improved. Despite children's rights to participate and express their views, adults can act as 'gatekeepers' to children's access to these rights, particularly in formal settings.^{xlix} We ask that additional support from a trusted adult that a child has a positive relationship with (or an advocate) is provided in formal meetings and decision-making processes, so that children have a more positive experience of participation, and can be supported to complain if they choose to do so.^l

In some situations, children may not receive adequate care and protection and this may mean that their rights under the UNCRC have not been upheld. The UNCRC is set to be incorporated into Scots law, enabling children to seek redress for rights breaches in court.^{li} This will be an important mechanism to uphold children's rights, however court processes can be even more difficult to navigate than complaints procedures and may also be traumatic for some children.^{lii} This underscores the importance of preventative approaches in mitigating potential breaches of rights and effective early and child friendly complaints mechanisms.

Q16. Should a National Care Service use a measure of experience of those receiving care and support, their families and carers as a key outcome measure?

- ✓ Yes
- No

We agree that the National Care Service should use a measure of experience – but as one of a number of measures rather than a single measure. Understanding the experience of using care and support services is critical to understanding the effectiveness and impact of the services families receive. For example, we need to know that families can experience less stigmatising responses when they ask for help – as they are unlikely to continue to ask for help if their initial experiences are negative. Services that are consistently respectful, reflect unconditional positive regard, are trauma-informed and support anti-oppressive practice are essential. However, we also need to know that our interventions are impactful and changing the trajectories and outcomes for the children and families who seek help. There is limited value in the experience of services being positive if it doesn't subsequently provide the help that is needed to shift the circumstances which necessitated help in the first place.

Engaging the public as assessors of public services could shift the focus from evaluating structures and processes to evaluating experiences and outcomes. Children and young people, and their parents and carers, want to be heard in the assessment, planning and decisions making related to their support. They also want to collaborate in service development and improvement. For care experienced young people, The Promise could not have been clearer about this: "Scotland must listen to care experienced children and young adults in the delivery, inspection and continuous improvement of services and of care"^{liii}. Strengthening the opportunities for their 'voice' and feedback to be listened to in assessing the quality of care and support is integral to effectiveness and improvement, and, in turn, to positive effects and outcomes for families and communities.^{liv} For these reasons, Scotland should use multiple and frequent measures of experience of those receiving care and support.

For these to have a meaningful impact on immediate improvement for children and families, we would advise that these measurements and data are closely aligned and embedded in the services/practices used by practitioners supporting children and families. For example, there is considerable merit in gathering clear and specific feedback routinely from children and parents or carers on their experiences of practitioner relationships and assessment, planning and decision-making processes. We recommend that these data are collected in a way that can inform improvement at all levels: practitioner/supervisor, team, organisational, locally and nationally.

CELCIS, in partnership with local authorities, has been developing tools to gather direct feedback from children and parents on their experience of 'Team Around the Child' meetings which aim to enable their participation in planning

and decision-making. These tools allow for an assessment of the quality and consistency of practice of the workforce and teams involved across early years, health visiting or school settings, and what they may need to do differently to improve the experiences of children and parents or carers. This, in turn, generates feedback on how effective training, supervision and coaching is in ensuring practitioners embody empathy, communicate clearly, and enable the conditions for families to take part in making plans and use supports and services that may be helpful to them.

Gathering aggregated feedback has limited value for immediate improvement in practice. However, this can generate insights for strategic thinking, planning and longer-term improvement goals by identifying patterns in the experiences and perspectives of children, young people, parents, or carers. For example, Coram Voice has developed a Bright Spots programme using a survey developed with young people.^{lv} The survey provides an opportunity for children and young people to voice their experiences of care and how they feel about their lives, based on what they say is important to them. To date, in England and Wales, the surveys have now been used by over 50 local authorities and are now being piloted in Scotland by CELCIS and local authorities from this year onwards to add to the mechanisms local authorities can use to understand where they need to focus their efforts to improve children’s rights, experiences and outcomes through their services and support.^{lvi}

Any efforts to strengthen the gathering of data on experience and feedback should be integrated and aligned with service delivery, inspection and continuous improvement of services and care. This should include continued participation and co-design work with care experienced people, including with groups such as Champions Boards; Our Hearings, Our Voice; and the Care Inspectorate Young Inspection Volunteers. This would reduce demand upon people being supported to provide feedback and services supporting the gathering of information, and inspection processes. It would also optimise the impact of the data upon quality and outcomes. It is important to take account of the findings of the Independent Care Review and the current work being undertaken by The Promise Scotland to map “what matters to children and families in data terms by autumn 2021” and to “map all data currently held in Scotland that provides a measure of experience, which directly or indirectly impacts on children and families’ lives and outcomes...”. The Promise Scotland will have concluded this extensive data mapping project by summer 2022^{lvii}.

Chapter 2: National Care Service

Q20. Do you agree that Scottish Ministers should be accountable for the delivery of social care, through a National Care Service?

- Yes
- No, current arrangements should stay in place
- No, another approach should be taken (please give details)
- No option selected

It is not possible to answer this question in a binary way at this point, and could only be addressed in the future once details of the scope and purpose have been further developed and made explicit. At this stage, we can however offer helpful insights on the considerations that are important to providing effective delivery and accountability of children's services.

Firstly, it is necessary to explore the purpose and meaning of accountability by Ministers. Additional clarity on precisely what Ministers would be accountable for, to whom, and how, would support greater understanding of how this accountability would lead to the continued improvement in the quality of services and the experiences of children, young people and families who use them. At present this is unclear.

Taken together, the proposals put forward for a National Care Service, National Social Work Agency, reformed Integrated Joint Boards, and responsibilities for commissioning, scrutiny and improvement suggest a complex array of roles and responsibilities. Most of these bodies and relationships would appear to include different forms of accountability. We support The Promise in advocating for the "scaffolding" that supports children and their families to be accountable. In our engagement with leaders and practitioners across the children's care sector, as well as care experienced people, concern has been raised over whether Ministerial oversight could reduce accountability at a local and/or community level in an unhelpful way – reducing local democracy and local planning. As part of the development of our response to this consultation, care experienced people were keen to stress that meaningful accountability should be in place at both a national and local level, with some raising the need for an independent ombudsman role.

In terms of accountability for the delivery of care for children and young people specifically, there are a number of current local and national duties that would need to be considered and their role in any National Care Service made more explicit. For example, the Chief Social Work Officer is a local role providing professional governance, leadership and accountability for the delivery of social work and social care services, whether those are provided directly by the local authority or purchased from the private or voluntary sectors, within each local authority area. This includes duties and decisions that relate to restriction of a child's freedom, which currently must be made by either the Chief Social Work Officer or a professionally qualified and registered social worker who has been given delegated authority by the Chief Social Work Officer. It is not clear what impact or changes to these roles and responsibilities any Ministerial accountability within a National Care Service would have, and subsequently, any impact on services or support provided to children or families.

Accountability, wherever this lies, needs to align with the structures, processes and personnel responsible for decision-making and reporting. For example, if we look at current practice, a requirement of Part 9 of the Children and Young People (Scotland) Act 2014, is that Corporate Parents must report every three years to Scottish Government and the Scottish Parliament on their efforts to support care experienced young people. These reporting mechanisms for corporate parenting responsibilities place particular focus on listening directly to

care experienced children and young people, and how their voice has influenced changes in practice and service. Corporate parenting reporting also emphasises the need for collaboration across public services, which is an important principle to be upheld in the delivery of social care.

There are also frameworks within which duties for reporting and accountability for public protection sit, including for child protection. These include mechanisms at a local level such as Chief Officers' Groups, as well as at a national level through representation at the National Child Protection Leadership Group and strategic groups formed on the basis of recommendations by the regulatory body)^{lviii}. The functions of Chief Officers, with the support of local Child Protection Committees (CPC), include the responsibility for decisions around undertaking a Learning Review, whether to make recommendations for action, and to consider how findings of reviews and recommended actions and learning will be implemented, including identifying any national implications for learning and practice.

Child Protection Committees are the key local bodies for developing, implementing and improving the child protection strategy across and between agencies, bodies and the local community. They are made up of senior representatives from all local services who contribute to the protection of children and young people and they are held to account by their "Chief Officers" – the Chief Executive of the local authority, the Chief Executive of the local health board and the Commander of the local police division. A CPC is expected to perform a number of crucial functions in order to jointly identify and manage risk to children and young people, monitor and improve performance and promote the ethos that "It's everyone's job to make sure I'm alright". The functions include continuous improvement; public information, engagement and participation; strategic planning and connections and annual reporting on the work of the CPC. CPCs must ensure all of these functions are aligned to the local Getting It Right For Every Child arrangements. Child Protection Committees Scotland (CPCScotland) brings together a wealth of knowledge and expertise from the multi-agency child protection community. It plays a pivotal role, in conjunction with the Scottish Government and other partners, in the protection of children across the country, by supporting the development and delivery of efficient and effective processes, common standards, and continuous improvement.

The duties of Chief Officers, as with those of the Chief Social Work Officer, or reporting duties of Corporate Parents, all present examples of existing accountability and reporting functions. In making any changes, the development of the National Care Service would need to have a comprehensive understanding of all functions and duties for accountability for everyone supported by social work, public protection and social care in Scotland, as well as evidence and evaluation of these functions, in order to assess if and how ministerial oversight could support the improvement of care and standards.

Decisions about accountability mechanisms should be closely linked to upholding the values and principles underpinning the service in question. It is crucial that accountability mechanisms address power imbalances between decision makers and those who use services. This relies on partnership, commitment to

continuous improvement, and seeking and learning from the views of people who use services at the local level through feedback loops and embedded participation. We would like to draw attention to evidence on effective rights-based reporting in this context. This evidence places importance on the meaningful participation of children in rights-based reporting processes as crucial to upholding the rights of children in Article 12 of the UNCRC, as well as for increasing the efficacy of changes or procedures which concern children.

Accountability mechanisms must ensure that there is clarity and transparency over which decisions have been made, where resources have been directed, and what has informed this. This will be the case for individual complaints, regulation of services, scrutiny and support for local community planning, to strategic oversight at a national level. It is crucial that accountability supports oversight at a strategic and operational levels, as this is integral to effective implementation.

Chapter 3: Scope of the National Care Service

Section 3a Children's services

Q23. Should the National Care Service include both adults and children's social work and social care services?

- Yes
- No
- Other

We cannot yet take a position of whether to include children's social work and children's services in a National Care Service. The implications are significant, and the complexity of the challenges and problems not fully understood or addressed in the consultation. As such, further exploration, scoping and options need to be considered and appraised to ensure that a structural change on this scale is the right decision, addresses current barriers to improvement and is in the interests of children and families.

We welcome and fully endorse the intention and aspirations that a National Care Service would "support the provision of care that wraps around families and smooth transitions between different categories of care for everyone" and the need to ensure greater consistency and quality of help and support across Scotland.^{lix} This is firmly in keeping with CELCIS's vision, mission and strategy, and the aspirations of The Promise.

The inclusion of children's services has the *potential* to ensure a focus on whole family support and better co-ordination and alignment of the services provided to children and adults within the same family, linking care and support to children with services focused on the needs of adults such as alcohol and addiction support, domestic abuse services, mental health support and the justice system.

It would retain the different disciplines within the social work profession in one entity rather than splitting the profession across different agencies.

It also has the *potential* to overcome some of the existing barriers to improvement that are inherent in our current structures and arrangements and that we have identified in other areas of the consultation, particularly in our responses to Questions 1, 2, and 6. This includes a lack of sufficient investment in children's services (and children social work services more explicitly); the disparity within corporate and multi-agency responsibility and response for children in need and their families across Community Planning Partners; strategic commissioning; workforce planning; the lack of national practice models; and the implementation support and infrastructure required to support the workforce to deliver these effectively in a way that will produce socially significant outcomes.

However, it only has this potential if Ministerial oversight and governance can and will be committed to addressing these existing barriers to change and improvement - and this is not yet clear. Additionally, the interface between national and local governance needs further clarity and detail to ensure and affirm that local planning and decision-making are retained and co-ordinated. In short, more detail is required on the unit of operational management of the National Care Service in order for any decision to be made about the inclusion of children's services.

Although the needs of children and adults are interconnected, the needs of children are distinct from those of adults. Our understanding of the importance and impact of children's very earliest experiences for the whole of the life course, including adverse childhood experiences and trauma, necessitates that supporting babies and children in their early years is essential. Often referred to as 'the first 1001 days' due to the incomparable influence on the rest of a person's life that this time elicits, while these are not determinate, the significance of these earliest experiences for wellbeing, health and the ability to thrive cannot be underestimated.^{ix}

There needs to be a cautious approach to any decisions around the inclusion or exclusion of children and families social work and care into the National Care Service. Any assumption that bringing these together would guarantee better services, support and outcomes for children, young people, their families and carers, per se, would be just that: an assumption.

There are opportunities that could help to address structural barriers to improvement, provide the foundations for implementing The Promise, and improve alignment of systems that support both children and their family members, as well as older children and young people who need support as they grow up and transition to services for adults. Doing so, in keeping with The Promise and The Promise Plan 2020-24, requires care and attention to the distinct needs of children, young people and families, otherwise there is a real risk of failure if these distinct needs are not comprehensively considered. However, within the consultation there is insufficient consideration given to the

specific needs of children, and very limited detail that refers to and reflects those needs.

It is our concern, and one shared by many other organisations that support children too, that the proposition of a single body with responsibility for both adult services and children's services runs a very real risk of a relative de-prioritisation of funding and resourcing for children's social work and care. In part, this could be because of the scale of the acute issues facing adult care too and Scotland's ageing population. We recognise the concerns raised in the Independent Review of Adult Social Care including recovery from the impact of the COVID-19 pandemic, however, there is a need to ensure that the distinct approaches and support needed for children would be retained and enhanced, rather than diminished by any reform bringing the two together. The resources to support what children and families need from the earliest point that they need it, needs to be protected.

That said, excluding children's services from a new National Care Service could risk further fragmentation between services for children and services for adults; and cause difficulties particularly at points of transition from adolescence to adulthood. Excluding services for children could also mean that while under the National Care Service for adult social care there would be a nation-wide service with national standards and processes that offer greater consistency in practice and support, children could experience a less equitable level of support between different locally operating services, standards and practices. Should children and family services be excluded from a National Care Service, local areas would need more support to mitigate that risk, a risk that could potentially exacerbate the findings of inequity already identified by The Promise of the Independent Care Review.

With either outcome, there is a need for a comprehensive understanding of current and historic policy and improvement work. This will help to guide how to address the challenges and barriers to good practice for children and families, and ensure good continuity between services for children and adults.

In light of these concerns and need for further detail, further specific consultation on this question would be required, including engagement across all relevant stakeholders and a review of existing information and evidence.

The key considerations here would be, in bringing adult social work and social care services and children's social work and social care services together in one national organisation, to what extent could the National Care Service address these following factors that are vital to meeting the needs of children and young people in need of care and protection, their families and carers:

1. Supporting families early

The findings, conclusions and priorities set out in The Promise include those of early support for children and families, valuing relationships, and the workforce. An integral part of meeting commitments to realise The Promise is in implementing the national practice model of Getting it Right for Every Child

(GIRFEC), incorporating the learning on challenges and barriers set out in our response to Question 6. This includes early support for families when they first need help. One of five foundations of The Promise is that 'where children are safe in their families and feel loved they must stay – and families must be given support together to nurture that love and overcome the difficulties which get in the way'.^{lxi} Throughout our response to this consultation, we have set out some considerations that are necessary to meet the needs of families, but further consultation and engagement will be required to carefully plan an approach that is aligned to, and builds on the success of current systems and overcomes barriers to implementation to date.

2. Developing the scaffolding

Support for children, and their families, needs to be more consistent and joined up, and this includes ensuring congruous transitions between the different services that support a child or adult within a family, and across their life stages. As clearly set out on The Promise, this will rely on the "scaffolding" of support within and provided by the 'system'. Protecting relationship-based practice between the workforce and the children or families they care for is key. These relationships support the foundations and are how we can ensure that the scaffolding of support is person-centred. New ways to address current systemic drivers that may, for example, affect the retention of social workers, could improve experiences of care by enhancing the stability of relationships between social workers and those they support. Improving the scaffolding of systems around care could also change current perceptions which can stigmatise children and their families receiving care and support, as could any alignment of systems to support adults and children which draw on universal commonalities in experiences of need and support.

There are also opportunities to improve systems that collect and analyse data to better identify and reflect the experiences and meets the needs of children, families and carers, with further information given in our responses to Questions 12 and 13.

3. Embedding participation

The principles of The Promise on the inclusion of the experiences and/or voice of people with experience of care, apply to all those with experiences of services or support needs. This approach includes the Scottish Approach to Service Design, and how this could be utilised in the planning of the new public services.

4. Preventative spending

A review of the financial implications of the current system for the care of children and families was undertaken for the Independent Care Review and is set out in 'Follow the Money'.^{lxii} This gives the rationale to change decision-making around allocation of finances, to invest in spending on preventative and early support so as to avoid allocating funds later that meet a 'failure demand' (a failure demand can be understood as a need for services to respond to a failure to provide support at an earlier point of need, often at a higher financial cost and detriment to wellbeing).^{lxiii} To meet these recommendations requires a

comprehensive understanding of current services, including for preventative and early support, identification of gaps in provision, as well as barriers to good practice that have emerged from lack of resourcing. Critically, it will also require additional investment to ensure that parallel processes can be retained, as preventative spend will not be realised immediately.

5. Consistent high standards

The experiences of children and adults can differ across the 32 local authorities in Scotland, and within and across public, private and voluntary sector services. The needs of each child, adult or family will be distinct and require a bespoke approach, however standards of care need to be more consistent across Scotland. Furthermore, Scotland's support for children in need of care and protection is founded on the principle of what is 'in the best interests of the child'. This person-centred approach requires support for implementation, including adequate resourcing and appropriate and equitable support for all. This support and care must also be subject to independent scrutiny and accreditation based on what children and families value and need, rather than what serves 'the system'. Any national approach will need to balance the consideration of how to support the development of consistent national approach to positive practices such as Family Group Decision Making, which will require funding and resources, and how to support local planning and standards for commissioning community-based services that meet the needs of people in local areas, learning from the third sector about what approach to services work for local communities.

Q24. Do you think that locating children's social work and social care services within the National Care Service will reduce complexity for children and their families in accessing services?

We welcome the intention in the proposed National Care Service to reduce complexity for children and families who need support. At CELCIS, we are most focussed on the needs of babies, children and young people who are in need of care and protection, care leavers or those on the edges of care who often face additional and cumulative barriers to accessing help and support.

A National Care Service *may* have the potential to reduce complexity for those children who experience barriers to care and protection, and to better facilitate support for children who require complex support across multiple agencies. However, the evidence as to how a National Care Service will actively reduce complexity is not yet clear and it would need further consideration to ensure it address the following elements:

- A need for consistency across local areas in the provision of high-quality, human rights-based care, based on need rather than local resource or current availability of provision.
- The need to provide environments where local innovation, creativity and culture change can be nurtured.

- Understanding of, and action to address, any gaps in data on the needs of groups of children, young people and their families.
- Attention to national and local demographics of the current care system, to ensure that support and service provision is proportionate to need.
- All services for children and adults must meet the individual needs of each person, especially when young people transition between services, rather than provide support based on how a service is designed or statutory frameworks.
- In all approaches to service planning, there should be a recognition that not meeting support needs fully and early in life, or when support is first needed, will require more intense support later on. Adequate resource and funding to support preventative and early support services will be necessary to avoid further services based on 'failure demand'.
- Approaches to the planning and delivery of services must adequately understand the capacity required to ensure that all services are fully connected. Any 'gaps' in connection for individuals or family members pose a risk to all other support.
- Lived experience must continue to be included and valued, building on the principles of The Promise.

Consultation would be required with children, young people and families directly in order to more fully consider their needs. Any further consultation should build on what we already know from: the Independent Care Review, the Additional Support for Learning Review,^{lxiv} GIRFEC; research undertaken into barriers to implementation of key national policies that are designed to support children, young people and their families in Scotland; improvement programmes; and evidence around barriers to change and what is needed to support change.

Whilst we agree that there is a need to consider whether a National Care Service could reduce complexity for children with disabilities accessing care and support, we are unsure of the rationale for consulting on the needs of these children but no others. Older children and young people transitioning to adult services and children with family members who need support, need to be explicitly considered. Indeed, there are many children, young people and families and their carers who are supported by children's social work, with a range of services used by them and their families. This includes:

- Children and young people in need of care, supported by Scotland's current 'care system' across their lifetime from pre-birth support, infancy and then into and across adulthood:
 - Children 'looked after' away from home in residential, kinship, foster or secure care.
 - Children 'looked after' at home.
 - People 'looked after' in their childhood, but not on/beyond their 16th birthday. These people are not legally eligible for aftercare services but may have support needs.
 - Children and young people aged 16-21 living in Continuing Care, arrangements under Part 11 of the Children (Scotland) Act 2014.
 - Those who are eligible for Aftercare under Part 10 of the Children (Scotland) Act 2014.
 - Adopted children and their families.

- Children who are in need of protection:
 - Children who are subject to child protection measures.
 - Children considered to be 'in need' under the Children (Scotland) Act 1995, including children who are in need of care or protection but who are not known to statutory services or where an assessment of their support needs does not meet the criteria for a service. Other community or third sector services may be supporting these children.
- Babies and young children, and during pregnancy in families who have support needs.
- Children with additional support needs.
- Unaccompanied asylum-seeking children/migrants, and children who have experienced trafficking, who may also be considered care experienced and 'looked after' in statute.
- Young carers.
- Children who are experiencing significant mental ill health and require support, this may include deprivation of liberty in hospitals during their care.

Q24 i. For children with disabilities

- Yes
- No

Opportunities do exist for a National Care Service to reduce complexity in the services and systems in place to specifically help disabled children, young people and their families, however, further information about detailed planning and consideration of the policy, practice and improvement landscapes is required to ensure that human rights-based care could be offered consistently across Scotland. This work must be carried out alongside children, young people, their families and the services that support them.

Many children with a disability receive multiple services from the NHS, as well as from social work and education services. These services may be provided outwith their local Health Board area. For example, the Paediatric Neurosurgical Service at the Royal Hospital for Children Glasgow is the only such service in Scotland. Disabled children often also require services delivered by local Health Boards, for example, dietetics, physiotherapy, speech and language therapy or community paediatric nursing. Health Board boundaries do not map with local authority boundaries, which currently deliver education and social work services such as short breaks and recreational services for children.

While provision allows for children and young people with complex needs to have a 'Coordinated Support Plan', accounts from networks of practitioners indicate

that the threshold for implementing these support plans vary across Scotland. To uphold the human rights of disabled children, ensuring that they are able to live full and independent lives through access to the support based on the needs of each child, it is crucial that there is consistency in the provision of high-quality care, and that decisions about the care of children and young people are driven by their needs and not by financial resource in local areas. It is imperative that a National Care Service is able to tackle this inconsistency, which will include understanding the structural and systemic drivers of local inequality. We note that there is currently a concerning lack of consistent and reliable data with which to understand and plan for the needs of children with disabilities who are formally 'looked after'.^{lxv} This must be addressed in order to support any evidence-informed implementation of change.

A National Care Service would also need to reduce complexity for both parents and carers and practitioners in accessing, co-ordinating and aligning the services in support plans and packages so that children with disabilities and their families receive more consistent care and support. It is essential that every child with a disability and their family is supported by a practitioner with whom they can develop a relationship, and who can act as a single point of contact to co-ordinate support.

Consistency of support for children and young people with disabilities

The age at which children and young people, including those with disabilities, transition between services for children and adults varies across Scotland, but for many Health Boards this occurs before they are eighteen, despite commitments to uphold the UNCRC in Scotland, which defines a child as a person under 18.^{lxvi}

Adult services for health and social care may have different criteria, thresholds for support and systems, to those services designed for children. In addition, changing or moving services will mean a change in practitioners with whom children and their families have built relationships over time. This can compound uncertainty during times of transitions. There is then a need to address quality and consistency of care and support for disabled children and young people transitioning to adult services. Any lack of such consistency means that planning cannot truly be 'person-centred'. There will be many considerations to include here. For example, young people who may have developed a strong friendship while in residential care together as children are often prohibited from sharing accommodation when they transition to adult services as they require different levels of support (hence different funding packages) and in different locations and this adjustment can understandably impact on their wellbeing.

The gap between services for children and adults with disabilities

In addition, it has been noted that there is often a markedly different assessment of support packages needed to address need between Children's Services and Adult Services for the same young person. Generally, it is lower in adult services which can result in insufficient support provision in adult placements. The National Care Service could improve experiences of transitions for disabled children, if services were more closely aligned to meet their needs.

In addition to a sound understanding of evidence, and current policy,^{lxvii} it will be essential to seek the views, needs and experiences of children and young people with disabilities transitioning to adult services.

Q24 ii. For transitions to adulthood

- Yes
- No

Currently, some children and young people who need care and protection as they grow up move between services for children and services for adults. Although children and young people classified as 'looked after' in statute are entitled to care until they are 26,^{lxviii} evidence and anecdotal experience shared paints a clear picture that practice implementation and access to appropriate support is highly inconsistent^{lxix} and the need for urgent improvements in this support was a finding of The Promise.^{lxx}

Statutory frameworks

In addition to this, differences in the statutory frameworks between child protection and support and adult protection and support mean that children and young people who have been supported up to the age of 16 (or even 18) might not fit the criteria to receive support for adult services, as a child is defined in Scotland as anyone under the age of 18. This definition and associated rights will be further strengthened by the incorporation of the UNCRC into Scots law.

These unmet support and protection needs are even more concerning as evidence shows that the use of child protection mechanisms to support children can dwindle before a child reaches 16.^[7] This can create a level of risk for children and young people who can be caught in between child services and adult services, leaving many young people without adequate support and little or no legal recourse should their situation be unsafe.¹⁰ Incorporation of the UNCRC will provide children and young people in these circumstances with greater opportunities for legal recourse; however, it is important that effective planning and resourcing of support services is undertaken with urgency, to prevent children and young people reaching crisis points through a lack of appropriate support.

Age and stage: understanding development

Current systems and legislation based solely on chronological ages to trigger access to, or to exit or exclude from, services does not reflect the reality of how the needs of individual young people evolve and emerge.^{lxxi} A growing body of research on the concept of 'emerging adulthood' recognises a significant shift in the age at which young people mature into adult roles, which increasingly does not happen until mid to late-20s.^{lxxii} In addition, trauma can have a profound impact on the developing brain and on a child's development.^{lxxiii} Support needs

that are not fully met in childhood are likely to require support, and possibly more intensive support, in adulthood.^{lxxiv}

A National Care Service has the opportunity to better support everyone who needs care and protection, but this will require careful planning of how to align approaches to supporting the distinct needs children and adults through the GIRFEC and GIRFE models, attention to evidence around the current challenges to practice and learning from improvement work, especially plans in place to support The Promise. It will take determined and bold action to address the structural, systemic and systematic barriers that the current systems pose.

Q24 iii. For children with family members needing support

- Yes
- No

There are similar opportunities and challenges here for the National Care Service to those needed to support children and young people transitioning between services for children and services for adults.

When the needs of children and adults are distinct from each other, it is important that where support is needed by both children and their families, this support is co-ordinated. In practice, there can be a disconnect between children's social work or care and adults social work or care, and different thresholds to accessing support between services. For example, if a parenting assessment is undertaken by children and families social work, and an outcome of this assessment is an agreement that a parent will access support for problematic substance use, often assurance is not sought or given that this support is available without a lengthy waiting list. This will likely impact on the children within this family as well as their parent.

Systems and processes within a National Care Service would need to offer joined-up support to a whole family in some situations. For example, where a parent's need conflicts with the needs of their child or the needs of a parent impact on or potentially pose risk of harm to a child.

Reducing complexity in accessing social work and care for families could be supported with better awareness about how to access support, including from social work. Community-based services such as family centres that could offer relationship-based support into which children and families can self-refer to when they first need support, without thresholds around level of support, and which are non-statutory (but with strong links to statutory services), would improve access to support and reduce complexity. Trust and relationships are key to accessing early help, as is offering help flexibly (for example outwith 9 to 5 working day hours) when children and families need this.

Prevention and early intervention for children and their families (including, during pregnancy) is the cornerstone to identifying support needs, including

around trauma or adverse experiences, as soon as possible and maximising the potential to help families before difficulties escalate or are compounded. Doing so will have a hugely positive impact on wellbeing over the life course of all those involved. However, learning from the experience of policy intentions over the last two decades demonstrates significant challenges to implementation. The intentions of the ten-year plan set in 2009 for The Early Years Framework, for example, has not been met.^{lxxv} In meeting such aspirations, as well as supporting the conclusions of The Promise, the scale of the challenge needs to be fully understood for a National Care Service. This includes resourcing and commissioning new services and functions where they are much needed but don't currently exist, such as family centres, rather than solely restructuring within existing services.

Q25. Do you think that locating children's social work services within the National Care Service will improve alignment with community child health services including primary care, and paediatric health services?

- Yes
- No

We welcome the intention for a National Care Service to improve alignment with child health, social work and care services.^{lxxvi} To fully support the wellbeing and care of all children it is not possible to separate their health and social care needs.

Children need to experience consistent, nurturing relationships and care to grow and thrive throughout their life. When these relationships do not meet their needs, children may need support so that such experiences do not have an impact on their health. Where children have experienced trauma, they are even more likely to require support from both health and social care services. Early and preventative responses to respond to and meet the needs of children of all ages, including pre-birth, are crucially important from both health and social care services,^{lxxvii} otherwise unmet need for support is likely to increase as a child grows up.

Currently, any co-ordinated support from health and social work services in Scotland is too infrequent. For example, at a national level, Child and Adolescent Mental Health Services (CAMHS) operate separately from social work. This can lead to challenges in co-ordinating effective responses to the mental health and wellbeing concerns of children and young people and this is further compounded if there are particular criteria or thresholds for accessing services. To meet the needs of all children, as well as pregnant women, we need an infant mental health, and child and family mental health, support service that is accessible, flexible and responsive to needs, and is based within community settings.

Changes to where a service is located does not consistently result in improvements to how services are experienced by children and families unless

there is attention paid to culture, interdisciplinary respect, collaborative working and meeting resource needs.^{lxxviii} Learning from CELCIS's improvement and implementation programmes could support an understanding of how alignment between social care and health settings could be improved. This learning is provided throughout our response, with detail particularly given in our responses to Questions 1, 6, and 7.

It is important to anticipate, understand and ensure that attention is paid to any potential negative impacts caused by restructuring, including those that would separate or distance services that are connected currently. Services must be able to work collaboratively to support children, young people and families and would include, for example, the current joint work and relationships with education services, which play a key role in supporting children's wellbeing within the GIRFEC model, not least in carrying out the Named Person function for all school-aged children. Education services and educational settings (including the role of Educational Psychology Services) are key here: early learning practitioners and teachers, as well as other school staff, often know most about the day-to-day experiences and needs of children and their families, can identify families who might need support early on, and build up close relationships over time. Relationship-based support is critically important for children, young people and their families and can support engagement across many services. It would be a real concern if decisions about the direction, governance and commissioning of wellbeing services for children was further removed from the people who hold these relationships.

CELCIS would offer to work with those considering and developing the National Care Service proposals to share further information and examples of alignment in health and social care where approaches have been adopted to best meet the needs of children and pregnant women, such as joint working between midwifery and social work teams across two local areas of Scotland, and Child and Adolescent Mental Health Service that offers support specific to the needs of infants.

Q26. Do you think there are any risks in including children's services in the National Care Service?

- Yes
- No

If yes, please give examples

While there may be opportunities in the development of a National Care Service to improve support and care for children and families, without greater detail about how the intentions of a National Care Service will be implemented, we are only able to assess these as 'potential opportunities' at this stage. Any potential risks behind these changes will also depend on how the National Care Service is planned and constituted. This therefore means the same for risks: we cannot fully identify all potential risks at this stage.

However, we can offer some guidance on what would need to be given further consideration at this stage and engagement with organisations that care for children in Scotland, and additional consultation – including people with lived experience - would be required:

1. Greater information and detail is required

The brevity of information provided about services for children and families in pages 54-57 of the consultation paper is concerning, as is the lack of inclusion of information about the needs of children in other relevant sections of the paper. For example, questions are posed about adult protection committees but not Child Protection Committees,^{lxxxix} and there is no information about rights to “breaks from caring”^{lxxx} there is no reference to the needs of those who care for children, such as kinship carers or foster carers.

One reading of that could suggest that there would be relative prioritisation by and in the National Care Service, with the risk of resources and services for children being subsumed into those for adult care. This would not meet the distinct needs of children and this is a very real fear that has been shared with us throughout our engagement with care practitioners and care experienced people.

Funding and services for children and families will require ongoing evaluation to ensure resources meet the needs of children consistently and to a high standard. This will require more resource investment than is currently allocated, as well as the protection of those resources that enable a preventative and community-based approach to the support of children and families, as advocated by The Promise of the Independent Care Review.^{lxxxix} This will be necessary to ensure that services are not allocated on the basis of a ‘failure demand’ (a need for services that respond to a failure to provide support at an earlier point of need, including need generated by structural and systemic factors).^{lxxxii} This can be illustrated with the example of the resourcing of children's mental health services, which have a low allocation of mental health services in comparison to adult services, despite evidence showing that earlier intervention and trauma-informed practice could prevent this need.^{lxxxiii}

2. Understanding the children and families services landscape

To support children it is crucial to support and value everyone who cares for them, including their parents and carers as well as the breadth of the workforce over the public, private and third sector. This means that the National Care Service would need to consider how to involve the contribution of, relationships with, and responsibilities of, education and early years, midwifery and health visiting, youth justice, youth work and gender-based violence practitioners, housing and residential care, to give just a few key examples. Without careful planning to listen to and understand the experiences of the workforce across the board, there is a real risk of loss of morale and direction which will impact on the involvement of the workforce in development of future plans and driving change and improvement. Furthermore, there could be a risk that the specialist skills of practitioners could be within a broader-based service. If specialist roles are no

longer based in services that have developed expertise and functions to support these skills and complex practices, the skill base could diminish across the board.

3. Inclusive engagement

All stakeholders - including children, families and adults - would need to be engaged in order to understand what will be required to co-ordinate the newly configured workforce under a National Care Service. As the proposed National Care Service would encompass a broad range of services, it would need to learn from what has worked and not worked in previous attempts at integrating services, collaborative working and co-ordination between services.

4. Potential fragmentation of services

The restructuring of services poses a risk of fragmentation between services provided by organisations or agencies not included within the scope of the proposed National Care Service, which in term could cause disruption in care and have a detrimental impact on equity of experience. As well as retaining relationships and collaborative practices with education, who are a key GIRFEC stakeholder, it is important to consider every agency and organisation that may be affected by restructuring, for example, housing, the local authority legal services that support child protection and permanence planning, as well as the third sector who provide so many support services for children and families.

Any restructuring of services could also pose a risk of disruption to current services, including improvement programmes, not least efforts already underway to realise The Promise of the Independent Care Review. Commitments and momentum to act have been galvanised across Scotland, including from Scottish Government, local authorities and across national statutory and non-statutory organisations. These efforts are grounded in the voice of those who have shared their experiences of care. The development of plans for a National Care Service are already impacting, and will continue to impact, on the momentum to implement The Promise and other improvement programmes for children, young people and their families who need care and support. Causing action to stall now will have a significant impact on Scotland's ability to improve the lives of children and young people in need of care and protection, their families and carers. Inherent in this risk is current co-ordinated planning and operation funding and other resourcing capacity.

Drawing on evidence from CELCIS' improvement and implementation programmes about how changes must be supported could be helpful here and inform any learning around the challenges that arose from similar large scale restructuring of local to national services such as Police Scotland.^{lxxxiv}

5. The impact of the COVID-19 pandemic on scale of need and capacity required

The COVID-19 pandemic and its associated public health restrictions continues to have an impact on children, young people and their families and carers, as well as the workforces who support them. The pandemic has entrenched

disadvantage and caused harm to many across Scotland, and has placed a significant strain on services. The already stretched and challenged workforce have adapted to the impact of these extraordinary circumstances but there remains a challenging time ahead. For many children, young people and their families, the urgency of their support needs have not diminished over the course of the pandemic, and we do not yet know what the full, longer-term health and financial impact of the pandemic may be on potentially many more families. There is a pressing need now to provide sustained support to the workforce and disruption to services as a result of the development of a National Care Service could cause a real risk here.

However, there is much to learn from the many examples of innovative and positive practice by the workforce during COVID-19, especially in creating greater flexibility to ensure that the needs of children and families are met, as well as increased recognition and trust in the strengths of children, families and communities, working together with them to find solutions that meet their needs. In addition to considering the significant risk of disruption to services posed by the creation of a National Care Service, it is important that any planning of changes for a National Care Service must also identify and facilitate the good practice that has developed over the pandemic.

Finally, it is important to state that we also recognise that there is also a risk of fragmentation, or greater fragmentation, between services for children and for adults if a National Care Service is developed *without* including services for children in its scope.

Section 3g Alcohol and Drugs Services

Q51. Are there other ways that alcohol and drug services could be planned and delivered to ensure that the rights of people with problematic substance use (alcohol or drugs) to access treatment, care and support are effectively implemented in services?

Scotland has had a long history of making commitments to more responsive and more family-focused approaches in supporting people with problematic substance use. For almost two decades, policy and practice guidance has attended to the need to understand the impact of parental problematic substance use upon parenting, family dynamics, and children's experiences and wellbeing^{lxxxv}. Awareness and understanding of the needs, circumstances and experiences of adults who have problematic substance use (alcohol or drugs) has also improved. Practitioners in third sector and community-based services (such as [Scottish Families Affected by Alcohol and Drugs](#)) have been a core part of supporting an understanding of these needs and experiences, and of how to better support the involvement of adults with lived experience in developing more effective solutions to addiction.

In more recent years, there has been an increasing focus on the impacts associated with developing problematic substance use (including on children and other family members) and the need for trauma-responsive practice to all those affected.^{lxxxvi} The vision for practice is strong, the policy statements sound^{lxxxvii} and yet it appears that the accessibility, responsiveness and range of therapeutic support available to all adults/parents and children remains inconsistent and insufficient. The Scottish Government has recognised this need, committing to the resourcing of services, including community-based services to support problematic substance use and addiction. To ensure this intention and resourcing elicits the changes required^{lxxxviii} any planning for change and implementation need to capitalise on what the evidence indicates is effective and the learning from existing, successful initiatives.

Another way in which services could be planned and delivered is to establish dedicated implementation or teams to support organisations and workforce to move from 'policy' to 'practice'. Successful implementation requires more than law, policy, guidance, training, and advocacy for people's rights. It requires a systematic, stage-based, facilitated approach, which includes providing clearer definitions of practice models, using PDSA cycles (Plan, Do, Study, Act), and ensuring that recruitment, ongoing and recurring training, supervision and on-the-job coaching, are available to support workforces/practitioners to enact that practice.

Over the last couple of years, a national working group has been drawing together further information on 'Improving Holistic Family Support: Towards a Whole Family Approach and Family Inclusive Practice in Drug and Alcohol Services'. This work takes account of the findings of The Promise, and the ambition for change in adult alcohol and drug services^{lxxxix}, but it will need dedicated support to successfully implement what is envisaged.

Section 3h Mental Health services

Q52. What elements of mental health care should be delivered from within a National Care Service?

- o Primary mental health services,
- o Child and Adolescent Mental Health Services,
- o Community mental health teams,
- o Crisis services,
- o Mental health officers
- o Mental health link workers
- ✓ Other – please explain

While we recognise the benefits of all the different elements listed here, we also think there is a need to address the current significant gaps, or lack of preventative services to promote emotional development and wellbeing.

The consultation draws attention to where the Independent Review of Adult Social Care (IRASC) “specifically includes support for people with mental health problems in its scope. It states that mental health accounts for £187 million out of £3.8 billion spend on adult social care”. This is a clear example of ‘failure demand’ – demand that could have been avoided by earlier preventative measures – emphasised in the Christie Commission’s findings over 10 years ago. Chronic mental health conditions often have their origins in childhood and may emerge then or later in adulthood.^{xc}

One of the largest challenges that exists is the resourcing of services to focus on prevention, early intervention, and therapeutic supports for children and young people. It is unclear if the structural re-organisation suggested for a National Care Service, per se, will resolve this and attend to these issues. In our consultation with care experienced people, concern was raised over whether these changes could exacerbate an already challenging situation for children and young people. Addressing such ‘failure demand’ requires prioritisation of maternity services and early years and investment upfront. This includes public services having a core focus on infant mental health, and requires investment in preventative approaches, promoting emotional development and wellbeing, as well as approaches that create opportunities for growth and recovery when children have experienced adversity.

For children in need of care and protection, effective mental health and wellbeing support requires new approaches and ways of working. The Promise of the Independent Care Review emphasises the importance of a whole family approach: flexible and collaborative approaches that meet the needs of each individual and family, understanding that support for family members is part of the support for children within that family. This will also require access to the right support, which must be resourced to ensure these are available.^{xcⁱ} However, there is currently insufficient capacity to meet the needs of children who have experienced instability and insecurity, repeated losses, loss of power and agency, stigma, and, the disruption to or absence of continuous, stable relationships. Children in need of care and protection specifically, rarely have their needs met by the current specialist mental health services. None of the services listed in this question of the consultation paper have the capacity to fully meet these needs and support children.

Furthermore, it essential that any and all other practitioners (including social workers, teachers) who work with children, and carers (kinship, foster, residential) must be able to facilitate a relationship-based approach to their work. As The Promise states: “the workforce must be trained and supported to attune to children’s physical and emotional states. This process of ‘tuning in’ to how children are feeling, enables a process of co-regulation and stability where children can learn to manage stress and anxiety. The workforce must be supported to be present and be emotionally available to children in their care. Scotland must understand that all behaviour is communication and seek to listen to what children are saying through their actions”.^{xcⁱⁱ}

Q53. How should we ensure that whatever mental health care elements are in a National Care Service link effectively to other services e.g. NHS services?

Effective, sustainable solutions are best identified and established through a process of improvement. The use of a facilitated process or system mapping with key stakeholders could identify what needs to improve. Such use of improvement methodology can aid design of processes that are more responsive to the experiences, needs and outcomes of people who are supposed to benefit from them. If done well, it also allows for taking account of the current variability in local context and organisational interfaces. The Promise recognised the policy and service landscape in relation to the needs of children and families is already complicated, and at worst, serves the 'system' rather than those the system aims to serve. In terms of mental health support and provision, it is imperative then that mental health services link effectively with education such as educational psychology services, as well as Children's Hearings Assessments and services and expertise engaged in secure care provision.

Section 3i National Social Work Agency

Q54. What benefits do you think there would be in establishing a National Social Work Agency?

- ✓ Raising the status of social work
- ✓ Improving training and continuous professional development
- ✓ Supporting workforce planning
- ✓ Other – please explain

Please add any comments in the text box below

We are supportive of the development of a National Social Work Agency, regardless of any decision about the location of children's services. This would include providing the functions laid out as options in Question 57.

In the specific context of children, young people and their families, the social work function is vital to supporting wellbeing and providing care and protection; yet the social work role is often poorly understood, recognised or even talked about. Mention is rarely made of the value, nature and function of the social work role - in and of itself – as it is often subsumed in discussions about social care or health and social care, which are related but do not reflect social work's distinct role and function.

For many of our stakeholders, this can often be reflected in discussing social work and the profession with Scottish Government more generally. Any reluctance to talk about and profile the profession, reinforces a view that social work does not carry the same status, profile, parity of esteem or power as, for example, education or health. Many social work leaders noted that this has been exacerbated by an erosion in their leadership position and authority within local integration arrangements in recent years. A National Social Work Agency could provide a strong national voice and advocacy role for the social work profession that would help address some of these issues.

The role and function of social work is complex, multi-faceted and ever changing. The delivery of The Promise and key policy initiatives, such as implementing the new Child Protection Guidance and incorporating the UNCRC, requires a confident and competent workforce with the aligned values, skills and knowledge, and access to the appropriate supports, to work effectively and in an impactful way with individuals and families.

A National Social Work Agency could significantly increase the continuous professional development opportunities available to social work practitioners, supervisors/managers and leaders, allowing them to work safely and effectively in ever changing high risk and complex situations. If supported effectively, the delivery of social work services, in collaboration with other related agencies, could be transformative for families in need of care and protection and a National Social Work Agency could be pivotal in this.

This could include working with academic institutions and centres, including CELCIS, to support qualifying courses and newly qualifies social workers, with a National Social Work Agency having the potential to undertake some crucial functions related to post qualifying education and training, establishing and sharing the evidence base for the work and role they undertake, improvement and implementation support and signposting and the evaluation of practice approaches and models.

It could also provide a crucial workforce planning role, distinct from workforce development, planning across the sector for workforce modelling on a national basis while also addressing local contexts, as well as helping to improve and make consistent the terms, conditions and working environment and supports for social workers.

Currently there is limited workforce planning of the social work workforce in Scotland. National workforce data (e.g. Full-Time Equivalents positions) is captured by SSSC and NHS Boards for the social work and health workforces but these offer quite static measures that also have a time lag, i.e. often reporting and publishing workforce numbers from at least a year beforehand.

A National Social Work Agency could help to drive more dynamic workforce planning by capturing more timely data including real-time data and using a range of intelligence from local authorities, Health Boards and third sector organisations across a number of elements including:

- Current service needs and demands – e.g. how many vacancies there are; what these vacancies are; where the vacancies are located (within services

and geographically); whether these vacancies are hard to fill and what the main factors are that are contributing to this.

- Current supply of labour – e.g. the number of FE/HE graduates from social work courses; the number of social work/care Modern Apprentices; the ratio of applicants to vacancies; whether there are gender and/or age imbalances to address; and workforce retention within the sector and factors affecting this.
- The future demand for skills – e.g. information that will help with modelling how to meet the needs of people requiring care and support: what the emerging/future skills needs within the sector are; and what do we need to plan for in terms of training of new entrants and upskilling of the existing workforce.

A National Social Work Agency could have a central analytical role in this and use and build on skills planning support from national agencies working on skills gaps including Skills Development Scotland. The intelligence derived from better understanding the current and future demand for skills can then be shared with Scottish Funding Council, schools, colleges, HEI, Skills Development Scotland (noting their careers guidance and training programme provision), other training providers and recruitment agencies to influence potential entrants who together can help to bridge the gap between supply and demand. Across different sectors of the economy, Sector Skills Councils exist to play this role for example the CITB.^{xciii}

Q55. Do you think there would be any risks in establishing a National Social Work Agency?

We agree that a National Social Work Agency should incorporate the following functions:

- Social work education, including practice learning
- National framework for learning and professional development, including advanced practice
- Setting a national approach to terms and conditions, including pay
- Workforce planning
- Social work improvement including links with the Care Inspectorate.

Clarity is needed though to establish how the National Social Work Agency would work with the other organisations and stakeholders actively involved in supporting the social work profession currently, such as the role of the Scottish Social Services Council (SSSC) in supporting and regulating parts of the workforce, or the Care Inspectorate in regulating and improving care services.

Currently, there are well-established inter-dependencies within and across different organisations and functions locally and nationally that would also need to be considered in terms of the risks and benefits in changing these current relationships and/or responsibilities. These would include: local authority Chief Social Work Officer roles, the SSSC, social work membership organisations (BASW/SASW and SWS), HEIs offering qualifying and post-qualifying social work

qualifications and CPD training, IRISS, and UNISON/other unions representing social workers.

Additionally, planning across the sector for workforce modelling on a national basis would require attention to local contexts. For example, the ratio of social workers and social care workers required per head of population in Glasgow may differ to East Renfrewshire or geographical considerations may need to be factored in for example where spending time with families in rural areas.

The National Social Work Agency would need to closely connect, align and consolidate on the work of existing improvement agencies and centres for excellence, including CELCIS and CYCJ. This would ensure that the decades of progress and experience are recognised, would prevent functions being duplicated and/or a risk that bringing a new agency into this existing landscape further complicating the infrastructure that is already in place to support to the social work profession.

We feel strongly that a National Social Work Agency should build on and work closely with the existing centres, including CELCIS, but that the centres should not be subsumed into the agency, so that these retain their independence and the value and strengths of the existing co-location and access to a range of expertise including academic and practitioner research. However, the proposed National Social Work Agency *does* provide an opportunity for greater co-ordination, alignment, prioritisation and signposting of improvement and implementation focused work and to champion for and support the building of this capacity within the social work profession.

Notwithstanding the uniqueness of social work as a profession and the support that a new agency could provide, it is important to ensure support also exists for social care roles such as family support workers, foster carers, residential carers, who are integral to the effectiveness of child and family social work and to ensuring good quality support for children and families.

Q56. Do you think a National Social Work Agency should be part of the National Care Service?

- Yes
- No

Please say why in the text box below

Should one be established, a new National Social Work Agency should be an independent body, independent of the proposed National Care Service and of Scottish Government.

The proposals for the National Care Service include direct service commissioning and delivery. Being independent would allow the leadership and operational delivery of the National Social Work Agency to be fully centred on the profession

of social work and separate this out from any political or resource considerations.^{xciv} Clarity is needed over whether National Care Service social workers would be employed by the National Care Service but regardless, an independent agency would guarantee that it could be seen as free from a conflict of interest and approachable and accessible by practising social workers.

Being independent may also afford such an agency to be able to retain a focus the social work profession as a whole, irrespective of the roles social workers fulfil or where they are working (local authorities, third sector, health etc). This would be particularly critical if the different statutory elements of social work service delivery are divided across organisational structures.

Q57. Which of the following do you think that a National Social Work Agency should have a role in leading on?

- Social work education, including practice learning
- National framework for learning and professional development, including advanced practice
- Setting a national approach to terms and conditions, including pay
- Workforce planning
- Social work improvement
- A centre of excellence for applied research for social work
- Other – please explain: **Greater co-ordination with the Care Inspectorate and/or Learning Reviews**

We agree that a National Social Work Agency could offer the functions outlined, with the caveats around the national improvement role outlined in Question 55.

It could offer strategic oversight, leadership and advocacy that promotes and supports stronger co-ordination, coherence and consistency for social work education, continuing professional development, and quality in practice. It may also offer a role in leading the clearer articulation of practice models for social work services and support and signpost improvement and implementation support.

One addition to the list would be greater coordination with the Care Inspectorate and/or Learning Reviews to ensure that local areas get the support they need to respond quickly and effectively to any issues or areas for improvement that arises from inspection or case reviews.

Chapter 4: Reformed Integration Joint Boards: Community Health and Social Care Boards

Q58. One model of integration... should be used throughout the country.” (Independent Review of Adult Social Care, p43). Do you agree that the Community Health and Social Care Boards should be the sole model for local delivery of community health and social care in Scotland?

- Yes
- No

Please say why in the text box below

It is not possible or desirable to establish one single structural model of integration, as one model could not effectively cover all the domains relevant to children’s lives, nor to achieve the kind of impact desired and envisaged.

In the lives of children, meeting their developmental needs requires more than the services and support offered through community health and social care. Getting the right support and experience when help is needed, is dependent upon access, responsiveness and a seamless service across early years, education, the many disciplines of health, housing, the benefits agency, social work, social care, and other agencies, such as, Police Scotland and Scottish Children’s Reporters Administration. In order for any integration to be effective for children, young people, their families and carers, such integration would need to be much wider than the model of Community Health and Social Care Boards, *or* should children’s services not be included in the National Care Service, any reformed integration of IJBs would need to put in place new (or protect existing) relationships and processes for working with the services that operate outwith community health and social care.

Integration requires much more than the establishment of legal frameworks and structures with mandates. For example, mandating planning relationships between reformed IJBs and Community Planning Partnerships will not ensure effective integration *by itself*. Achieving effective integration requires shared goals, collaborative leadership, joined-up service planning and delivery, and understanding and incorporation of the experiences of people who use services, to ensure a seamless experience of public services. Change is required at all levels: from strategic oversight to planning and commissioning, to management of delivery and the direct practice of the practitioners involved. This can only be achieved with close care and attention beyond structural change to what support is needed at those different levels and between these different functions to clarify goals and roles, and to enable collaboration, communication and support effective implementation.

Before moving forward with any reform, it will be critical to evaluate the current effectiveness and impact of IJBs and their roles and functions, including ability to improve services and outcomes for people. Only then can it be understood how

far structural reform could support the findings and recommendations of the Independent Care Review and the Independent Review of Adult Social Care (IRASC) and contribute to the change and improvements intended. Even if structural change can make a positive contribution, it is important to reiterate that this will not be sufficient on its own to realise our ambitions for children and families.

It would be imperative too to know how successful IJBs have been in including children's services in existing arrangements. Our engagement and analysis with stakeholders would suggest that there are outstanding questions and concerns relating to the experiences of IJBs and the proposed incorporation of children's social care services. A more informed decision about the potential added value of reformed IJBs, would require attention to existing evidence, learning and insight regarding:

- How could reformed IJBs balance the many legitimate and competing priorities for strategic planning, commissioning, resourcing and accountability? Who sets the agenda for IJBs to work on? What influence and power do different organisations have upon this? What influence do budgetary and financial concerns have?
- How could the lead roles of reformed IJBs keep centred on personal outcomes? Would public appointments help strengthen accountability to local populations and transparency in the operation of IJBs?
- How could reformed IJBs maintain a long-term view, for example, by supporting and prioritising the preventative spend on children's services to impact on improvement in adults health and wellbeing, while facing acute service needs in the adult population? For example, we know that the return on investment in pre-birth and the early years is significant to the wellbeing of communities and the economic status of society but rarely prioritised.^{xcv}
- How would children's rights and participation be supported as part of the operation of the Boards?
- How would IJBs interact with other strategic roles and forums that are fundamental to strategic planning and integration to meet children and family's needs, such as Chief Social Work Officers, Child Protection Committees, and Community Planning Partnerships?
- How would the structural reform be resourced both in achieving this transition and in achieving improved quality in services and personal outcomes?
- How would decisions made within reformed IJBs be upheld within the organisation responsible for delivering upon them? For example, how would NHS Boards, local authorities and third sectors organisations come together to provide an integrated way of working that is experienced as seamless by children and their families?

We would therefore make the case for closer consideration as to how integrated working at multiple levels (community, local authority, regional and national) across multiple organisations can be achieved. The Collective Impact^{xcvi} and Active Implementation frameworks^{xcvii} offer road maps on how to strengthen co-ordination, communication, and action, to maintain a focus on outcomes through improvement in organisations and practices.

This is equally relevant to the work of Child Protection Committees. Given the functions and responsibilities of Child Protection Committees^{xcviii}, there would need to be careful consideration on how these would intersect with the work and scope of a National Care Service and any reform of the Community Health and Social Care Boards. The role of the Chief Social Work Officer and Chief Executive in relation to any changes to their current role and responsibilities need to be further considered and made explicit.

Furthermore, as explained in our response to Question 58, meeting the needs of children requires more than the services and support offered through community health and social care. Effective practices and positive experiences are dependent upon the capability to ensure access, responsiveness and seamless services across early years, education, the many disciplines of health, housing, benefits agency, social work, social care, and other agencies, such as, Police Scotland, Children's Hearings Scotland and the Scottish Children's Reporters Administration.

Q62. The Community Health and Social Care Boards will have members that will represent the local population, including people with lived and living experience and carers, and will include professional group representatives as well as local elected members. Who else should be represented on the Community Health and Social Care Boards?

We agree with the commitment to representation of the local people on Community Health and Social Care Boards and would emphasise the importance of ensuring children's rights and voices in such planning and decision-making process. How will this be attended to, especially in the context of the incorporation of the United Nations Convention on the Rights of the Child (UNCRC) into Scots law, is key.

Scotland has a considerable track record now in creating meaningful ways in which children and young people, their rights and needs can be represented at local and national level in policy development, service design and redesign, political engagement and co-production.

For example, the Children's Parliament engages children to set the agenda and inform political awareness and decision making, as well as influence specific law, policy and practice initiatives and over the last five years^{xcix} The Life Changes Trust has funded 21 Champions Boards - which are forums for care experienced young people to work with key local decision-makers, service leads and elected members - to influence the design and delivery of services which directly affect them. The strength of Champions Board network and their focus on Corporate Parents means that their function and work is highly relevant to the proposed focus of Community Health and Social Care Boards.^c The current evaluation being conducted would provide an important additional source of knowledge about how to ensure the active and meaningful participation of care experienced children and young people in informing service design, planning and decision

making.^{ci} In addition, The Promise Scotland is working on integrating the Scottish Approach to Design with the delivery of The Promise, which will include building the capacity of children and young people to be active participants. This represents an example of another way in which people can influence the decision making regarding the delivery of services. Learning from these approaches should be used in the development of Community Health and Social Care Boards, so anyone affected by these changes (including infants, children and young people) can have their views and experiences heard and represented.

Q63. "Every member of the Integration Joint Board should have a vote" (Independent Review of Adult Social Care, p52). Should all Community Health and Social Care Boards members have voting rights?

- Yes
- No

Q64. Are there other changes that should be made to the membership of Community Health and Social Care Boards to improve the experience of service users?

Any public body or board responsible for delivery of services would benefit from access to service design, improvement and implementation advisors, who are experienced in guiding action and facilitating change that will increase the chances of effective, successful implementation. They would not be members of the Board but support the work of the Board.

Membership alone does not ensure equity or inclusivity. Greater efforts to ensure parity of esteem, participation and decision-making across services is required to overcome some of the existing barriers to collaborative working. Ways of working should also be designed or amended to ensure the effective participation of those with lived experience.

Chapter 5: Commissioning of services

Q68. Do you think this Structure of Standards and Processes will help to provide services that support people to meet their individual outcomes?

- Yes
- No

Q69. Do you think this Structure of Standards and Processes will contribute to better outcomes for social care staff?

- Yes
- No

Q70. Would you remove or include anything else in the Structure of Standards and Processes?

The proposed Structure of Standards and Processes is a positive starting point to ensure that service commissioning can ensure the right support is available to children, young people and families.

There are a number of complexities that must be considered when establishing Standards and Processes, including evidence about what is needed to ensure these translate into practice. The development of these Standards and Processes should include more detailed work to explore what it will take for these to be enacted in practice and what supports are required by those responsible for applying the standards.

We would encourage closer attention to the tenets of strategic commissioning established by Healthcare Improvement Scotland, specifically, how the responsible body undertakes gap analysis and weighs up what is needed.^{cii}

Effective strategic commissioning could be enhanced by integrating the analysis that considers how implementation and improvement needs to be supported.

Existing tools could be referenced or embedded within commissioning processes to strengthen the likelihood of services/innovations meeting need and being fully implemented and sustained within a national/local context. For example, the Heptagon tool would help those commissioning services to assess on:^{ciii}

- Is it the right thing to do?
 - Assessing population need
 - Assessing effectiveness
 - Assessing fit with the context
- Can we do it in the right way?
 - How clearly defined is it/how implementable is it?
 - Is there space/capacity to promote uptake by a workforce/within an organisation?
 - Are there sufficient resources available to support the workforce to do it?
 - Is there capacity to collaborate to enable its implementation?

From a design, implementation and improvement perspective, we would advocate for a role and function to be established that would take responsibility

for either selecting an existing model of practice for commissioning that is proven to be effective and positively experienced by children and families (e.g. Incredible Years, Wrap Around) and/or for fully defining a service specification or practice models where an appropriate intervention or practice model currently does not exist. This function could be within in the scope of the responsibilities of the National Care Service, or another organisation. These selection and design processes should be participatory (including those who will benefit from the service) and grounded in evidence to enhance the chances of positive experiences and outcomes for communities. The commissioning and procurement processes can then rely on identifying who can effectively deliver upon those practice models, and the improvement/implementation supports (training, coaching, data for quality assurance etc.) needed can be in place to ensure that the practice is delivered with quality, and sustained over time.

In the specific context of the needs of children and families, and children and family services, there also is an important opportunity here to systemically influence the focus of commissioning to centre around the five foundations of The Promise. These are key leverage points to underpin any redesign or significant re-orientation of the purpose of the current system in which commissioning will have a significant role to play:

- *Voice* clarifies the need to rebalance power and influence in our systems
- *Family* requires the re-orientation of child protection and care systems from *protecting children from risks* to *building the capacity of families to protect and care for their children*.
- *Care* shifts the purpose of the care system to the assurance of a loving, stable, safe home to which each child is entitled.
- *People* emphasises the importance of developing positive social connections for children in care and calls upon care services to promote opportunities for regular, positive childhood experiences.
- *Scaffolding* requires the reorientation of systems to promote and uphold long lasting relationships so that children feel loved, safe and respected.

The Promise also provides a roadmap for the key areas for innovation and implementation at a scale that reaches all children and families within the next 10 years.

Grounding commissioning and procurement standards and processes in meeting these priorities would increase the possibility of realising The Promise. These include:

- Remove the financial pressures on families.
- Focus on ensuring effective and sustainable scale up of Family Group Decision Making across Scotland.
- Ensure care attention to the design and implementation of community based, intensive family support that is accessible and responsive to the needs of all families (i.e. including where children are living at home with their parents, with other relatives/kin, with foster carers or with adoptive parents).
- Increase access to therapeutic supports to promote emotional wellbeing and mental health
- Better support parents within communities to care for their children by building the capacity of universal workforces (midwives, health visitors,

teachers) to support parenting, along with providing support for specific needs (ill mental health, problematic alcohol and drug use) that impact parenting.

- Better support the engagement of and the resilience of kinship carers, foster carers, and adoptive parents to care for children, who cannot live with their parents, by strengthening identification, assessment of and support of child and carer's needs, and making community-based family support to all.

Chapter 6: Regulation

Section 6a Core principles for regulation and scrutiny

Q73. Is there anything you would add to the proposed core principles for regulation and scrutiny?

Q74. Are there any principles you would remove?

Q75. Are there any other changes you would make to these principles?

Taking these three questions together - Questions 73, 74 and 75 - there is much to offer from evidence that we would add to consideration of the proposed core principles for regulation and scrutiny, as well as about the proposed changes to regulatory approaches.

The proposed changes desired by the proposed National Care Service need to support high standards of care for children and young people and in doing so will need to strengthen the relationship between the proposed regulation and inspection functions and the functions that are focussed on improvement. For example by identifying and targeting improvement programmes in services, functions or teams that would benefit most from this support. The proposed core principles could then provide an opportunity to align and strengthen the regulatory and scrutiny function with the improvement function.

Restructure and continuity

During any restructuring process, there is likely to be significant disruption to services. For regulation and inspection, this may have a direct impact on the accountability of service providers who care for those who rely on them for their care and protection. Whilst we support the changes proposed in the Independent Review of Adult Care and The Promise around regulatory systems, it is vital that careful planning is made to mitigate any disruption felt by children, young people, their families and carers.

There is a need to ensure that any changes made will improve upon previous systems for regulation. To achieve this requires a comprehensive understanding

of current systems for *everyone* who receives care, support and protection, as well as evidence and learning around the efficacy of the implementation of current systems. The consultation paper does not reflect the full scope of current regulatory systems in place to support the services and needs of children and young people. It would be essential to ensure that any changes to regulatory approaches can meet the distinct needs of children, for example, the capacity and specialist skills of inspectors in observing and understanding the needs of children.

The principles and policy alignment

We welcome the commitment of Principle 10 to align regulatory approaches to legislative requirements, Scottish Government policy, national standards and codes of practice. However, closer alignment to policy specifically relevant to children and young people in need of care and/or protection is required across all core principles (and any associated guidance) in order to support the implementation of standards of care that would meet the distinct needs of children and young people who receive care and protection.

Particular considerations that would be required here are:

1. Aligning the principles with what The Promise sets out on inspection and regulation

The proposals and principles here would need to align and support the way forward to support the conclusions for regulation and inspection made by The Promise of the Independent Care Review, given the commitments to its implementation made by Scottish Government, Ministers and regulatory bodies.^{civ} The Promise recommends that a new framework for regulation and inspection is developed to ensure that the things that matter to children are taken into account, rather than relying on system outputs or values that might be more easily measured, and this includes children's relationships:

"A new framework [for inspection and regulation] must be totally focused on children's experiences and their ability to find and sustain safe and nurturing relationships"^{cv}.

In addition, regulation and scrutiny should assess and support provision across the totality of care that a care experienced child or young person receives, such as aftercare and advocacy services.^{cvi} This has implications for both private and third sector providers, and requires clarity over any changes to scrutiny powers, but is critical to ensuring consistency of standards as experienced by children and young people. The changes proposed in a National Care Service could support these recommendations, but only with further engagement and development to align these plans with those proposed in [The Promise Plan 2021-24](#).

2. Aligning the principles with Health and Social Care Standards

Scotland's [Health and Social Care Standards](#) are not referenced in the consultation but these are the standards by which current inspection frameworks

are set against. These are rights based and reflect the experiences we would want all people needing care and support to have.^{cvii} If the intention is to replace these standards with these new proposed National Care Service core principles for regulation and scrutiny, the rationale for doing so is not clear. Less detail is given on the values base of these proposed principles, including about how human rights will be upheld; alignment with the GIRFEC wellbeing indicators; the involvement of people with lived experience in regulatory processes; and the importance of relationships.

3. Aligning the principles with the inspection of education bodies

Where relevant, the proposed core principles, as well as other frameworks for regulatory processes, should be aligned with and/or integrated into approaches to regulation and inspection of education settings.

There are many settings which are currently inspected both as care providers by the Care Inspectorate and education settings by Education Scotland, such as early learning and childcare settings, residential schools, and secure care services. It should be noted that duplication of inspection processes can be detrimental to both the workforces involved and the quality of care experienced.^{cviii} The Scottish Government is currently consulting on reforms to Scotland's national education agencies, and proposals include removing the scrutiny and inspection function from Education Scotland.^{cix} The timing of these reforms presents an opportunity to align approaches to inspection in education and social care settings. The opportunity for changes to regulatory approaches now could prioritise improvement and accountability which promotes the quality of care and children's experiences of care.

4. Aligning the principles with Secure Care Standards

Scotland's new the [Secure Care Pathway and Standards](#), set out what all children and young people in, or on the edges of, secure care should expect across the continuum of intensive supports and services for them. Children and young people with current or previous experience of secure care have been at the heart developing the Pathway and the Standards. The Standards are aligned to The Promise and the Health and Social Care Standards, and will support Scotland to uphold children's rights under the UNCRC.

It is critical that the distinct needs of children and young people in secure care, who are being deprived of their liberty due to experiencing extreme vulnerabilities, needs and risks in their lives, are considered in all approaches to regulation and inspection of their care to ensure their rights are upheld.^{cx}

5. Aligning the principles with 'Continuing Care'

Any changes in regulatory approaches must be aligned to legislation and procedure that recognises the right of young people in need of care and protection in Continuing Care arrangements Under Part 11 of the Children and Young People (Scotland) Act 2014.

For most children and young people, being able to live with your family after the age of 16 is vital to meeting their needs, yet many children and young people with care experience face barriers to doing so - the age at which care experienced children move out from living with their families or care settings is much lower than for their non-care experienced peers and this can have a hugely detrimental effect on their wellbeing.^{cx1}

Currently, there are a range of barriers that can get in the way of young people continuing to live in their homes after the age of 16.^{cxii} This includes the current conditions for registration for foster carers, which require foster carers to re-register as adult carers if a child they care for wishes to stay living with them, due to the different protocols for registration for care of adults and children. For the principles of regulation and scrutiny to facilitate accountability, they must ensure that any procedures deriving from them, facilitate best practice, including in the support of young people in need of care and protection under Continuing Care and Staying Put. Addressing this systemic barrier is an opportunity to uphold the core principles for regulation and scrutiny in the lives of children and young people who are cared for.

6. Aligning the principles with the inclusion of lived experience

We welcome reference to the involvement of the inclusion of people with experience of care in the development and delivery of scrutiny approaches in Principle 9: 'Where possible, regulators should involve people in the development and delivery of scrutiny approaches and amplify the voice of people experiencing care.'

However, 'where possible' suggests that there could be limits to this commitment and variation in how and when this principle is applied. Anyone who is being supported by public services should have the opportunity to be listened to and included, and this is particularly vital in ensuring scrutiny can be robust and support the desired outcomes of any service. It would not be sufficient or acceptable if 'where possible' were to be interpreted to mean that this should only occur when practical within the current systems and resources of a care setting - that would be a down-grading of the principles Scotland is currently committed to. For example, the wording in the principles of the Health and Social Care Standards, upon which regulatory frameworks are currently based, states:

“Be included:

- I receive the right information, at the right time and in a way that I can understand.
- I am supported to make informed choices, so that I can control my care and support.
- I am included in wider decisions about the way the service is provided, and my suggestions, feedback and concerns are considered.
- I am supported to participate fully and actively in my community.”^{cxiii}

These principles offer more clarity and an appropriate emphasis on the inclusion of those with lived experience of care.

Furthermore, the proposed wording of Principle 9 in the core principles is not aligned to the stated aspirations of the National Care Service, nor The Promise^{cxiv}, and should be changed to reflect a significant commitment to how the involvement of people with lived experience of care will be embedded throughout regulatory processes, as well as their day-to-day experience of care.

There is a wealth of evidence about the effective and representative inclusion of children and young people in regulatory processes, which could be reviewed as well as the range of improvement work that is currently underway.

7. Aligning the principles with regard to complaints and advocacy

Complaints processes and advocacy are a vital part of ensuring the needs and views of people with experience of services are listened to. Our response to Question 14 refers to considerations in relation to child friendly complaints processes, and the importance of independent advocacy in supporting children and young people to be involved in regulatory processes.

Care experienced children, young people and adults can face particular challenges to their participation in decision-making. For some, their life experiences, or negative experiences of services, impact on their confidence in expressing their views (or making carers aware of their needs), and for others, complex situations can arise where different family members or professionals hold competing views. This can lead to a child's voice not being heard. There is a vital role for high quality advocacy, which meets the needs of the individual, to ensure children and young people have the opportunity to raise comments, concerns and complaints about their care, and this act as are a critical safeguard for care experienced children and young people.^{cxv}

8. Aligning the principles with human rights-based care

We welcome the statement that 'Scrutiny and assurance should support human rights-based care' in Principle 1. Guidance will be required to make explicit what is meant by human-rights based care, and what service providers are saying and doing to make this aspiration real in the experiences of those receiving care.

Within such guidance there would also need to be references to children's human rights under the UNCRC, which is set to be incorporated into Scots law. This will support alignment of guidance and practice to The Promise, which has embedded children's human rights. Guidance should also reflect that the priorities and mechanisms for providing human rights-based care will need to differ for babies, children and young people and adults, and the age and stage of development of each individual. This includes a need to offer appropriate care and support that meets the 'evolving capacity' of children as they grow up,^{cxvi} which means that many of children's rights are likely to be enacted through the relationships with adults who care for them; and how children and adults are supported to understand their rights.

9. Aligning the principles with the relationships between care providers and the people they support

We welcome the commitment in Principle 1 that scrutiny and assurance should include a remit for the relationships members of social care workforces have with people who receive care. Children have distinct needs concerning their experience of and need for consistent, loving and nurturing relationships, which can differ from the needs of most adults, as these relationships have an impact on their development. There is a need then for the proposed core principles, as well as any associated guidance, to convey these distinct needs, and include what is required from regulatory approaches to ensure children experience nurturing relationships in all care settings. This should be aligned with the findings of The Promise of the Independent Care Review, which are echoed in the Independent Review of Adult Social Care (IRASC):^{cxvii}

'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.'^{cxviii}

There is specific and specialised skill required in the assessment of risk and harm to children and young people, the changing nature of risk (for example, though online exploitation), and the regulatory and inspection frameworks that are required to adequately monitor and support the quality of these practices. To support and strengthen assessment practices so that these best meet the needs of children and young people, attention should be paid to what The Promise says on the assessment of risk, including recommendations for inspection and regulatory frameworks, to shift from a sole concern of risk of harm within their relationships, to also consider risk of harm to children from not experiencing loving relationships.^{cxix}

Inspection and regulation bodies can play a crucial role in supporting quality of practice that integrates these complimentary and multifaceted understandings of risk into the care of children and young people and navigates all the protection and care needs concerned.

Section 6b Strengthening regulation and scrutiny of care services

Q85. How could regulatory bodies work better together to share information and work jointly to raise standards in services and the workforce?

There are opportunities for changes to regulatory approaches which could improve the standards and the quality of children's services. We expand on these opportunities in our response to Questions 73, 74 and 75, and would highlight the learning taken from the Permanence and Care Excellence (PACE) programme led by CELCIS which emphasises the importance of ways of working that support improvement, rather than focus solely audit processes, in seeking to raise standards. This concurs with the recommendations from the Independent Review of Adult Social Care which highlight the importance of

basing inspection on dialogue and improvement,^{cxx} and urge caution over an approach that was reliant on regulation to drive improvement, stating that there should be a 'complementary functionality' between organisations that regulate and support improvement.^{cxxi}

There is then a need for a careful approach to planning how regulation and improvement functions will interact with each other, and how these functions will be co-ordinated. There is also a need to anticipate any contradictions between regulatory processes that include enforcement functions, and improvement processes which require the formation of trusting relationships between those supporting improvement and the workforce, and cultures that encourage dialogue about gaps in current systems and capacity. This may mean, for example, that a regulator could have a role in signposting to agencies or services that offer related improvement functions.

The proposed changes to regulatory functions for the National Care Service include merging functions for the regulation of workforces across social care, such as adherence to professional standards, with the regulation of services. Supporting the workforce effectively will improve the experience of children and adults using services, and is key to realising of The Promise of the Independent Care Review.^{cxxii} In both regulatory and in improvement approaches for the workforce responsible for delivering services, there must be a close alignment to strategic leadership and the commissioning of services. Support to the workforce cannot address all the drivers for service improvement alone, especially if barriers to practice are systemic or due to lack of resources – levers which only exist at a strategic leadership level. To connect improvement approaches with the commissioning of services, there must also be alignment between and with the service improvement, regulation and functions currently held by regulatory bodies for scrutiny of Community Planning Partnerships.

Chapter 7: Valuing people who work in social care

The case for change

Section 7a Fair Work

Q88. What do you think would make social care workers feel more valued in their role? (Please rank as many as you want of the following in order of importance, e.g. 1, 2, 3...)

- Improved pay [1-14]
- Improved terms and conditions, including issues such as improvements to sick pay, annual leave, maternity/paternity pay, pensions, and development/learning time [1-14]
- Removal of zero hour contracts where these are not desired [1-14]
- More publicity/visibility about the value social care workers add to society [1-14]
- Effective voice/collective bargaining [1-14]
- Better access to training and development opportunities [1-14]
- Increased awareness of, and opportunity to, complete formal accreditation and qualifications [1-14]
- Clearer information on options for career progression [1-14]
- Consistent job roles and expectations [1-14]
- Progression linked to training and development [1-14]
- Better access to information about matters that affect the workforce or people who access support [1-14]
- Minimum entry level qualifications [1-14]
- Registration of the personal assistant workforce [1-14]
- Other (please say below what these could be) [1-14]

Please explain suggestions for the "Other" option in the text box below

Each and every one of these elements is valuable. Given that this will be different for different individuals, and at different points in their life and their career, we do not feel these can or should be ranked.

Parity across services, and between local authorities and the third sector which has traditionally shorter term funding and security, will need to be given attention.

Q89. How could additional responsibility at senior/managerial levels be better recognised? (Please rank the following in order of importance, e.g. 1, 2, 3...):

- Improved pay [1-5]
- Improved terms and conditions [1-5]
- Improving access to training and development opportunities to support people in this role (for example time, to complete these) [1-5]
- Increasing awareness of, and opportunity to complete formal accreditation and qualifications to support people in this role [1-5]
- Other (please explain) [1-5]

Please explain suggestions for the "Other" option in the text box below

Each and every one of these elements is valuable. Given that this will be different for different individuals, and at different points in their life and their career, we do not feel these can or should be ranked.

Section 7b Workforce planning

Q91. What would make it easier to plan for workforce across the social care sector?

- A national approach to workforce planning
- Consistent use of an agreed workforce planning methodology
- An agreed national data set
- National workforce planning tool(s)
- A national workforce planning framework
- Development and introduction of specific workforce planning capacity
- Workforce planning skills development for relevant staff in social

Attention to the 'implementation gap' in achieving real transformational change

We would focus in on the attention to the 'implementation gap' in achieving real transformational change.

The transformative change agenda as articulated in The Promise and The Plan 2021-24, needs to be the starting point for strengthening workforce planning and how workforce planning tools are applied, and it would be possible to achieve this by using a stage-based, implementation and improvement approach to enable coordination, integration and alignment from national priorities to local need and circumstances.

Effective workforce planning requires clarity about strategic direction, goals and objectives for the workforce to achieve. In the context of an agenda for change as extensive as The Promise and addressing the recommendations of the Independent Review of Adult Social Care (IRASC), there is merit in stronger co-

ordination of where and how to prioritise to meet these goals. To increase the chances for success, this must include exploration from the 'bottom up' of the systems as well as 'top down' and include frontline staff, those who use services and strategic leaders.

For example, The Promise places emphasis on Family Group Decision Making and intensive family support embedded within communities. While the local authority social work and social care workforce hold the core skills needed for such practices, these have not been given the priority in their roles in the last few decades. Achieving such a shift in focus, requires attention to how to increase capacity across the workforce to re-balance how their time is spent, with the relationship-based aspects of their roles a priority. Increasing clarity on the practice models to be used by practitioners and the infrastructure of support required to ensure it is delivered consistency and with quality will allow us to get clearer on 'what it takes' (e.g. frequency and volume of time spent with a family) and the level of contingency that needs to be built into the present and future workforces.

Additionally, planning across the sector for workforce modelling on a national basis would require attention to local contexts. For example, the ratio of social workers and social care workers required per head of population in Glasgow may differ to East Renfrewshire or geographical considerations may need to be factored in for example where spending time with families in rural areas.

Centring on the transformative change agenda must be a starting point for strengthening workforce planning and application of workforce planning tools. Doing this within the context of a stage-based, implementation and improvement approach would enable co-ordination, integration and alignment from national to local, and, with close attention the quality and effectiveness of the practice to be supported.

Section 7c Training and development

Q92. Do you agree that the National Care Service should set training and development requirements for the social care workforce?

- Yes
- No

Please say why in the text box below

In terms of responsibility for defining training requirements or delivering on training, a National Care Service could take on a role of a developer or 'purveyor' of specific practice models^{cxxiii}. Training and development requirements for a workforce must necessarily be sited within the context of the practice models being followed, and outcomes that any workforce should be focused on. This establishes what is essential and must be provided. Doing so without such definition is unlikely to enable or sustain quality in practice.

We think it is important to emphasise that training alone is not sufficient to build the confidence and competence of workforces. A service which establishes clear requirements for training alongside a clear expectation for 'on-the-job' supervision and observational coaching, would be fundamentally important to the learning and skilling of the care workforce and to the quality of their practice.

There would also need to be clarity about the relationship between the proposals for a National Care Service and the proposed National Social Work Agency, ensuring that training needs are coordinated and negotiated recognising the role and expertise of both agencies.

Q93. Do you agree that the National Care Service should be able to provide and or secure the provision of training and development for the social care workforce?

- Yes
- No

There would be considerable merit in a national provision of training and development for the social care workforce, if this was undertaken in conjunction with developing and establishing clear practice models and the supporting infrastructure. This could aid the quality assurance and relevance of training and of supervision/coaching models and consistency, protect dedicated capacity for repeat delivery of training and supervision/coaching support and could offer considerable financial savings due to the economies of scale.

It is not clear how the relationship between the proposals for a National Care Service and the proposed National Social Work Agency connect in terms of responsibility for defining training requirements or delivering on training. However, there is breadth and depth of existing knowledge in this specific area in Scotland, not least within university social work departments and centres, like CELCIS, that offer qualifying and post-qualifying training relevant to the social work and social care workforce. This function of the National Care Service should build and consolidate on this work and history.

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