Plan 24-30 Analysis Reports

ED. 09 JULY 2024

A Reminder of How Plan 24-30 was Developed

Plan 24-30 was developed together with stakeholders including the care community and will continue to be shaped in response to feedback from, and the actions of, all those working to #KeepThePromise. The process to develop Plan 24-30 has been, and will continue to be, transparent, open, and collaborative.

In November 2023, the approach and timeline to devise Plan 24-30 was set out, including the core principles the work would focus on:

- 💜 Remaining rooted in the needs and aspirations of children, young people, families and care experienced adults.
- 💛 Providing a single shared plan which sets out a route map to #KeepThePromise by 2030.
- 💙 Providing a common understanding of how progress will be measured and be able to keep track.

Three phases to devising Plan 24-30 together were outlined:

- 💙 Phase One: Understanding and creating. This included targeted engagement with groups, an online form, and updates on progress.
- 💜 Phase Two: Creating and checking. This included bringing everything together into a draft Plan 24-30, sense checking with the care community and others and identifying gaps.
- 💜 Phase Three: Checking and publishing. This involved checking the final shape with those who helped devise it.

This report summarises the analytical outputs from Phase One of devising Plan 24-30, the detail of which can be found here in the 'Reflect, Refocus, Reset' report, that was published alongside the launch of Plan 24-30 in June 2024.

Executive Summary

There is broad support for the promise as a whole, and particularly for focusing efforts on what matters to children and families. The analysis found that, while implementation and governance structures are diverse, Plan 21-24 has been prioritised and progressed in the majority of local areas and surfaced examples of progress across all Plan 21-24 actions.

Confident in these findings, the majority of analysis was future-focused and considered key challenges and future ambitions of the 'care system', in all its forms, and found a general consensus on key issues. Significantly, most of the 'solutions' or 'ambitions' offered by respondents are aligned with or reflective of what the promise itself states— highlighting the continued relevance of the promise and its recommendations. Further detail from each sector can be found in the Reports and Appendices.

The key identified challenges and future ambitions, aligned across all the analysis reports by Plan 21-24 actions, include:

Poverty: This is a significant and growing challenge to the delivery of an improved 'care system' and underpins all other priority areas. The cost-of-living crisis and the impact of the COVID-19 pandemic has left services underfunded and families struggling; child poverty has only increased in the last decade and Scotland is now facing an unprecedented level of impoverishment and deprivation. Budgetary constraints and cuts to services have only made matters worse; financial issues at the local level directly impact delivery of services and accessibility of support within communities.

Poverty is both causing and is compounded by the housing crisis, which puts families on the edge of care at risk of homelessness; reduces the availability of foster homes and exacerbates the challenges of keeping siblings together; and limits the housing available to young people moving on from care.

Support: The changing demographics of children who experience the 'care system' requires further investment and workforce upskilling to properly provide support. Principally, this refers to the increasing complexity of support needs (of both children and their families) and a significant increase in asylum-seeking children and families and unaccompanied minors. The challenge in supporting children from the National Transfer Scheme was particularly highlighted by Local Authorities and National Bodies in their 'progress updates' but was also referenced across responses as requiring significant investment and as taxing on already overtaxed resources.

Workforce Support: Many responses referenced the staffing crisis across health and social care. Retention is the largest challenge and is cited as a cause across all other barriers. The workforce is experiencing high rates of sickness absence, burnout and low resilience post-pandemic. These same issues are themselves increasing staff workload, leading to more difficulties with retention. Due to the challenges with retention, organisations need to turn to recruitment, but are not having success with filling vacancies across all services. Many services are therefore running at a reduced capacity—driving up

workloads and limiting workers' ability to upskill or implement positive changes in accordance with the promise.

Foster care was the service most frequently identified as requiring recruitment, with increasing demand for the service but a real term decrease in available foster carers. With some local authorities having success with foster care recruitment, this is a prospective area to enable sharing of best practice nationally.

To address these challenges with recruitment and retention requires national support. In the 'progress updates' several local authorities noted that Scottish Government are leading work on a national fostering campaign and asked for continued support and a national approach to recruiting foster carers. One highlighted a need for additional investment to attract and retain staff, while another suggested needing a national approach to making children and families social work a more attractive area of work and study, to increase the number of qualified workforce members.

Investment: Concerns about funding and investment were raised repeatedly, and these were referenced across the analytical framework—touching on the majority of Plan 21-24 actions. Short-term funding and burdensome reporting are cited as reoccurring challenges and respondents expressed that there was not enough funding across services, that local authorities faced significant financial challenges, and that there is significant need for a strategic approach to funding to improve outcomes and increase the capacity of preventative support. This was strongly stated in responses to do with the workforce; respondents warned that further investment was needed to retain workers and that, without increased funding, services will continue to operate at capacity and will be limited to crisis-response rather than early intervention and prevention. Going forward, respondents called for sustainable, joined-up, and long-term investment that supports long-term planning and is aligned with the promise.

Policy Coherence: Current policy incoherence burdens the workforce. Right now, there are numerous, substantive changes taking place at the national level, all of which rely on the same workforce for implementation. What is needed is national coordination with specific guidance and prioritisation from Scottish Government. This ties to a twin need in **Inspection and Regulation**, with calls for a clear set of coordinated measures for all sectors.

Governance Structures: Many respondents spoke highly of ongoing multi-agency projects and underlined the need for improved collaborative, partnership working across services and sectors to address entrenched siloed working and allow for sharing learning nationally. Alongside this, the promise continues to be viewed as the responsibility of Children and Families services. Responses recommended that the promise needs to be more widely understood and implemented on all levels—from Scottish Government to local authorities, the voluntary sector, and individual workforce members.

Summary of Plan 24-30 Analysis

COMPLETED   09 May 2024

Methodology

Purpose

The purpose of this analysis was to inform Plan 24-30, so that it best reflects the status of Scotland's keeping the promise. This required the creation of a method for the "capturing, analysing, and reporting" of all data and information inputs.

Method

There were multiple 'strands' of engagement that required analysis, which developed over the course of the project including:

- 💜 Views gathered via an online form, which was deployed on the Promise Scotland website "to give as many people as possible the chance to be heard"

- 💜 Progress updates requested from organisations, which requested emailed updates (documents and/or a reply to four questions) from 149 key organisations

- 💜 Posters submitted to The promise Scotland's 'Stories of Change' conference in February 2024

Each strand of engagement was analysed and reported on separately. The source material differed significantly between strands and this approach allowed for applying bespoke analytical methods. Each report includes a methods section that details the specific approach taken. What remained consistent was the use of Plan 21-24 as an analytical framework, which allowed for comparison across strands and standardisation across reports.

Limitations

This analysis is a product of diverse source material and is limited both by the nature of the sources and the time available to carry out analysis.

The source material was not validated by the analysts and the analysts did not query or analyse the bias or motivations inherent to the provided information. All analysis is therefore reflective of what was submitted by organisations or individuals who opted to provide information, some of whom were invited to take part.

Further information about each Strand's limitations is available at the beginning of each report.

Report: The Online Form

COMPLETED   22 March 2024

Methodology

Purpose

This report provides an analytical summary of responses via the online form. The purpose of the overarching analysis project is to inform Plan 24-30, so that it best reflects the current status of Scotland's keeping the promise.

Method

The Online Form was deployed on the Promise Scotland website, "to give as many people as possible the chance to be heard" and closed on 31 January 2024. It posed seven optional questions:

1. What is known about the context of care in Scotland that was not known in 2020?
2. What does Scotland not know enough about? Where is there a need for further research?
3. What have you seen that works well that can be accelerated?
4. Are there practices around the 'care system' that need to end?
5. Are there services that you perceive need to be phased out?
6. As outlined, Scotland faces a number of challenges to keep the promise. What should be tackled first?
7. What does good look like and how will Scotland know it's happened?

There were 17 respondents to the form. Respondents' professional backgrounds ranged from the voluntary sector to local authorities, and most did not specify whether they were responding in a professional capacity or as an individual. Their responses to the questions were equally diverse; not all respondents answered every question and the length and detail of responses varied.

This analysis was carried out using the Plan 21-24 priority areas as a framework. Responses were coded and categorised to the framework before summarising, to discern overarching concerns and areas which respondents felt needed support, improvement or acceleration. The summaries of responses were then analysed and written into synopses for each Plan 21-24 action, reviewed and compiled in this report.

Limitations

This analysis was undertaken utilising a diverse data set, which did not always correspond to the format of the analytical framework. Further, while the nature of respondents' capacity as responders (on behalf of organisations or as individuals) was not inherently problematic, it did raise questions about the concerns and issues identified by respondents.

In analysing these findings, all views submitted via the online form, have been treated as being from individuals, as the analysis of 'progress updates' has solicited responses from organisations. For framing purposes, these responses are therefore from a small, self-selected group of invested individuals who were aware of this form's existence and were able to fill it out before the closing date.

It is important to note some questions remained entirely unanswered, particularly 'Are there services that you perceive need to be phased out?'. It may be that those working within the 'care system', which made up the bulk of respondents, are reticent to declare a preference for services that need to be 'phased out' – especially at a time when concerns over budgetary constraints and service cuts are running high.

Analytical Summary

Analysis identified that respondents expressed opinions in three categories:

- Values
- Past or current landscape
- Future recommendations

There was broad support for focusing efforts on what matters to children and families, listening to lived experience, and providing holistic, whole family support—among a range of other, more specific, aligned values. Crucially, nothing was expressed by respondents that was counter to the values of the promise or Plan 21-24. This report will focus on what was said about the latter two categories, as 'value' responses largely mirrored the values of the promise.

The strongest theme, heard across responses, was financial. Concerns about funding and investment were raised repeatedly, and these were referenced across the analytical framework—touching on the majority of Plan 21-24 actions. Respondents expressed that there was not enough funding across services, that local authorities faced significant financial challenges, and that there is significant need for a strategic approach to funding to improve outcomes and increase the capacity of preventative support. This was strongly stated in responses to do with the workforce. Respondents warned that further investment was needed to retain workers and that, without increased funding, services will continue to operate at capacity and will be limited to crisis-response rather than early intervention and prevention.

However, responses reflected differing interpretations of 'success', or 'what good looks like', with some focusing on experiences of children and others on quantitative measures. Higher-level measures of 'good' were aligned, as respondents focused on when children are happy, cared for, and loved, and emphasised listening to children to know when this was achieved. At a more specific level, however, there were different success metrics proposed, including:

- Better educational attainment for care experienced pupils
- Fewer sibling separations
- Decrease in the number of children in the care 'system'

Responses recommended that the promise needs to be more widely understood and implemented on all levels—from Scottish Government to local authorities, the voluntary sector, and individual workforce members. There were also doubts shared about the likelihood of the promise being kept by 2030.

Responses along Plan 21-24 Framework

The following sections summarise what was heard for each of the Plan 21-24 priority areas (Plan 21-24 actions are bolded, to help guide the reader between topics). These are written from the perspective of a composite respondent—an amalgamation of all responses received—to provide an understanding of what was submitted to the Online Form.

This was a stylistic choice to avoid using quantitative language or repeating phrases such as 'one respondent said…', 'most responses mentioned…"; given that this is a qualitative exercise, with a relatively small number of responses, frequency of a topic is not significant. Efforts have been made to include all salient opinions from the responses. Conclusions are therefore reflective of what was heard and are not put forward by the analysts.

The respondents shared that:

Fundamentals

The focus must be on **what matters to children and families**. A bespoke approach, where care is tailored to the needs of people in Scotland, is essential for the 'system' going forward and the culture of 'shame and blame' of parents when accessing services needs to end. There still needs to be a shift in practice from monitoring families to a compassion-based approach, alongside trauma-informed and rights-based approaches.

However, while there has been recent progress, the 'care system' currently struggles to appropriately **listen** to families, children and young people. The experiences of children and young people in care need to be heard. Outwith the system, more needs to be done to educate the population on care as an experience. Experiences of care are diverse and affect individuals of all ages. Further, listening to care experienced adults is critical to improving the system in the long term as their stories are invaluable pieces of qualitative data.

This can potentially be done via consultation of care experienced children and young people, not only to demonstrate listening but to actively improve the 'care system' via direct engagement. This would mean organisations within the 'system' could better understand what is improving and how this occurring. Listening to care experienced young people is a current challenge for the Children's Hearings System, as some young people are intimidated by such panels and this process can inflict further trauma. Procedures should be developed to include young people in the Children's Hearings process, but indirectly (such as, allowing them to not physically attend a hearing, but keeping them updated on progress).

Poverty is a significant challenge to the delivery of an improved 'care system', and financial problems underpin all other priority areas. Child poverty has only increased in the last decade and Scotland is now facing an unprecedented level of impoverishment and deprivation. The cost-of-living crisis and the impact of the COVID-19 pandemic have left services underfunded and families struggling. Budgetary constraints and cuts to services have only made matters worse. Financial issues at the local level directly impact the delivery of services and accessibility of support within communities.

For example, the health, social and economic impacts of the COVID-19 pandemic have led to many foster carers retiring or leaving foster services. This has, in turn, created a dearth of supply of foster carers when demand is increasing. Family support in the community is also struggling, as localities endeavour to retain and recruit staff as well as train them to update the quality of services. Caseloads of social workers and health visitors are high, and many services have to prioritise crisis response, which is already under strain, rather than having the time to focus upon prevention and support.

In order to effect change, intersectionality between economic, social and health factors need to be addressed. Increasing financial support for communities, via a Scottish Child payment, is a means to address poverty and prevent issues that lead to interaction with care services.

Children's rights have been more of a focus since 2020; collaboration between organisations has allowed better implementation of rights-based approaches for care experienced children and there has been progress with the adoption of the UNCRC. However, there are still improvements to be made regarding standardising practice, communicating children's rights clearly to them, and a wider adoption of Family Group Decision Making.

Positive changes in the culture around the use of **language** has taken place since 2020; rights-based and trauma-informed approaches that take into account language have been widely adopted. However, there remains a lack of clarity in use of jargon, specialist terms and legal language, particularly for people with disabilities, poor education, and non-English speakers. There remains more work to be done as organisations must enhance practices around language to emphasise inclusivity. Acceleration of language policies should occur within local authorities and implementation of this has the opportunity to change workplace culture.

A Good Childhood

> *Analyst note: while the promise's values were upheld across these responses, there was no commentary on the current landscape or future recommendations for the actions 'relationships' and 'physical intervention'. There was also very little for 'brothers and sisters' and 'youth justice'. Given that this priority area includes many actions and constitutes a large section of most other reports, the brevity of this section is perhaps due to the fact that responding individuals are not representative of Scotland on the whole. The topics included in these responses are, therefore, instead more representative of these individuals' personal or work interests and expertise. This does not minimise or negate their significance, but rather highlights the unique perspective of this report.*

The need to **support** children and young people throughout the care system is central currently and for the future, but this support needs to be aware of and responsive to the trauma that contact with the 'system' inflicts. Support should not only extend to accommodation and emotional services, but also to holistic supports—such as life history narratives and therapy. Practices of collecting, storing, and sharing keystone memories with care experienced children and young people should be implemented and accelerated as standard. Furthermore, access to such services should not be limited by age. However, a lack of funding is a significant constraint upon delivery of better support for children and young people within the 'system'.

The **education** system needs to improve its approach and be responsive to care experienced children and young people and their needs—including neurodiverse needs. There needs to be clear pathways to alternative education provision where required, such as learning plans & part-time timetables. Educational institutions, particularly schools, are 'economies of scale' but such large-scale environments can be alienating for children and young people. Currently, there are failures within education to identify children and young people at risk. Going forward, early intervention practices should be prioritised, alongside developing greater levels of guidance for parents and carers.

Keeping **brothers and sisters** together is challenging due to a lack of financial and emotional support for kinship care, and a lack of foster care availability. To facilitate improvement, more investment is needed.

Regarding **youth justice**, Scotland has not explored the need for cross-sector co-operation in data collection and mapping in relation to child protective services and criminal justice.

Decisions about young people and adults **moving on** from care need to be informed by further research. Care experienced young people currently have vastly differing experiences when transitioning out of care. A comprehensive, life-long approach to services needs to be adopted to ensure that access to support is not hindered by age. This requires engaging with the adult social services workforce, to make them aware of the promise and its values.

<u>Whole Family Support</u>
Scotland's need for accessible **family support**, available at the point of need, is beginning to be recognised. Further, 'whole family' approaches are including fathers in the process; previously, the focus was solely upon the mother as primary caregiver. All family members should be included and reducing stereotyping family members should be prioritised as an area for development. Alongside this, the use of Family Group Decision Making should be adopted as standard practice across Scotland's local authorities.

Although **peer and community support** is a critical network for care experienced families, it faces significant challenges due to a lack of foster care, recruitment issues in the care sector, and a lack of funding for kinship care support. Whole family support should be prioritised within communities and there needs to be an increase in the support available for kinship carers, residential staff, and foster parents, as well as increased capacity in CAMHS. Investment is needed to maintain these community supports.

Service integration across sectors is an essential part of delivering the promise. The voluntary sector should be recognised for their recent significant efforts in driving collective efforts between organisations, ranging from public to private. In integrating services, collaboration is a key element and working across services and sectors is necessary to deliver improved services and to prioritise people. Reducing caseloads in certain sectors, such as health visitation and social work, would only improve matters. Collaborative approaches which involve and empower families should be accelerated.

Emotional strain could be tackled by use of collective **family therapy**. However, services to provide family therapy are not in place, even though mental health waiting lists are oversubscribed. More therapeutic support for carers and foster parents would also benefit children and young people in care, but this needs to be balanced with phasing out the current overreliance on CAMHS.

Supporting the Workforce

> *Analyst note: there was significant overlap between this priority area's actions. As such, this section is constructed differently to the others, with a focus first on the current landscape's general successes and failures, followed by more specific recommendations for the future, aligned with each action.*

Since 2020 there has been positive changes within the workforce, including: a shift in workforce values that has increased support for workers; increasingly adoption of trauma informed approaches; engagement between the public and voluntary sectors; and endeavours to build relationships and trust with care experienced children, young people and families. These changes have resulted in good practice and improved outcomes and need to be furthered.

There are, however, financial constraints that are preventing progress and need to be addressed. Furthermore, while there need to be safeguards, vigilance and oversight, the 'care system' can be hypervigilant when it comes to relationships with children and young people. Supervision has to be balanced with the need to ensure care experience children and young people feel valued, encouraged and supported. Also, within the voluntary sector, there is a feeling that organisations must deal with the impacts and consequences of a 'care system' that is not appropriately structured.

Looking to the future, there is room for growth and improvement across all of these areas and the promise needs to be promoted amongst cross-sector workers and within the 'care system'.

Workforce values and practice should be standardised nationally and appropriate frameworks for training and development—informed by the lived experience of the workforce—should be implemented. Workers should be trained and encouraged to adopt de-stigmatising language whilst working in care. Professional development would lead to a change in the culture of the workforce. Alongside this, the workforce should be supported in adopting bespoke approaches to challenges and issues at grassroots level.

There remains further work to be done to perpetuate **trauma-informed** practice across sectors related to care—particularly in mental health support and the Children's Hearings System. The implementation of trauma-informed practices needs to accelerate.

Challenges remain in developing **ongoing relationships**, as staff retention rates are falling and levels of sickness-related absence are high. This hinders the development of relationships and continuity for care experienced children and young people.

Lastly, **the workforce requires support**, particularly in the form of recruitment and incentives to retain staff within the 'care system'. Funds for recruitment and retention should be prioritised as this would alleviate current pressures on the system and improve delivery. Without further investment, services will continue to operate at capacity and will be limited to crisis-response rather than early intervention and prevention.

Planning

> *Analyst note: while the Plan 21-24 action is about national, strategic planning, a number of responses were to do with planning at the organisational level. There seemed to be no better place to include this information and it seemed a thematic fit for this action.*

The promise's current **planning** is actionable, albeit the delivery of the promise is doubted. Organisations should develop plans to keep the promise and this should be measured categorically: either organisations keep the promise or they do not. A real change within the 'care system' would be reflected in an actionable plan for a wholesale redesign of said 'system'. A continuation and strengthening of cross-sector collaboration would be a fundamental element of such a plan and the voluntary sector needs a more defined role. Coherent messaging would make the plan accessible to the Scottish population.

Investment in a variety of areas is required to deliver the promise. Since 2020, economic pressures have only increased in Scotland and a lack of funding for services is a major concern. To address this, a strategic approach to funding is needed. Budgets for care services need to be directed appropriately, local authorities need investment for service provision, and the voluntary sector requires funds to be able to build trust and capacity within communities. Investing in these ways would improve outcomes of care and increase the capacity of preventative measures.

Information sharing between public, private and voluntary sectors is necessary and desirable; however, the collection and sharing of data needs to be co-operative and should be improved, particularly within 'corporate families'. Furthermore, sharing stories of change and good practice can also be beneficial within organisations. At a local level, the workforce wants to share their concerns and experiences around information sharing with Scottish Government.

Building Capacity

While there has been some progress on improving **legislation**, particularly by cross-party co-operation, there needs to be further efforts. There are continuing concerns about the political will to effectuate meaningful change for care experienced people and fears that politicians model their approaches on their dispositions rather than on a generally agreed-upon framework. The disconnection between legislators and grassroots provision of care needs to be tackled and there should be 'a golden thread' running through Scotland's redesign of the 'care system', from central government to local authorities.

Changes to the **Children's Hearings System** are positive and need to be accelerated. Three improvements are still to be made: (1) implementing Family Group Decision Making to support and elevate children's voices during the hearing process, (2) ceasing to employ unpaid workers, and (3) employing a trauma-informed approach within the hearing system.

Regarding **inspection and regulation**, the lack of regulation and oversight of safeguarders is a concern. The qualifications of safeguarders need to be robust and clear.

While policy is beginning to be shaped by the needs of care experienced children, young people and families, **cohesive policy** initiatives would greatly improve care. There is an outstanding need for an overarching framework that reflects the realities of people and homogenises Scotland's approach to care.

There seems to be a shared understanding of the need for **data collection** across sectors, and the importance of data to fulfilling the promise. Moving forward, organisations need to collect data to explore the outcomes of care—this could be achieved via listening consultations with care experienced people. Listening to families with experience of care and valuing their stories would provide data for further improvement (with a specific interest in the impact of separation/divorce). Furthermore, a more robust cross-sector data mapping network needs to be developed.

Governance structures at local authority level work well in remaining accountable. However, these structures should listen to the concerns of the workforce and move away from the models of 'small panels of professionals'.

Report: Progress Updates

Completed   26 April 2024

Methodology

<u>Purpose</u>

This report provides an analytical summary of responses to the progress updates requested from organisations (including all corporate parents and public bodies). The purpose of the overarching analysis project is to inform Plan 24-30, so that it best reflects the current status of Scotland's keeping the promise.

<u>Method</u>

A letter requesting emailed updates by way of documents and/or a reply to four questions was sent to 149 organisations, with a requested reply date of 31 January. Responses were accepted through 1 March for inclusion in the main analysis, with late submissions (through early April) analysed separately. 110 organisations replied and 42 did not (note: some that were not contacted directly responded, so these numbers do not add up to the original 149); see section "Engagement Summary" for an overview of respondents.

Initial work to devise an analytical method focused on creating batches of documents for analysis, given the need to rely on external associates for capacity:

- Responses were first grouped by sector, with the decision that analysis would focus on the four largest groups: education, health, local authorities, and national bodies. The smaller sectors (one government minister, two voluntary sector, and two 'other' sector responses) were reviewed separately and included in whichever report was a better fit.

- Given the large number of documents submitted within these four sectors, and the limited time for analysis, documents were next prioritised based on their content and divided into three groups: (1) Responses that directly answer the 4 questions, (2) Written responses to Fiona (i.e. letters, emails), and (3) Published documents (i.e. Corporate Parenting Plans, Annual Reports, etc.). All analysis considered the first two groups, but none of the analysis was able to include the published documents in a meaningful way. It was determined that these documents would be considered in a different context (i.e. potentially a better fit with the Plan 21-24 evaluation)

Following this method, analysis for this report on progress updates was carried out by four analysts, who used Plan 21-24 as a coding framework but were otherwise given flexibility to take an individual and autonomous approach.

Each analyst made an independent decision about which actions to include in reporting, based on the significance and future helpfulness of the coded content. This approach was identified as providing the most helpful insights for the development of a future-focused Plan 24-30. Reporting therefore concentrated on the most common or significant actions, with a focus on the "barriers and enablers" of future plans and ambitions.

This report acts as a brief introduction to those analytical reports and is accompanied by [a Miro board](), which visually maps the barriers and ambitions across the sectors that were included in the analytical reporting.
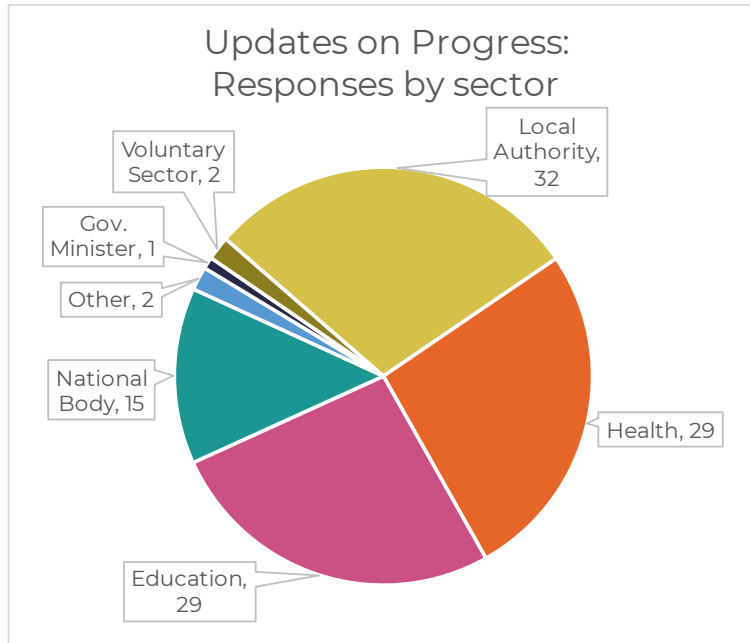
Limitations

There were significant time and capacity limitations. The adopted analytical approach was pragmatic and purpose-driven so this analysis is therefore reflective of what was possible, given the available resourcing. However, analysis followed a consistent approach and the findings, while not detailed, are representative of the responses.

From that, this analysis is not intended to be a comprehensive overview of what has been achieved across Scotland but is a summary of key themes and opinions shared by a wide range of organisations. The motivations and perspectives of these organisations have not been interrogated or independently validated by the analysts, so are limited by the organisations' own biases and intentions.
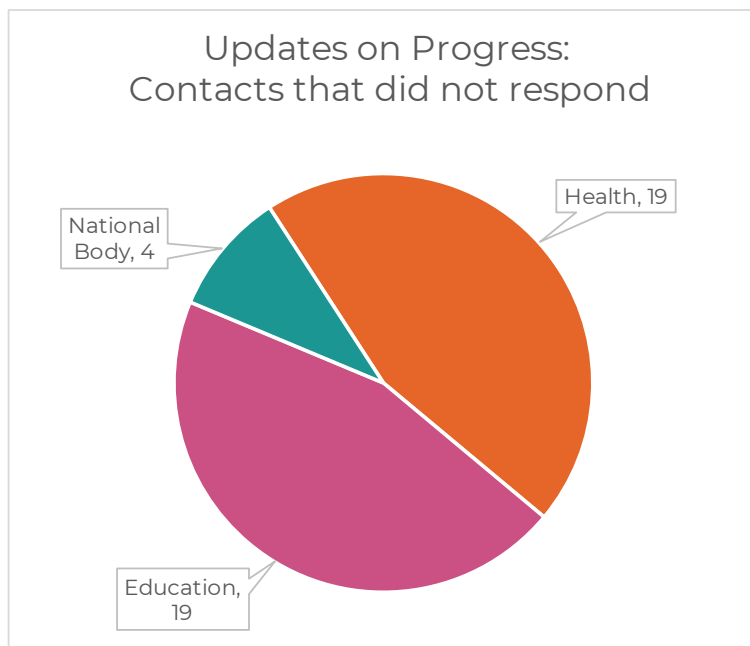
Engagement Summary

There were responses from 110 organisations; some organisations responded jointly. As some organisations provided multiple documents in their response, there were a total of 151 documents submitted, including written responses to the posed questions and copies of published reports. Some documents are compilations of multiple files, so this number is only an estimate.

The chart below visualises the responding organisation, grouped by sector:

Updates on Progress:
Responses by sector

- Local Authority, 32
- Health, 29
- Education, 29
- National Body, 15
- Other, 2
- Gov. Minister, 1
- Voluntary Sector, 2

42 of the contacted organisations did not provide a response. This is a breakdown of those organisations, grouped by sector:

Updates on Progress:
Contacts that did not respond

- Health, 19
- Education, 19
- National Body, 4

Analytical Summary

The following summary provides a brief overview of key shared topics and themes. While each sector had specific focuses and ways in which these issues manifested, they largely had these underlying challenges and ambitions in common.

Key challenges across sectors include:

- Poverty as a key driver of need for a large number of children and families seeking support

- Changing demographics of children in contact

- with the care 'system', principally increasing complexity of support needs and a significant increase in asylum-seeking children and families and unaccompanied minors

- Workforce retention, which is linked to challenges with workforce recruitment and training. These barriers are tied to issues with investment and workforce support, with unique effects in each sector and local authority

- Policy incoherence burdens the workforce

- Investment, particularly short-term funding and burdensome reporting

- View of the promise as being the responsibility of Children and Families services

Future ambitions include:

- Sustainable, joined-up, and long-term investment that supports long-term planning

- Workforce support and wellbeing, which will positively affect workforce relationships with children and families.

- Multi-agency or partnership working, across services and sectors

- Policy coherence, with specific guidance and prioritisation from Scottish Government

For more specific information about how these issue were discussed across the sectors, see the Miro board "Plan 24-30 Stand 3: Updates on Progress". This visual pulls directly from the analysis reports to map the barriers and future ambitions of the four main sectors, presented along the Plan 21-24 framework.

Sector summary

This is a high-level overview of which priority areas and actions were emphasized by each sector. As seen in the previous 'analytical summary', there is substantial overlap in the themes that the sectors raised.

Note that this list is not representative of all topics that these sectors raised, but that these are the topics that analysis surfaced as being most significant to and consistent across responders.

Education

Responses in this sector were primarily from higher and further education providers, with a mix of colleges and universities. Note that the terms 'further' and 'higher' education (FE and HE) are used inconsistently in the report; clarification can be sought by looking back at the source material.

These priority areas and actions were identified as being significant to Education:

- Fundamentals (What matters to children and families, poverty)
- A Good Childhood (Support, a right to an education, relationships)
- Supporting the workforce (Trauma-informed, workforce support)
- Building Capacity (No specific action, but focused on partnership working)

Some high-level findings include:

- All respondents were trying to focus on what matters to children and young people, and there were many examples of positive change and best practice, but capacity issues are limiting their ability to do so

- The most important issue in the Education sector was workforce support and funding

- While poverty is not directly discussed, FE institutions are working on enhancing equity, to set the foundation for care-experience pupils to be able to study and not be worried about finances

- When it comes to Voice and listening, HE and FE institutions find it difficult to know what matters to their students and rely on surveys, although this is not best practice for understanding what matters

Health

Responses came from a mix of national organisations, HSCPs, and NHS boards. Analysis focused on the priority areas and actions of:

- A Good Childhood (Support)
- Supporting the Workforce (Workforce support)
- Planning (Investment)

Some high-level findings include:

- There's a strong focus on redesigning HSCPs to be holistic (not just clinical, but also social support) and poverty is impacting both provision and demand

- Most respondents are enthusiastic about implementing their statutory responsibilities, such as UNCRC, but others have concerns about implementation and how it will impact services and case loads—primarily, there is concern about new initiatives adding to existing heavy workloads. At the root of this is an issue around policy coherence, and the burden of multiple framework changes implemented by the same workforce

- Retention and recruitment are the result of staffing issues, including skill-based paygrade discrepancies (an example given was that health visitors are paid more than paediatric community nurses or other specialist nurses, so workers are drawn to the higher-grade roles)

- Geographical boundaries are an issue (particularly for information sharing) and cross-border working and collaboration is a priority for Health

- The age brackets (from child to adult) is continuing to act as a cut-off for services, and is affecting support during transitions and 'moving on'

- While less commonly stated, analysis also surfaced a communication barrier between higher-ups and frontline workers—resulting in key information not being shared up the chain and also limited awareness of the promise reaching the frontline

<u>Local Authority</u>
Significant priority areas and actions for local authorities included:

- Fundamentals (Poverty)
- A Good Childhood (Support)
- Supporting the Workforce (Workforce support)
- Planning (Investment)
- Building Capacity (Policy coherence)

The latter two are inherently connected to the other actions in 'Planning' and 'Building Capacity', but were the respective primary action.

Some high-level findings include:

- Changing demographics of children and families in or on the edges of care is challenging support provision, including greater complexity of support needs and increasing number of asylum-seekers

- What Scottish Government does is still not aligned with the promise, particularly with short-term funding and an incoherent policy landscape

- Multi-agency working is happening, but not enough. There needs to be new and better methods for sharing learning and collaborating across geographies and sectors

- Workforce shortages and retention issues are huge problems that affect every other element discussed. Analysis suggests the challenges for workforce retention is the primary driver

- There is an increasing shortage of places for children to live and housing. This is affecting the care 'system' on many levels and is limiting its ability to keep the promise. Most importantly, it is affecting the wellbeing of children, young people, and families

<u>National Body</u>

Analysis was made challenging due to the diversity of organisations included in this sector grouping. The group of 'national bodies' was therefore not a monolith and had a range of priorities.

The identified key priority areas and actions for the sector included:

- Supporting the Workforce (Workforce support)
- Planning (Investment)
- Building Capacity (all actions)

Some high-level findings include:

- There is a significant need for data to be joined-up in order to understand and follow a child's progress and engagement with the 'system'

- There was lots of overlap when discussing legislation, policy, and governance, and a focus on frameworks

- Most national bodies are advisory, and are not offering a direct service to children and families.

Appendix A: Education

COMPLETED   21 March 2024

Analytical approach

The analysis of data from 25 Further Education (FE) organisations (28 documents in total) that included Colleges and Universities was carried out independently by an external analyst. The framework for analysis used Plan 21-24's five priority areas and sub-areas to code the data in MAXQDA. Once the data was coded, a thematic narrative analysis was conducted and below is the analysis system and themes that emerged from the sub-areas.

Analysis System

Fundamentals (priority area)

What matters to children and families (sub-area)
1. What matters to care experienced students (theme)
1.1 Challenges with exploring what matters to care experienced students
1.2 Suggestions on exploring what matters to care experienced students for Plan 24-30

Fundamentals (priority area)
Poverty (sub-area)
2. Enhancing equity (theme)
2.1 Funding progress
2.2 Funding challenges
2.3 Student accommodation and well-being progress
2.4 Student accommodation challenges
2.5 Funding and student accommodation suggestions for Plan 24-30

A Good Childhood (priority area)

Support, a right to an education and relationships (three sub-areas)
3. Support, a right to an education, and relationships (theme)
3.1 Support, a right to an education, and relationships progress
3.2 Support, a right to an education, and relationships challenges
3.3 Support a right to an education, and relationships suggestions for Plan 24-30

Supporting the workforce (priority area)

Trauma-informed and workforce support (two sub-areas)
4. Trauma-informed workforce training and practice (theme)
4.1 Challenges of trauma-informed workforce training and practice
4.2 Suggestion on trauma-informed workforce training and practice for Plan 24-30

Building Capacity (priority area)

No sub-area allocated
5. Partnership working and collaboration (theme)
5.1 Challenges of partnership working and collaboration
5.2 Suggestions of partnership working and collaboration for Plan 24-30

6. Limitations of the analysis

1. What matters to care experienced students

Capturing what matters to care experienced students must be the focus, and some colleges and universities have reported how they have captured and acted on the voices of care experienced students through the following initiatives:

-A Care experienced Student Reference group have contributed to a Corporate Parenting Steering Group by presenting prioritises and actions.

-Corporate Parenting Plans have been devised in collaboration with care experienced students, the local authority and college/university staff.

-Students' Union representatives for care experienced students have helped to design support services.

-Co-designed and co-delivered events for care experienced students with widening access organisations.

-Establishment of a Care Experienced Student Society.

-Coffee & chat activities and 1:1 sessions have been delivered as part of events including Celebrating Care Day and Care Experience History Month.

-Care experienced student voices have been amplified through case studies. Below is feedback from care experienced students:

"Having named contacts at university, supporting me with my funding, and being there to have my back when I need that extra guidance has transformed my journey through education. It has made the experience feel like a safe place and being part of a family, providing the support and care I need, especially as someone who is care experienced."

"You have been so helpful and brilliant at making sure I have everything I need to come to study at university. Out of all the universities I have dealt with I have to say that this university has really stood out and been amazing with everything. I feel very grateful to have an offer and I hope to meet the conditions."

"Pastoral support tutor was a great help through the three years of my college experience, they were always there to help and listen to my problems and I am so grateful for this help".

1.1 Challenges with capturing what matters to care experienced students

Some Further Education organisations have reported limited engagement and received responses from the student population (including care experienced students) in online annual surveys. Additionally, in some cases, there has been limited interest in student forums, focus groups and contributions to Corporate Parent plans from care experienced students. Further Education organisations risk collecting and analysing data that supports the internal perspective of the 'further education system' rather than operating from the care experienced students' perspective and experiences.

1.2 Suggestions on capturing what matters to care experienced students for Plan 24-30

-Colleges and universities emphasised that they need to implement ways to keep the experiences, expertise, and voices of our care experienced students at the forefront of communication, learning and decision-making.

-Colleges and universities are required to track the retention and achievement of care experienced students, but they reported that they need the time and capacity to explore and capture what matters to care experienced students (from their perspective) in meaningful, creative, and collaborative ways that differ from online annual surveys.

-Colleges and universities reported that they need to continually review and update Corporate Parenting Plans alongside care experienced students to learn from and act on what matters to care experienced students, underpinned by Equity, Diversity, Inclusion and Intersectional (EDII) principles that strengthen community and good relations between staff and students with different backgrounds & characteristics (e.g., neurodiversity, disability, and ethnicity).

2. Enhancing equity

Colleges and universities in Scotland recognise their role in the wider scaffolding of care to support and nurture those with care experience. Colleges and universities have reported how they are acting on their responsibilities to ensure that care experienced students are provided equitable access to continued support in part or full-time studies. Some universities and colleges described their commitment to enhancing equity for care experienced students through funding, housing and well-being support that can provide a sense of welcome and belonging and a firm foundation for learning and aspirational development.

2.1 Funding progress

To alleviate financial burdens and the impact of the cost of living crisis, colleges and universities have prioritised funding applications for care experienced students (who are categorised as a priority group) to access bursaries, scholarships and discretionary funds (monthly, one-off, and emergency) that range from financial support with student housing, utility bills, travel, childcare, and study related costs (office and technology equipment, annual events, and graduation ceremony resources). Colleges and universities have secured additional funding from philanthropic organisations to enhance staff capacity to support care experienced students. One college reported raising funds for care experienced students through fundraising events, organised activities, voluntary deductions of staff salaries and donations from companies.

2.2 Funding challenges

Additional and bespoke funding is limited and sometimes restricted, the application process can be resource intensive, and competition for funds between organisations is increasing. Limited financial certainty and continual reductions in available resources, increase the risk of not being able to support care experienced students and keeping the promise. Recent

announcements that funding in areas (core teaching, student services and discretionary funds) will be reduced by the central government are concerning particularly in light of limited support for change during periods of industrial action. Whilst colleges and universities continue to meet commitments to care experienced students, the capacity to do so will be squeezed as core support is impacted by funding cuts and financial uncertainty.

2.3 Student accommodation and well-being progress

The following student accommodation initiatives have been implemented at some universities and colleges to tackle the barriers to finding suitable, stable and secure accommodation for care experienced students:

-Transition 'move- in' schemes enable care experienced students to move into student accommodation two days before the official move-in date, and include a campus tour, social activities and meetings with accommodation and student support services.

-Care experienced students can apply to a Rental Guarantor Scheme and interest free loans to cover deposits.

-Welcome pack that includes bedding, cleaning products, catering credit, gift and sports facility vouchers.

-365 days a year accommodation service for care experienced students for the duration of their studies, including the option of visits from siblings, friends or family members.

-Care experienced students can apply for three-year fully funded Unite Foundation accommodation bursaries.

-Emergency accommodation in the halls for care experienced students.

-Support with transition out of student accommodation.

-Delivery of an innovative housing project for care experienced young people, which offers two care experienced young people a room in a 3-bed property as their first 'adult' tenancy. Peer flatmates are recruited by a Widening Participation team, and live rent-free for at least a year with the young people.

-The following non-stigmatising support is available for free for care experienced students at some universities and colleges: gym memberships, breakfasts, snacks and lunches, clothing and laundry facilities.

2.4 Student accommodation challenges

Some universities and colleges are unable to meet the costs of keeping student accommodation open over the winter closure period and they need to use accommodation to generate income over the summer period. Exceptions can be made for care experienced students to provide accommodation over the break periods, however, it can still be very disruptive, and stable accommodation space is the biggest priority for some universities and colleges. Additionally, there are significant challenges for all students accessing suitable and

affordable accommodation in the private sector. This is particularly acute due to pressure on private sector accommodation in certain cities. Through support from widening access organisations, some universities and colleges are committed to developing a consistent approach to supporting care experienced students seeking accommodation in the private sector and enhancing offers in student accommodation.

2.5 Funding and student accommodation suggestions for Plan 24-30
-FE and HE organisations have requested protected core funding and improved financial packages from the Scottish Funding Council (SFC) to enable colleges and universities to Keep The Promise within the required timescales. Additionally, a continued increase in applications for the number of Care Experienced Bursaries results in a need for additional and bespoke funding to be made available.

-There is work underway advocating for a new National Policy for the Care Experienced Bursary in FE by the Scottish Funding Council (SFC), with the suggestion that the SFC should distribute funds that directly support the work to enable colleges and universities to plan resource effectively. Additionally, some universities and their widening access partner have created a joint commitment to improve a collective understanding of the relationship between good financial support and student retention to decrease students withdrawing due to financial issues. They have also committed to sharing data on collective solutions for students to access funds.

-FE and HE organisations have requested the development of consistent approaches to supporting care experienced students seeking student accommodation and private sector accommodation.

3. Support, a right to an education, and relationships
Every care experienced student in Scotland should have access to all they need to thrive in further education including intensive support that ensures their educational and health needs are fully met. Colleges and universities are facilitating the maintenance and protection of relationships with care experienced students and have reported how a relational approach can help care experienced students overcome the complexity and multi-faceted challenges prior to starting further education such as previous instability in an education and/or housing, and mental health and wellbeing difficulties. Some colleges and universities have adopted a holistic, relational, whole-system and strengths-based approach (instead of a 'problem-based' and silo approach) to support needs 'in the round', rather than trying to address different needs separately.

3.1 Support, a right to an education, and relationships progress
The teams supporting care experienced students before and during college or university range from the following:

-Some colleges and universities invest in Widening Participation work with the support of partners because some care experienced students have missed 'traditional' widening participation activities. The work involves the co-design and co-delivery of projects in

primary and secondary schools and local residential care facilities (sometimes with the support of student ambassadors, some of whom are care experienced).

-Prospective care experienced students have benefitted from induction and transition support to visit college or university campuses during the summer months and meet 1-1 with staff.

-Some colleges and universities have provided support during pre-application and entry phases, to foster a personalised experience throughout the application and admissions process. Open-door policies have been adopted by some colleges and universities to guarantee places on courses for all care experienced applicants who meet the minimum entry requirements. When an applicant does not meet requirements, alternative options are explored to find the right pathway. In some cases, care experienced students can apply to universities free of charge and receive support with applying and interviewing for college and university.

-Simplified self-declaration systems that limit the need for repeated self–declaration have been implemented. Some colleges and universities have a single declaration that links care experienced students directly with Student Support Services who provide information and advice on services.

-Named/single point of contact is provided by dedicated Access, Inclusion, Support and Guidance staff or advisors. At some colleges and universities, students keep the same named/single point contact throughout their journey, enabling meaningful relationships to be built between staff and students, which contributes to students feeling respected, loved, and safe. Some social workers from various local authorities have contacted named/single contacts to arrange a supported hand-over. The named/single point contacts also build relationships with a care experienced students' wider network to provide a scaffolding of support that is there at all times. Having collaborative meetings and an agreed plan gives everyone involved confidence that needs will be met, while at the same time ensuring the care experienced student can be autonomous and gain independence with the knowledge of a safety net if things don't turn out as expected.

-Career, Employability, Educational, Mentoring and Life Skill teams aim to help care experienced students develop their confidence, capabilities, and aspirations. This includes online tools, workshops, employer and networking events, individual career consultations, workplace visits, and access to internships to support the transition into employment or further academic studies.

-Peer-Assisted Learning sessions are student-led learning sessions and are a relaxed, fun, and informal way for care experienced students to access academic and learning support.

-Some education establishments have worked with partners to promote and facilitate the delivery of sport and physical activity on some campuses.

-Through digital welfare referral systems and retention registers some colleges and universities can identify students at risk of withdrawal and allow staff to better report, record, monitor and support care experienced students with challenges.

-Some colleges reported that in line with the promise, they do not exclude care experienced students unless there is a serious health and safety concern.

-Several colleges reported having a worker, via a voluntary sector partner project, who offers care experienced students one-to-one, tailored support in line with their unique needs and circumstances. These workers help in various areas, including addressing barriers to engagement, budgeting support, time management advice, and mental health support. Furthermore, they extend their services to help students navigate external challenges such as housing, employment, and family disputes, thereby fostering holistic support. Nevertheless, the main challenge is the finite period of funding that has been made available and the limited resources to extend the project and therefore the availability of the workers.

-Some colleges and universities offer care experienced students enhanced budgeting support to navigate funding applications and workshops on managing finances with Student Funding/Money Advisers, that include a choice of bursary payment frequencies (for example, weekly or monthly).

-The Scottish Governments Guiding Principles for the use of Discretionary funds guides colleges and universities to give special consideration to care experienced students.

-Some courses are built around hours that suit caring responsibilities for care experienced students who are parents/carers.

3.2 Support, a right to an education, and relationships challenges
-As the number of care experienced students is increasing some colleges and universities are unable to match the demand with existing staff resources, and with diminishing funding from external organisations, there are longer-term concerns about the ability to provide robust, well-trained, and experienced support. For example, funding for Counsellors at one university has ended and there are concerns that the support on offer will not be as effective at supporting the mental health and wellbeing of care experienced students without ongoing financial support.

-Some colleges and universities reported higher than average levels of course withdrawal and poorer outcomes for care experienced students. Some care experienced students have reported not feeling ready for further education, are unsure what path to take, or are heavily influenced by the financial benefits that can limit an understanding of what is needed to undertake academic work.

-There are concerns for some colleges and universities regarding the interaction between student funds and the benefits system.

-Some colleges and universities reported that student engagement in coming forward for support can be challenging, and have identified the following potential reasons:

- Reliance on communicating with care experienced students through mailing systems (e.g. newsletters), electronic leaflets and posters, web pages, and social media, limits in-person conversations and the development of meaningful relationships.

- Limited staff and/or students understanding of what the term care experienced means.

- Some care experienced students face confusion or fear of being stigmatised which can prevent them from talking about their experiences or self-declaring during application, enrolment, and induction.

- Some care experienced students experience long drawn-out data sharing processes that are not trauma-informed because students or their family/carers have to tell their story more than once.

3.3 Support, a right to an education, and relationships suggestions for Plan 24-30
- Some colleges and universities have suggested an improved data sharing and centralised data recording system that would bring immediate support to care experienced students and all key staff can act as required. Additionally, organisations can share relevant information and have easy access to updates when working with care experienced students and their families/carers, which can be an extension of what is currently in place for the local authority. Nevertheless, one educational organisation reported that it is unlikely that data sharing and recording agreements with every local authority will be in place in the near future due to funding (recent bids to fund data sharing and recording systems have been unsuccessful) and there are GDPR implications.

-The process to verify the status of care experienced applicants has identified challenges with the differing definitions of care-experience used by institutions and services across Scotland. Some Colleges and Universities are aware of cases where institutional definitions of care experienced appear not to be aligned with an entitlement to financial support through the SAAS bursary. Some further work will need to be done in this area to ensure a sector-wide definition ensures consistency for all stakeholders across all institutions. Raising awareness of the importance of the role of UCAS referees and the responsibilities placed on being trusted guarantors of the information on an application form should be a fundamental part of the work.

- Colleges and universities would like to raise awareness within the staff and student bodies of what the term 'care experienced' means through clear explanation of the types of care experience to facilitate self-declaration both before coming to college or university and once enrolled. Some colleges and universities have found many of the care experienced students are 'mature' students and may not initially recognise that regardless of when they were in care or the type of care that they experienced, they are entitled to a range of support and

services. Additionally, some care experienced students are international students who may find it more difficult to provide evidence and proof.

- Colleges and universities requested accessible and long-term funding that will ensure care experienced students receive intensive tailored based support from robust, well-trained, and experienced staff during transition, induction and throughout their studies.

- Colleges and universities requested resources to support care experienced students who withdraw early, can return when their circumstances have settled, and have support in place.

- Colleges and universities reported that they need to address the retention and attainment gap for care experienced students by identifying and supporting students who are at highest risk of withdrawing and facilitating their progression into pathways, whether that be employment or further study. FE organisations would like to co-design solutions with care experienced students in addressing systemic issues and barriers to retention and attainment.

4. Trauma-informed workforce training and practice

Colleges and universities have reported their efforts in encouraging and supporting a curious, compassionate, and consistent staff body through a whole system approach to mandatory, additional, and bespoke staff training and regular communication that changes knowledge and culture. Training for staff and changes in practice have been implemented in a variety of ways that include the following:

-Bespoke training for student and well-being advisers and personal tutors who have corporate parent duties and are typically the main point of contact and critical for supporting care experienced students to feel valued and encouraged.

-Training senior leadership teams.

-Mandatory online training as part of staff induction. For some colleges and universities, all staff have received training from housekeeping, catering, library, accommodation, admissions, and teaching staff.

-Communication that asks staff to sign a pledge of support to care experienced students and celebrate key dates like Care Experienced Week and Care Day to raise awareness amongst the staff community.

-Improvements have been made to move away from traditional 'discipline' arrangements and towards relationship-based approaches for support and sustained engagement in learning for care experienced students.

-Some colleges and universities are trauma responsive through embedding trauma-informed practices. Examples of changes in practice include individualised timetables and creating safe, relaxed, and quiet learning environments that support stability and nurturing.

4.1 Challenges of trauma-informed workforce training and practice

Some colleges and universities reported that staff turnover, limited capacity and resources can make it difficult to dedicate time to support to workforce, to support care experienced students. For example, implementing CPD including trauma-informed training for all staff can be challenging. Additionally having holistic and trauma-informed approaches and smooth transitions between institutions can be difficult at times, especially regarding sharing information to support care experienced students with transitions.

4.2 Suggestions on trauma-informed training and practice for Plan 24-30

-Colleges and universities requested improved access to staff training opportunities within Scotland because some external organisations do not offer the same provision they did previously.

- Colleges and universities would like to identify impactful training to deliver regular training across colleges and universities for all staff.

- Colleges and universities would like to explore opportunities to reward staff for their work in this field.

- Colleges and universities would like to introduce trauma-informed champions that can provide more support to staff teams.

- Colleges and universities requested increased time and capacity for staff to have meaningful and supportive relationships with care experienced students through an investment in resources, balanced workloads, and trauma-informed working conditions.

5. Partnership working and collaboration

Keeping the promise must be a collective effort and there continues to be greater collaboration by colleges and universities to prioritise and drive practice and culture change. Colleges and universities have partnered with voluntary-sector organisations and local authorities to creatively collaborate in response to emerging insight, learning and good practice. Here is a list of how organisations have partnered and collaborated with colleges and universities:

-Colleges and universities are taking part in CPD activities, events and training with a specific focus on care experience.

-Some colleges and universities partner with mentoring programmes to provide events and activities for care experienced young people (summer schools, day visits, subject tasters, and student tutoring support). Some college and university staff have also become mentors for care experienced secondary school students.

-Local authorities deliver Widening Participation support through events, discussions and projects for colleges and universities that are part of strategic and operational groups, Champions Board, and Corporate Parenting Groups.

-Student Support events encourage the collaboration of the 'named contacts' for care experienced students.

-The Through Care After Care Forums and social work are supporting some colleges and universities to support early intervention and improve outcomes of care experienced students.

-Examples of Priority Groups Forum meetings for academic partners to share information on how they are supporting care experienced students, the challenges faced and share national updates.

5.1 Challenges of partnership working and collaboration
-Some colleges and universities struggle to engage with the local authority relating directly to the promise and a climate of perpetual change at the organisational level can hinder momentum when trying to promote changes in practice.

-Some colleges and universities work across different local authorities that have separate approaches to keep the promise. Whilst not insurmountable, this does place additional pressure on resources and can involve a lot of duplication of effort.

5.2 Suggestions for partnership working and collaboration for Plan 24 – 30
-Increased opportunities for colleges and universities to build a practitioner network within geographic areas.

-Increased cross-institutional participation and collaboration between colleges and universities across all of Scotland to increase learning on what is working well and pool together resources, knowledge, and expertise.

-Some Further Education organisations reported that Awarding and Quality Assurance Bodies need to consider their approach to assessment and how this could be more agile and align with the work of the promise.

6. Limitations of the analysis

Higher and Further Education organisations (n=25) took part in the Updates on Progress for Plan 24-30; nevertheless, this analysis is limited in representing the views and ideas of some (not all) higher and further education organisations across Scotland. Additionally, the main source of data came from responses that directly answered the 4 questions, and written responses to Fiona (i.e. letters, emails) because only three further/higher education organisations provided published documents (Corporate Parent Plans and Annual Report). A further analysis could include published documents and data from more organisations. Additionally, care experienced student voices within this report are minimal and therefore care experienced students' feedback on the relevance and authenticity of Updates on Progress and suggestions for Plan 24-30 will be important.

Appendix B: Health

Completed   11 April 2024

Methodology

The purpose of this report was to analyse 'updates on progress' submitted by health organisations in Scotland, including NHS national bodies, NHS Health Boards and local Health and Social Care Partnerships [HSCPs]. The request was structured around 4 questions, and this was sent to 149 organisations of which 102 responded: 29 of these organisations were in the health sector with 44 documents provided. Of the 29 health organisations, 26 answered the questions. This report focuses on the three most prominent areas of Plan 21-24 which were identified as areas of progress, challenge, and prospective future improvement by the health sector.

The analysis was carried out utilising the Plan 21-24 framework and modelled around the 4 questions from the Updates on Progress Requests. Data collected from the respondent organisations replies was categorised and summarised using MAXQDA. Summaries of the responses were written using the Plan 21-24 priorities to measure progress and challenges as well as suggestions for Plan 24-30.

Note on Analysis

This analysis provided a great degree of detail to examine due to the breadth and scope of the documents provided as well as the differing remits of the organisations canvassed. NHS Health Boards can cover geographical regions that do not align with local authority boundaries, which means they must work with a variety of local authority partners via HSCPs. Moreover, national organisations, such as Healthcare Improvement Scotland, have little direct interaction with care experienced children or young people. These differing responsibilities, roles and geo-governmental areas of operation must be taken into account when analysing responses.

Furthermore, the inclusion of HSCPs creates a degree of overlap with the Updates on Progress from local authorities. Yet, this created an imbalance in the degree of detail provided on the health by HSCPs, particularly where local authorities took the lead in responding to the request. Some councils included a swathe of material related to healthcare provision as well as holistic socio-health initiatives. Others provided little detail on health. This was offset by coordinating with the analyst working on local authority responses and by focusing on areas of documents which explicitly pertained to health. Care was, however, taken not to neglect holistic approaches to health care which often involve collective efforts between health and social care agencies.

Published documentation, such as Corporate Parenting Plans, have been excluded from this analysis due to time constraints and the breadth of detail they afford. Limiting analysis to responses which directly address progress, challenges and the format of requests would be useful in future work.

Analysis Structure
Supporting the Workforce
1. **Workforce Support**

Narrative Summary of Findings
<u>Supporting the Workforce</u>
1. Workforce Support

1.1 Progress

Significant progress has been made in ensuring that workers are supported and valued in their delivery of high-quality services in health via education, training, and the implementation of structural changes.

Firstly, national health bodies include the Scottish Ambulance Service, Healthcare Improvement Scotland, NHS National Services, NHS State Hospitals Board for Scotland, NHS National Education for Scotland, and NHS 24. Progress has been made among these organisations within the realm of education and training. Modifications have been made in the curriculum and new learning resources utilised in training staff. These respondents emphasised their improvement of training in trauma-informed practices and raising awareness of public protection duties, including children and young people [children and young people]. Bespoke training for complex needs and trauma has been provided. E-learning modules have been updated and an upskilling of staff is being partly driven by these national organisations. The introduction of a robust quality assurance framework for trauma-informed services has sought to refine self-evaluation tools. Collaboration in education and training across Scotland has been fruitful, particularly in Higher Education for Nursing.

One of the major roles for these national health organisations is in the provision of support for regional health boards and local HSCPs. This has ensured that progress has been made in ensuring children and young people are considered in national service provision. One organisation reported that they introduced a National Referral Process to enable staff across NHS Scotland to report concerns of harm/abuse to partner agencies. This type of support is critical in ensuring there are clear pathways for staff across Scotland to report concerns regarding children and young people to prevent harm/abuse. Notable progress has also been made in modelling approaches within these national bodies on Childrens Rights in line with their statutory duties (UNCRC's introduction in Scots Law and current legislation). Moreover, advancements have been made in publicising and raising awareness of the promise, particularly Plan 21-24, via briefings and inter-agency cooperation.

Finally, national bodies have created a variety of new leads in their workforce relation to the promise, to children and young people and to care experienced children, care experienced young people and families. These leads have not only fostered awareness of the promise, alongside innovations in practices, but have underpinned support for workers. One national body said their workers have been, and are continuing to be, trained in trauma-informed practice and a Trauma Lead Champion Nurse role has supported this. These types of mechanisms of support within the workforce not only improve staff awareness of the promise but provide a compassionate supportive service for care

experienced children and young people. These bodies have worked in tandem with their workforces to ensure delivery of the promise.

Secondly, regional health boards and local HSCPs have made similar progress in training, education, and awareness-raising. These respondents identified advancements in altering their training practices and incorporating newer approaches within the workforce. The national framework of Getting It Right For Every Child [GIRFEC] has been refreshed via training. Programmes to upskill workers within HSCPs and health boards are ongoing. There have also been efforts to broaden access to training modules related to children and young people and to care experience. The delivery of bespoke training focused on children and young people has also been successful with marked improvements in service delivery where the voices of care experienced children and young people and Care Experienced Families has been incorporated. Such progress in training, education and awareness has often been facilitated by the creation of new roles in relation to the promise; in some instances, care experienced employees have facilitated progress in training and knowledge. These supporting roles not only provide backing to non-specialist workers but foster changes in practices via upskilling.

Yet, 'Nurse led health pathways' have also worked well and improved funding has allowed health boards and HSCPs to train and employ such staff. Regular supervision and learning events are increasing knowledge of the promise and of updated approaches, such as rights-based and trauma-informed practices. Initiatives to raise awareness of corporate parenting plans and concomitant responsibilities have been fruitful at local level. HSCPs have made significant advancements in embedding the promise into their service strategies and corporate parenting plans. Raising awareness among the workforce has continued apace, particularly among Health Visitors and School Nurses. Health Visiting and School Nursing have key area of focus for improving supervision amongst HSCPs and health boards. There are endeavours to ensure staff wellbeing is prioritised and support is offered.

Finally, it should be noted that within the realm of health there are two newly published national frameworks which pertain to the promise: The Clinical Supervision for Nursing & Midwifery framework and The Allied Health Professional Supervision framework. Progress is being made in the adoption of these at the level of NHS health boards and HSCPs.

1.2 Challenges

National bodies face a major challenge in centring the promise as a pillar of their services due to the wide scope of their activities and range of responsibilities. There are a swathe of challenges, from health inequalities to effective staff training, and they are mindful of the need to ensure that they remain responsive to a variety of needs. Continuing to upskill staff consistently will remain difficult in the years to come.

Health boards and HSCPs face challenges in recruitment and retention of staff. NHS health workers face 'emotionally demanding' work environments daily. Health boards note that robust levels of support need to be in place to relieve such pressures. Moreover,

recruitment and retention issues are compounded by the pay structures of healthcare services. In one instance, a health board noted that nurses with specialised paediatric community training often opted to apply for Health Visitor roles due to its higher salary. Such structural issues will be difficult to address as some workers dealing with stressful environments, day-to-day, will seek greater financial remuneration and will leave roles, which are in need of staff, to seek it elsewhere.

Lack of staffing across HSCPs means that to offer a holistic approach to children and young peoples health will require greater support in recruitment and retention. This would, in turn, support the workforce as a whole as it would alleviate current pressures on workloads. Furthermore, the COVID-19 Pandemic made sustained recruitment difficult and the support of workers challenging. Due to the pandemic, there are still 'extensive health visiting vacancies' and a shortage of qualified visitors across the country. Staff shortages impact service capacity and this subsequently has an effect on the ability of staff to develop meaningful relationships with children and young people and families. Staff shortages also mean that more experienced staff are heavily relied upon to deliver services and the goodwill of such staff, who often have decades of service and wish to retire, is required to avoid collapse of services in certain areas.

The pressure to deliver universal health visitation services means that it is difficult to prioritise care experienced children and young people. Concerted effort to embed the promise continues, as noted in the previous section, but these challenges make meaningful change all the more difficult. One HSCP notes that they understand the importance in delivering the promise but underline the fact that new initiatives are not merely absorbed into existing workloads. Instead, these initiatives can increase pressures on workers at time when recruitment and retention issues are making service provision difficult. Another notes that staff engagement with the promise fluctuates due to such pressures. Others said they found it challenging to measure improvements in service provision in relation to outcomes.

1.3 Suggestions for Plan 24-30

Continuing support for regional health boards and local HSCPs among national bodies has worked well and should be accelerated in upcoming plans. The focus for national bodies will remain firmly on ensuring the promise is at the heart of their service even in areas where they do not directly interact with children and young people or care experienced people. The focus for these services is to continue upskilling the workforce and they have a critical role to play in supporting health care workers across Scotland. Moreover, the provision of national frameworks of training and ensuring practices are standardised could be underpinned by these broad national bodies. Their provision of mechanisms of national support should be incorporated into Plan 24-30 as part of the health sector's role in delivering the promise by 2030. The presence of care experienced people within the workforce could greatly improve services and knowledge via lived experience. The focus for health boards and HSCPs in the coming year will be to increase support levels for the workforce. Additional resources to recruit and retain staff will be necessary to create meaningful change. Finally, the adoption of two new national frameworks, which have been published this year will have an impact on practices in relation to care of children and young

people. The Clinical Supervision for Nursing & Midwifery and Allied Health Professional Supervision frameworks will seek to ensure there is a culture of support and supervision for workers throughout the NHS. This will revise current practices, which are under review, and will increase scope of supervisions for all workers that encounter children and young people, from emergency services to Health Visitors. This shift in health sector practices has the potential to be wide ranging and should be considered in plans to deliver the promise.

A Good Childhood
2. Support

2.1   Progress

National NHS organisations do not often directly engage in the care of children and young people. They have, however, reflected seriously upon their responsibility and role in the delivery of the promise. An example was given of a national body making use of data to identify those who needed additional support from local HSCPs. By working closely with local authorities, the national body was able to facilitate better care of these children and young people. Progress has, then, been made in co-operation between national bodies and local HSCPs. Additionally, some national bodies, have made significant progress in better identifying young people with care experience within their service population. There has been progress in identifying care experienced young people receiving mental health care, and this has led to care treatment plans being updated.

NHS health boards and HSCPs have made significant progress in directing and improving service delivery for children and young people by increasing cross partnership collaboration. Developing connections and maintaining communications between health boards and local services, such as social care, works well in delivering better outcomes for care experienced children and young people. By reviewing internal models, health boards have been able to facilitate greater communication between themselves and other associated agencies in their areas. This has led to more efficient Children's and Adolescent Mental Health Services [CAMHS] in certain areas of Scotland. For example, one local area's HSCP created a multi-disciplinary mental health team to tackle children and young people's mental health. This collaborative effort led to significantly improved awareness of children and young people's mental health within the locality, from education to health. Furthermore, 94% of children and young people engaged with this new service reported better outcomes. Some local authorities now have a fast track for care experienced children and young people in need of CAMHS. Collaborative efforts between across HSCPs have also facilitated relationship building between workers and care experienced children & young people.

The introduction of School Nursing care pathways, as per Scottish Government guidance circa 2018, has been fully implemented. Health boards wish to analyse the effectiveness of school nurse services to understand the impact they are having in meeting the needs of care experienced children and young people.

Some HSCPs have been able to make progress in their efforts without additional resources and whilst continuing to fulfil their previous workloads. Models for the delivery of support to children and young people have worked well when they have been robustly structured and routes to health services are clear for care experienced children and young people and their families. 'Nurse led pathways' have endeavoured to relieve pressure upon specialised paediatric services within health boards with the co-operation of local HSCPs. Cross-service co-operation can hasten support for children and young people. Finally, holistic social-health approaches have progressed considerably since 2020. These

approaches include offering clear pathways to drop-in services for care experienced young people, such as sexual health clinics and dental registration. Equally, social care initiatives have an impact upon care experienced children and young people's mental health and services are endeavouring to offer nurturing and emotional support for children & young people entering care. Health activities for children and young people are continuing to be implemented at local level. These types of early intervention and prevention schemes appear to have made improvements to the care of children and young people. These types of initiatives are complimented by structural effort to improve the methodology of service delivery and upskill the workforce via new training schemes. Experience of care being treated as a protected characteristic is increasingly being adopted by health boards and HSCPs, albeit more work remains to be done.

Collaborative cross-partnership approaches have made headway in making meaningful change and will be important in the delivery of the promise by 2030.

2.2   Challenges

Challenges remain at local and national levels for health services related to care. There is a necessity to address the needs of infants in relation to the delivery of the promise. HSCPs have identified that there would need to be more efforts to raise awareness of child centred practices with a focus upon infants to redress this. It is important that infants needs and rights are part of the progression toward local implementation of the promise.

Improving the experience of emergency service environments for children and young people is a challenge. One health board undertook research which found that children attending A&E and children's wards suffered emotional distress during the process. It has established a multi-agency group to consider how to rectify these negative outcomes and improve care for care experienced children and young people in these settings.

There is also a need to update practices to reflect changing populations of children and young people in need of support, namely those with complex needs and unaccompanied asylum seekers. For example, Health Needs Assessment Questionnaires do not reflect the needs of Unaccompanied Asylum-Seeking Children/Young People. Considering complex circumstances works well where it is practiced, but more work needs to be done to redress this. National guidance on this, particularly from the UK Home Office, is requested by various health boards and HSCPs in Scotland. The Scottish Government should highlight to the UK Home Office the duty of HSCPs to aid all children and young people within their remit, regardless of circumstance.

The COVID-19 Pandemic had a significant impact upon health service provision and presented previously unencountered challenges to HSCPs. Innovative tech solutions, such as providing smart devices to families in need of support, were successful but health boards and HSCPs need to remain adaptable in future.

The housing and care of children outside of the geographical boundaries of health boards and HSCPs is an ongoing logistical issue. This not only puts pressure on other local

councils in terms of care provision, either residential or foster, but makes consistent care and relationships to support care experienced children and young people difficult.

2.3   Suggestions for Plan 24-30

National bodies, health boards and HSCPs are ambitious in their goals to improve support for the care experienced children and young people and children and young people in general. The major area of improvement has been for mainstream health services to provide nurturing supportive environments for care experienced children and young people. Holistic socio-health approaches which utilise collaborative cross-agency and multi-disciplinary methods have been successful. These should be encouraged and acknowledged as an area for further improvement in Plan 24-30.

Acknowledgement from The Promise Scotland and the Scottish Government in relation to the changing demographics of children and young people with care experience. There has been a seeming shift in the demographics of care experienced children and young people and an increase in the number of complex needs cases. More resources and guidance are required to tackle this and to improve services & outcomes for these children and young people.

<u>Planning</u>
1. Investment

3.1 Progress

Progress among both national bodies, health boards and HSCPs has been limited.

In terms of the national bodies, there is a noted difficulty in facilitating roles to undertake improvements in line with the promise. All progress to date, including the creation of specific roles related to care and the promise, has been undertaken by making a case for additional investment. This is worsened by the fact that these bodies tend to have less staff than local services to begin with. For instance, one national body notes that it does not currently have a Child Health Commissioner or Children's Services Team. Either, they note, would inform the wider workforce of requisite knowledge and train them in the skills to better deliver services to care experienced children and young people and to embed the promise in their work. Lack of investment also makes progressive improvements more difficult.

At local level, there has been modest success in obtaining short-term funding grants via the voluntary sector. These voluntary sector partners are indispensable to HSCPs in creating the funding for short-term targeted projects which tackle a specific problem. This type of investment has worked well and ensured that new initiatives have taken place. Equally, this has allowed HSCPs to make incremental improvements to their services. One HSCP noted that such funding has left it with strong foundations to build an integrated service model across the partnership. Another HSCP noted that short-term funding has made an impact in the implementation of the promise in their action plans and leaves them with more confidence in their role in delivering the promise. The Whole Family Wellbeing Fund has been successful, but more work needs to be done. Internal investment within localities has also taken place with funding placed into CAMHS and AMHS service provision, particularly specialists working with care experienced people from ages 16 to 26 years. Funding at local level has also been targeted by authorities to tackle recruitment issues in health and social care.

3.2   Challenges

The promise comes at a time when national services are already facing challenges to service delivery due to unprecedented demand and tight budgets. This hampers the ability of these services, which have limited levels of staffing compared to their local/regional counterparts, to deliver progressive improvements and casts doubt on their ability to embed the promise fully within their work. This could be resolved either by increasing funding or, as one national body suggested, by designating specialist collaborative shared areas to improve staffing and allow national bodies to engage in the promise more fully.

There are challenges in local level investment as well. Services face continued challenges in prioritising emergent national initiatives, such as the promise, alongside their usual service delivery. There is an unprecedented level of demand upon health services related to care and significant challenges to local services. Lack of investment and increasing

levels of child poverty are major barriers to delivering the promise by 2030. Reduction in recruitment budgets need to be addressed and there has been a lack of investment in core services. Investment for improvement and upscaling of services need to be protected, particularly in relation to plans to deliver the promise. More dedicated funding would be welcomed to implement the promise, particularly in the short-term.

On the other hand, other HSCPs note that short-term investment has its limitations in terms of service delivery improvements. Applications to grants can prove difficult for smaller local authorities as they do not have the staff to undertake such work. The fixed-term nature of this type of funding also limits the duration of improvement projects and new service delivery models; new specialist staff roles funded via this model were noted to be effective but when the grant ended these staff could no longer be retained. These types of structural issues mean that short-term funding has the potential to create negative feedback loops of issues in relation to health care provision for care experienced children and young people and families. Issues which improved by such projects can arise again after the grant comes to an end, creating the need for another grant to continue or even return to the previous level of improvement to services. This limits positive meaningful long-term change. Long-term funding models are, of course, more desirable among HSCPs and Health Boards. Yet, there is an acknowledged need to direct this type of investment sustainably and to afford autonomy to local HSPCs as well as make such funding accessible to all local authorities.

Structurally there are issues with funding models within the NHS health boards. One board notes that GP Practices remain unwilling to undertake Health Assessments for children and young people beyond their contracted obligations. This can be particularly challenging in the provision of care to vulnerable children and young people. Moreover, it puts pressure on other GP Practices to 'pick up the slack' by undertaking these Health Assessments. This is a particular issue for complex needs patients, such as unaccompanied asylum-seeking children. Thus, funding would be welcomed but new models need to be examined in relation to provision of care for children and young people.

Service delivery is being impacted by a lack of investment more generally and sustainable investment is needed to ensure that transformational change takes place.

3.3 Suggestions for Plan 24-30

The direction of funding is disjointed across the country and HSCPs note that this makes it difficult for them to deliver all priorities of the promise as well as engage with policies of the Scottish Government. Consideration needs to be given to long-term sustainable funding schemes which are accessible to all local authorities and are not based on the competitive grant model. Although voluntary sector short-term funding has been overwhelmingly welcomed by local HSCPs, they note that it is a temporary solution. A consistent funding model needs to be constructed to provide local authorities and health boards with access to funds to deliver the improvements the promise wants to see.

Addendum
2. Other Priorities

4.1 Progress

Significant improvements have been made in the health sector toward the shift in language around care experienced and care experienced children and young people as well as their families. Language resources have been developed by health boards and HSCPs. Awareness has been raised among the workforce and new training schemes as well as briefings are being undertaken. This underlines the progress towards a shift in the culture of the workforce towards people with Care Experience. These new responsibilities have been highlighted in health organisations corporate parenting plans and promoted by working groups within HSCPs. Reviews and consultations have taken place with a regard toward language. The health sector has made strides in placing the voice of the child at the heart of its approach toward service delivery where applicable. Recording practices have been changed and historical records, which are now held electronically within the NHS, are being altered to reflect more empathetic language in line with feedback from Care Experienced people.

The health sector has also made considerable advances in family support. This has been partly facilitated by the national Whole Family Wellbeing Fund, at least within HSCPs. The development of collaborative partnerships between health boards, local authorities and family support teams has been successful. From 2020, Health Visitor teams have prioritised children living in vulnerable situations and health boards have been endeavouring to create tailor-made children's plans in tandem with families. This ensures that families not only receive the level of support that they need but that they feel their voices are being listened to and they are involved in the decision-making (Family Group Decision Making) process. Collaboration between health boards and local authorities has been fruitful in developing family support mechanisms. Moreover, broad holistic social-health care approaches are being accelerated. Local authorities have sought to ensure there is a 'one-stop shop' for support and that pathways to healthcare services are clear, regardless of where in the 'system' support is sought.

Service integration has seen marked progress within the health sector. The use of multi-disciplinary and collaborative teams is accelerating. National bodies, health boards and HSCPs are enthusiastic to co-operate with one another to improve care service provision in health. The focus remains upon consistency and ensuring that patients' needs and requirements are effectively tracked across a variety of services. The efforts to ensure that care experienced people get the right care in the right place are ongoing. Cross-border collaboration between local authorities HSCPs and regional health boards work well and should be accelerated.

Trauma-informed approaches have been accelerated and trauma-informed specialists spread awareness among the workforce within the NHS and HSCPs. Such knowledge can assist not only in the delivery of support. Early indicators suggest that such professionals

encourage others to reach out within the system to acquire knowledge needed to deliver improved services and to upskill appropriately.

4.2 Challenges

Language reforms remain challenging as legal terminology currently in use is not considered 'care based'. This inconsistency represents a structural issue for HSCPs. NHS health boards note that in their consultations with children and young people that these types of legal terms are not appreciated. However, there is a considerable challenge in preserving coherence in internal professional interactions with language changes. Improvements are taking place, but official terminology remains a barrier. Additionally, there are concerns amongst the workforce that 'new language' is 'too informal' for professional internal use. Facilitating this type of cultural shift will be a major challenge as it will involve promotion of the promise not only within the health service but in Scottish society as a whole.

Challenges remain in provision of family support in health, particularly in Initial Health Assessments. Quality improvement projects have been undertaken but the waiting times for support remain an issue. This is due to unprecedented demand and financial/staffing strains on services.

4.3 Suggestions for Plan 24-30

Families must be supported via engagement and redesign of services must be connected and there is a need for holistic and social support in children's health and to support whole families via Health Visiting.

Appendix C: Local Authorities

Methodology

Purpose

The purpose of the overarching analysis project is to inform Plan 24-30, so that it best reflects the status of Scotland's work to keep the promise.

Method

- Time constraints meant that this analysis was focused and pragmatic.
- Honed focus of this analysis on the purpose of informing a future-focused plan and, after day 1, coded only barriers and recommendations.
- Understood that there are lots of examples of work already or currently being done, across all priority areas—this would be best as an expansive report/appendix on its own. Further, the ongoing Plan 21-24 evaluation will be looking at these types of materials.
- Coded most segments to multiple codes, as there was significant overlap between and/or not a good fit for all topics.
- Analyst made notes of repeated themes that did not necessarily fit with the Plan 21-24 framework, and these are reflected in the summary section.

Limitations

- Focused analysis means that this is not comprehensive.
- Difficulties with inconsistent source material, since they were not answering the same questions. The ones that did answer the questions were also inconsistent, reflective that the questions asked in the letter from Fiona Duncan were confusing, and many responses adapted them
    - e.g. multiple responses combined 'what progress' and 'what has worked well'
    - e.g. several did not answer the question 'what are the challenges'
    - Some changed/adapted/combined multiple questions to better fit their work.

Recommendation

- There is so much more learning to be drawn from these documents. Further analysis can include:
    - By local authority (looking at all sectors in a geographical area).
    - By question posed (slicing existing codes based on the question format).
    - More detailed analysis by sector.

Analytical Summary

These are some of the most reoccurring or prioritised themes surfaced, which are primarily outwith the Plan 21-24 framework:

Changing demographics of children and families in or on the edges of care

- Increasing complexity of family circumstances and children's cases. There are more people to support and more intensive support is required. Children increasingly have additional support needs, or more specific requirements.

- Poverty is a key driver of this shift

- Numbers of unaccompanied asylum-seeking children (as part of the National Transfer Scheme) are rapidly increasing and there is significant difficulty to increase capacity for this. Supporting asylum-seeking children and unaccompanied minors is pulling from the same resources that are already overtaxed and is significantly impacting provisions for fostering. It is also requiring different types of support to be resourced.

What Scottish Government does is still not aligned with the promise

- Short-term funding

- Inconsistent policies / lack of policy coherence (there are a lot of new or changing policies and it's difficult to implement any/ all of them, as many are competing/ unaligned)

- Difficulties with data collection and sharing (analyst note: I think this is linked to a risk-based or risk-adverse culture)

Calls for clear priorities from Scottish Government

- Not everything can be a priority, and there is a need for identifying what needs to happen next and how to do it

- There are many competing work areas, and many different government policies or directives, that are all expected to be supported/implemented by the same workforce

Multi-agency working is happening, but not enough

- Future efforts need to include private sector and agencies besides Children & Families.

- Need better methods for sharing learning nationally

- General feeling that not enough public bodies/orgs know about the promise & their responsibilities

Many of the responses reflect similar priorities and feedback that have surfaced in other engagement:

- There is an increasing shortage of places for children to live and housing. This is affecting many levels: homelessness is impacting more families, leading to crisis; keeping siblings together is challenging; there is a shortage of housing available to young people moving on from care.

- Workforce shortages and retention issues are huge problems that affect every other element discussed.

  o Analysis suggests the challenges for workforce retention is the primary driver

- Not enough funding—much less sustainable funding—available. Austerity, cost of living crisis, etc. are affecting both individuals who need support and the services providing support.

- Significant confusion about Fiona's role and the roles of The Promise Scotland and Scottish Government.

- Requests for a more directive approach. This snippet from a response reflects this feeling:

  o "We consider that it will be very important that Plan 24-30 develops Plan 21-24 further by providing a clear direction of travel, while still allowing for aspects of local consideration as to the most appropriate ways to implement the recommendations of the promise. There are some areas such as school exclusions or ending the practice of separating brothers and sisters where overarching ambition was stated within Plan 21-24 but without direction as to how this might be achieved. We would welcome greater detail in areas such as these."

Summary of codes

The coding approach changed during analysis, so the number of documents/coded segments is not consistent throughout. Also, as this is a qualitative exercise, numerical value does not equate with significance. Many segments were coded to multiple codes. Lastly, not all local authorities provided a document, and some provided multiple, so 'number of documents' cannot be read as 'number of local authorities'.

However, it does provide some helpful idea as to which topics multiple local authorities mentioned and, for the most part, it aligns with the analyst's sense of topics mentioned and the significance of those topics to the responding local authorities.

	Coded documents	Coded segments		Coded documents	Coded segments
Fundamentals			**Supporting the Workforce**		
What matters to c & f	5	9	Workforce values	5	8
Listening	13	26	Trauma informed	9	11
Poverty	8	12	Ongoing relationships	2	2
Children's rights	6	7	Workforce support	24	66
Language	6	12	**Planning**		
A Good Childhood			Planning	18	41
Support	12	28	Investment	22	46
A right to an education	11	26	Information sharing	8	10
Relationships	5	5	**Building Capacity**		
Brothers and sisters	9	11	Legislation	2	2
Youth justice	5	6	Children's hearing system	1	1
Advocacy	2	2	Inspection and regulation	9	14
Moving on	12	26	Policy coherence	16	42
Physical intervention	2	2	Data mapping & collection	10	23
Whole Family Support			Governance structures	14	23
Family support	17	35			
Peer and community support	4	4			
Service integration	10	14			
Family therapies	1	1			

Responses along Plan 21-24 Framework

The following sections summarise what was heard for each of the Plan 21-24 priority areas (Plan 21-24 actions are bolded, to help guide the reader between topics).

<u>Fundamentals</u>

There is significant and ongoing commitment to focusing on **what matters to children and families**. Linked to listening, 'co-production' and 'collaboration' are mentioned repeatedly as a way to know what matters. One local authority stated that focusing on care experienced children is too narrow of a focus, as they need to support children and families more broadly, in order to minimise care experience.

Continued improvements in **listening** to the voices of care experienced people and their families is a reoccurring theme for many local authorities. Various methods for participation and co-design have been adopted, including Champs Boards and lived experience panels. Interviews and surveys have been widely used, but [to the analyst] it's unknown how effective these approaches are. This surfaces questions [for the analyst] around best practices and if Voice is truly embedded, or is performative. However, there are some nods to Local Authorities being aware of and striving to avoid tokenism.

Poverty is a significant underlying challenge for supporting both children and families, and it is increasing need across services. This is highlighted several times as a key priority to address first.

Implementing the UNCRC is linked to the action for **children's rights**, but also highlights the numerous policies that are needing to be implemented in the same timeframe and by the same workforce.

While there were many mentions of what work has been done around **language**, there were also comments around what is still needing to be done: changing the required language for recording, workforce support for implementing language changes (e.g. a worry that some of what is recommended is 'too informal'), and updating paperwork.

<u>A Good Childhood</u>

Support is a wide-ranging action, but primarily are divided into two categories:

1. Changing demographics of children in care
   a. Increasing number of unaccompanied asylum-seeking children and young people, resulting in increased need for suitable care and different support needs
   b. Increasing need for a more intensive support package, due to complex needs; children are presenting with complex needs that include physical disability, neurodiversity, comorbidity mental health challenges
   c. Need to centre the support needs of infants

2. Not enough safe and appropriate places for children to live are available
   a. Lack of foster care availability
   b. Lack of suitably sized housing for sibling groups

    c. Continued moves of children outside of their local authority areas to address limited availability, which has many challenges itself
        i. The displacement of children and add a further time burden to social workers, as they have to travel to visit the child.
        ii. Increased expense for the local authority
        iii. Challenging to support children relationally, including from England. In particular, to provide health (including CAMHS) support across LA boundaries
    d. Not enough mental health supports, including safe accommodation for children and young people in crisis. This results in young people being housed in Secure Care as the only option for a safe form of accommodation

Reported progress on **education** is varied across local authorities, with some citing metrics met and others focusing on continuing need for data improvement or workforce upskilling. Overall, this action shares many similarities with others in its challenges and future intentions, and overlaps with the areas of data collection, workforce support, and trauma-informed practice. Challenges include the competing demands on education staff; increasing number of students with additional support needs, increasing complexity of those needs, and a workforce not skilled in meeting them; care experienced pupils being placed in the area via the voluntary sector; and dropping attendance post-pandemic.

Similar to other areas, multi-agency working was a focus for ongoing work, and improvements in education require collaboration with connected sectors and services. Specifically, reducing and/or eliminating exclusions is a challenge, and local authorities want directive guidance around how to accomplish this.

While progress has been made, there is a continued focus on school attendance, particularly post-pandemic, including accurate recording of attendance and improved data gathering for children educated within and outwith the council. Supporting improved attendance, several local authorities are developing, continuing, or improving curricular pathways to ensure that care experienced pupils are supported and included in school. This also links to concerns around positive destinations, ensuring that there is support and accountability post-school.

Little was coded to **relationships** in the analysis. What was captured reflects that work is ongoing, including some funded projects, to support the sustainment of relationships that matter to the care experienced young person.

Several responses note that complexity around keeping **brothers and sisters** together, particularly since the promise includes 'sibling-like relationships', which local authorities may not be capable of tracking or supporting. Further support and direction is therefore needed from Scottish Government to clarify how to recognise and maintain sibling relationships, as well as improve data collection (noted inaccuracy of national data). That said, work is ongoing across Scotland to expand options and to engage with joint working to support siblings who do not live together. Future work is impeded by housing challenges and limitations.

Intended changes to **youth justice** are two-pronged: (1) supporting children and young people who may come into contact with the justice system, and (2) changing methods and approach to youth justice. For the first, there is a shift towards prevention and diversion, including working with community and partner offers to ensure they are targeted. Alternative methods being considered include, restorative justice approaches, employing positive diversion activities, and efforts to reduce criminalisation. To effectively make these improvements, one local authority suggested, requires long-term funding, a coordinated policy landscape, a skilled workforce, an acknowledgement of the complexity of both family life and system change, and a commitment from national criminal justice agencies to reduce the criminalisation of young people.

Although not always linked to youth justice, secure care was brought up by several local authorities, recognising the need to change the model, with a focus on reducing its use. This focus aligns with, but predates, the promise.

Little was said about **advocacy**, besides a reiteration that work to support access to advocacy is underway and is a priority.

With **moving on**, supporting Care Leavers in the transition from care to independent living was a key focus, and was significantly linked with discussions around homelessness and tenancy support. Pathway planning, including housing, is a future direction for some local authorities, as existing assessment models are not flexible enough and/or are not providing appropriate support. Challenges include the wider financial climate and the acute lack of housing stock, including limited continuing care (which, in turn, also affects foster care availability and the availability of large enough homes for accommodating sibling groups).

Physical intervention was discussed in context of ending restraint in children's homes and monitoring the use of restraint in care settings. However, little was said beyond recognising that further work is needed, including collaboration with Education and the police.

Whole Family Support
Family support needs have increasing complexity following the pandemic and the cost-of-living crisis, as families face poverty, poor housing and financial unpredictability. Families requiring support are increasingly diverse, and not of a uniform demographic. Providing family support faces further challenges in cases where parents present with multiple high-level needs or themselves are in need of support. One local authority highlighted that the families now requiring their support are not affected by poverty, but instead have recently moved to the area and are therefore very isolated, with limited support networks. Another local authority said they were also seeing and increase of extremely isolated families, as well as an increase of families with no recourse to public funds.

There is an ongoing focus for several local authorities on increasing family-based options and supports for kinship care. Family Group Decision Making was cited as a positive change in this field, which has supported families and allowed children to remain living

within their family networks or within family-based care. Other transformational change projects focused on family support are either beginning or continuing (some funded by Whole Family Wellbeing Fund), aligned with the promise. To effect this change requires: long-term funding, a coordinated policy landscape, a skilled workforce, and an acknowledgement of the complexity of both family life and system change.

Peer and community support and **family therapies** were not primary focuses in discussions of future plans or challenges, but local authorities mentioned ongoing or planned initiatives in both areas.

Service integration is a key area of work for most local authorities, and the coding approach included examples of integration in terms of families experiencing services as integrated, as well as partnership working. However, there was significant overlap with actions in Planning and Building Capacity and the analyst prioritised coding to those areas, to fit in with broader conversations around collaborative and cooperative working.

Integration is variously focused on multi-agency (also called partnership) working, developing governance structures to allow for information sharing, and building capacity of support roles—in some instances, through combining funding streams. Several responses highlighted ways in which it is challenging to sequence and coordinate activity across partners, and one mentioned needing to encourage uptake of support offered by third-sector partners (i.e. mental health support for young people). Local authorities had various recommendations for what support they need to further this area of work, including: needing hands-on support (as opposed to advice and guidance), joined-up working, strengthened links with social work, and increased and/or integrated funding.

Supporting the Workforce

Workforce values and **trauma-informed** approaches are being/ will be aligned with the promise via implementation of workforce guidance, such as Signs of Safety, National Trauma Training programme and the Family First Model. Reductions in available resourcing threaten implementation and further national discussion around these approaches is welcomed.

Ongoing relationships is a continuing ambition mentioned by two local authorities. However, guidance from the SSSC around "maintaining professional boundaries" undermines this, according to one local authority (the analyst is unfamiliar with this guidance, so is unsure if this is a guidance or interpretation issue). It is further challenged by resource limitations, particularly the current reliance on temporary and fixed-term contracts to meet capacity needs.

Workforce support is the most significant action in this priority area and affects the local authorities' ability to keep the promise across all other priority areas. It was one of the strongest themes and was repeatedly referenced. Responses regarding barriers focused on issues surrounding retention, recruitment, and upskilling the current workforce. The underlying issue, and therefore the key thing to address, seems to be addressing the factors that are pushing current skilled workforce out of the field.

Retention is the largest challenge and is cited as a cause across all other barriers. All sectors (education, health, social care and social work, foster care) are struggling to retain their skilled workforce. The workforce is experiencing high rates of sickness absence, burnout and low resilience post-pandemic. While local authorities say that staff wellbeing is a priority, capacity issues (due to retention or low recruitment) limits ability to provide the support needed to foster a well workforce. These same capacity issues are increasing staff workload, leading to more difficulties with retention.

Due to the challenges with retention, Local Authorities are needing to turn to recruitment, but are not having success with filling vacancies across all services. Many services are therefore running at a reduced capacity—driving up workloads and limiting workers' ability to upskill or implement positive changes in accordance with the promise. Some local authorities are relying on temporary posts, in line with the short-term funding available from Scottish Government, but these temporary positions are even more difficult to fill. One local authority raised the issue of not having accommodation for workers, with housing shortages limiting the number of potential workers in their area.

Foster care was the service most frequently identified as needing recruitment, with increasing demand for the service but a real term decrease in available carers. With some local authorities having success with foster care recruitment, this is a prospective area to enable sharing of best practice between local authorities.

The heavy workloads that are a result of this under-resourced environment limit what the workforce is able to accomplish. At the same time, there are multiple national-level initiatives required of the same workforce. One local authority wrote: "the volume of other changes being introduced nationally along with recruitment and retention challenges is leading to competing demands and additional pressure on a small workforce. Prioritisation of all is not possible".

At the same time, there is an urgent need to use staff time for upskilling—adding further to this workload imbalance. This upskilling is needed due to several factors: (1) in response to children and families' requirements, linked to the changing demographics and increasingly complex needs discussed previously; (2) in response to the values needed by the workforce, to ensure that the values of the promise and other initiatives are engrained across the workforce and are making the transition from policy to practice; (3) in response to retention and recruitment, as the workforce is increasingly newly qualified and in need of further training and support; and (4) to train and support kinship carers, to ensure that children remain with their family when possible.

To address these challenges with recruitment and retention, local authorities are asking for national support. Several noted that Scottish Government are leading work on a national fostering campaign and asked for continued support and a national approach to recruiting foster carers. One highlighted a need for additional investment to attract and retain staff, while another suggested needing a national approach to making children and families social work a more attractive area of work and study, to increase the number of qualified workforce members.

Planning

There is ongoing **planning** and local strategy development aligned with the promise, through the development of Corporate Parenting Plans, Children's Services Plans, annual plans, local indicators, and various boards and networks, among other measures. To further support planning, there needs to be (1) clarity over national priorities, including detail about how to achieve ambitions of the promise (i.e. ending school exclusions or keeping siblings together); (2) higher visibility and awareness of the promise, promoted by the Scottish Government and The Promise Scotland, for national bodies and others to be aware of their corporate parenting responsibilities; and (3) support for long-term planning, including long-term investment.

Investment was a primary action surfaced across the responses and Scottish Government is identified as responsible for both barriers and potential solutions. There are significant barriers caused by reduced core budgets and short-term funding. Instead, local authorities ask for sustainable, long-term funding that does not require complicated and timely applications and reporting. This approach to funding, aligned with the promise, is needed across the public and voluntary sectors. Highlighting the difficulties in financing transformational change while still continuing to provide core services, it would be beneficial for Scottish Government to provide tangible support and guidance on disinvestment and 'follow the money' for local authorities to effectively apply these approaches. There is also interest in joining-up budgets to support collaborative and partnership working between services in the public sector.

Information sharing was discussed in two ways: (1) in work towards making information sharing not a barrier to supporting children and families, and (2) sharing information about best practice between partners and across local authorities and sectors. The latter was discussed most, with calls for Scottish Government to coordinate or enable the sharing of best practices across authorities and at a national level. There was a strong desire for real-time and proactive sharing of learning, and for this to be supported also by The Promise Scotland's PDPs.

Building Capacity

There is significant overlap between 'building capacity' and 'planning'. Many topics were coded to multiple actions in these two priority areas, and there were a range of topics (i.e. multi-agency or cross-sector working) that did not clearly fit into any particular action. While this section is shorter than others, it is because responses were particularly uniform in what issues they raised to do with building capacity. A significant number of segments were coded to this priority area, reflective of the importance of these topics to local authorities.

Legislation was referenced in combination with **policy coherence** and the **children's hearing system** was included as an example of a large-scale change requiring adaptation and implementation from the workforce. Local authorities commented on the frequent, numerous, and substantive changes taking place at the national level, requiring national coordination to ensure coherence. Most identified that legislation and policy were not coherent at the moment, and that the workforce feels that these changes are disjointed and adding to an already-overwhelming workload. There were calls for making clear what the

national priorities are and for alignment of the various legislations and policies coming from Scottish Government. One specific query that does not surface in other areas is for a consistent definition of 'care experience'.

Continuing on a similar theme, local authorities reflected on the incoherence of current **inspection and regulation**, and the need for joined-up, nationally agreed measures and coordination from Scottish Government. This includes calls for national promise-specific metrics, measures, or performance indicators.

Data mapping and collection primarily focuses on a need for unified data standards and performance metrics, that can measure outcomes and be consistently adopted. This was tied to decluttering the policy and reporting landscape, as discussed previously. There were also requests for sharing of best practice, and for updates on Scottish Government's data progress.

Governance structures have been adapted to focus on the promise, and many responses were focused on governance as enabling partnership working. Siloed approaches, with other sectors viewing the promise as a " Children and Families Social Work" responsibility, is a key challenge to effective governance and multi-agency working. Many local authorities are now working towards improving and rationalising these structures but highlight that this type of change takes time and requires support and investment.

Appendix D: National Bodies

Analytical approach

The analysis of data from 13 National Bodies (20 documents in total) was carried out by an external analyst. The framework for analysis used Plan 21-24's five priority areas and sub-areas to code the data in MAXQDA. Once the data was coded, a thematic narrative analysis was conducted and below is the analysis system and themes that emerged from the sub-areas.

Analysis System

Supporting the workforce (priority area)

1. Workforce support (theme)

1.1 Progress

1.2 Challenges

1.3 Suggestions for Plan 24-30

Planning (priority area)

2. Investment (theme)

2.1 Challenges

2.2 Suggestions for Plan 24-30

Building Capacity (priority area)

3. Legislation, Policy, Inspection, Regulation and Governance (theme)

3.1 Progress

3.2 Children's Hearing System (theme)

3.2.1 Progress

3.3 Data mapping and collection (theme)

3.3.1 Progress

3.4 Challenges in Building Capacity

3.5 Suggestions in Building Capacity for Plan 24-30

4. Limitations of the analysis

1. Workforce support

1.1 Progress

National bodies are committed to supporting the workforce to learn, develop and feel valued throughout their career. Below is the progress on supporting the workforce:

-The workforce is trained and supervised to have the awareness, knowledge, and skills to meet the needs of care experienced children and young people through continued professional learning and development. Training topics range from early learning and childcare, child development, children's rights, child protection, harmful sexual behaviour, British sign language, speech and communication needs, adult protection, trauma-informed practice and return to practice (RTP).

-The workforce is supported by the Common Core for the Children's Workforce and National Occupational Standards (NOS) guidance.

-National Bodies reported being supported by the learning and development of Trauma Informed and Responsive Training Programmes, Networks and Champion Groups.

- National Bodies reported embedding mandatory and refresher corporate parenting training for all staff including strategic and senior leaders and Board members.

-Corporate Parenting Working Groups have reviewed the commitments in Corporate Parenting Plans.

-Partnerships to support National Body employees to sign up to mentor care experienced secondary school students.

-Several modern apprentice places are available at some National Bodies for care experienced young people.

-Some National Bodies have implemented the Care Experienced Guarantee Interview Scheme that offers an automatic interview for care experienced applicants who meet the essential criteria for a job and are creating sustainable progression routes for care experienced employees.

-Mentoring programmes have been offered to people with care experience at some National Bodies.

-The culture of some National Body organisations promotes tools for well-being and inclusion, through varied Working Groups and Networks, including for employees with a wide variety of care experience.

-Some National Bodies have developed reflective practices to support the workforce to reflect on supervision, environmental conditions, and workplace relationships.

1.2 Challenges

The challenges below do not overshadow the significant amount of motivation and determination that exists in the workforce to achieve the ambitions of the promise. Despite

the challenges, groundwork is steadily and quietly building, particularly in areas of increased participation and engagement with care experienced children and young people. Additionally, it is important to imagine what the dedicated workforce can achieve in an optimal environment.

-The staffing crisis across social work and social care (recruitment and retention; early retirements; loss of experienced workers and leaders; the impact of stress and practitioner fatigue) is resulting in leaders having to make very hard decisions about where to focus significantly reduced resources in a deeply challenging environment.

-There are critical shortages in family-based care (kinship and foster care) and an insufficiency of residential care to meet needs. Increased demand is being driven by the need for a higher number of larger sibling groups, the impact of continuing care legislation and increased numbers of unaccompanied asylum-seeking young people arriving in Scotland spontaneously along with those coming from south of the border through the mandated National Transfer Scheme.

-The workforce is struggling to meet the needs of all children post-pandemic, and the energy and resources to Keep the Promise are compromised. Understanding is emerging of the potentially longer-term impact on children's health and development of isolation during lockdown, from home-schooling and the withdrawal from universal supports such as early learning and childcare services. Speech and language delays, struggling to manage emotions and a deterioration in communication skills are being seen to affect children of all ages.

-Schools have too many demands on them and often these demands create conflicting agendas. Attainment seems to be the main priority, which results in relationship-building and well-being support being sacrificed to improve attainment.

-There are challenges with recruiting, supporting, and retaining volunteer panel members. Additionally, having diverse people who fit with the Children's Hearing System (CHS) values and motivations to support children and families is key.

-When a service must continue to be delivered, re-designing services can be complex and time-consuming. The pace of changes is such that not only is implementation space not built into the re-design journey, but new changes and duties are overlapping and being applied before previous ones are in place or embedded, with a resultant impact on the practice and cultural change so critical to meeting the promise.

1.3 Suggestions for Plan 24-30
-Some National Bodies have requested that organisations champion the development of a National Social Work Agency that aims to promote the value of and give a voice to the profession nationally which will assist in ensuring appropriate workforce support, resources, and improved career pathways.

-Increased time and capacity for the workforce to have meaningful and supportive relationships with care experienced children and young people through an investment in

resources, balanced workloads, and trauma-informed working conditions, that can reduce fatigue, stress, vicarious trauma, and burnout.

-An approach to the sequencing and implementing of change needs to acknowledge the complexity of human relations and systems, make the best use of existing evidence, and also pay attention to emerging learning. The approach needs to use both technical strategies and innovation to overcome barriers and achieve sustainable outcomes, being supported by people skilled in complex change, sufficiently resourced and with a long-term commitment.

-Scottish Government to support and encourage employers to consider releasing employees for volunteer panel service similar to responding to the need for Jury service and include the consideration of a "kitemark" or "Investors in People" type award for volunteer panel service.

-Detailed work around how the system in Scotland keeps the promise concerning those children who join our society such as unaccompanied asylum-seeking children and children from Ukraine. This includes policy and practice on how as a society we ensure that they have equitable access and rights as Scottish born children and ensure that cultural needs are acknowledged and championed. Aspects of this work should note the importance of managing the wider context of increased demand on the workforce.

2. Investment
Transformational change requires investment, and National Bodies are aware that they need to engage with the Scottish Government about investment and resources relative to the capacity to deliver and embed change consistently and sustainably.

2.1 Challenges
There are unprecedented financial and resource challenges with national and local budget restrictions, frozen funding levels and scarce availability of external grant opportunities that are preventing effective help and support for children and families. At the same time, aspirations and expectations articulated in the promise have rightly increased, and there is greater recognition of the work still needed to ensure that inequalities are properly addressed. This is significantly increasing the pressure and demands on both front-line staff and leaders to deliver prevention, early intervention, and targeted provision. The challenges most keenly observed by the National Bodies are the following:

There is an overarching increase in the level and depth of mental health needs amongst both children and their families who are at the forefront of the current poverty crisis, and they need proactive, preventative help and support from public services as a priority. Even with public injections of family well-being funding, the reductions in local budgets and the resulting closure of public amenities such as libraries, leisure centres and family outreach services are exacerbating poverty rather than enabling empowerment.

2.2 Suggestions for Plan 24-30
-National Bodies have suggested local, high quality and long-term funded service provision, that is non-stigmatising and responsive to the wide range of needs of children and young people, families, and communities.

-Some National Bodies have suggested the use of philanthropic funding to enable upstream investment for the length of time the model says will be needed to get to the disinvestment position.

-Some National Bodies have suggested a joint accountability framework that enables money to be moved upstream even where this involves moving it across traditional silos.

-Plan 24–30 must highlight the 'big ticket issues' which are hindering local progress, such as the crisis in housing and care availability, poverty and housing, challenges with workforce capacity, and local government budget settlement.

3. Legislation, Policy, Inspection, Regulation and Governance

National Bodies can be a powerful influence and enabler to make the necessary system-wide changes happen. Continued effort has been made to develop effective collaborative partnerships to reduce duplication, silo working and encourage more consistency across different areas of practice. National Bodies reported that proactively building relationships, partnerships and collaboration helps to develop much wider support teams that holistically support children and families. Additionally, joint professional learning has taken place across services to encourage consistency in language and practice and to further understand the barriers and commonalities across the work. National bodies reported that the success of keeping the promise is intrinsically linked to and dependent on improvements and transformational change in the care system.

3.1 Progress
National bodies have reported a multitude of legislative, policy, inspection, regulation, and governance developments, including a cohesive alignment in progressive initiatives and frameworks across Scotland to reflect the realities of people's lives, promote well-being and learning, and incorporate UNCRC. Here are examples of progress within legislation, policy, inspection, regulation, and governance structures:

-The values of the promise have been embedded in the governance landscape around the various Boards, networks and groups that sit around the 'care system' to enable effective and accountable shared working.

-Promise development leads within National Bodies meet with senior colleagues in The Promise Scotland team to establish positive and constructive information feedback loops to discuss the necessary areas of national shift, change and action required to enable full implementation of the promise by 2030. National bodies hope that this dialogue can be further strengthened to include other regulatory colleagues and key national partners during 2024.

-Roundtable events have explored and evidenced the crisis in foster care across the country, resulting in ongoing work undertaken in partnership between national and local government and the voluntary sector. The work aims to improve the status of foster carers, and the support provided to enable foster carers to care for children and young people with increasingly complex needs.

-Kinship Care Collaborative has been instrumental in prioritising what needs to happen for kinship carers to ensure they are supported to care for the increasing number of children placed with extended family and friends. The work of the Collaborative includes rewriting the guidance for Part 13 of the Children and Young People (Scotland) Act to provide better clarity to professionals and kinship carers and developing an assessment framework for kinship carers which links to the national practice model and children's plan.

-'Siblings' legislation was implemented in July 2021 with related practice, guidance and scrutiny changes. Regulatory bodies have explored standards which may enhance or inhibit e.g. the previous limit on the number of unrelated children in foster care, and guidance for residential care.

-National bodies reported that they continue to 'Promise proof' quality frameworks and streamline professional codes, procedures, and processes across services for children and young people to further strengthen strategic and regulatory reports and demonstrate the influence of The Promise practice in services.

-Additional legislative developments include the refresh of the GIRFEC guidance, legislation linked to cross-border Deprivation of Liberty Orders, development and ongoing implementation of Bairnshoose Standards, development of the Self-Directed Support standards, Transitions Bill, Social Security amendments to enable the care leavers payment, development and roll-out of the national trauma framework, whole family wellbeing and the extensive and varied Care and Justice Bill.

-National Bodies have developed and scoped new, holistic frameworks for inspection and regulation that value what children and families value.

3.2 Children's Hearing System
3.2.1 Progress

The Children's Hearing System has gone through a redesign process that has brought together children and families, and organisations that hold the responsibility, to rethink the structures, processes and legislation that underpin the hearing system. The Children's Hearings Scotland (CHS) and the Scottish Children's Reporter Administration (SCRA) have reported that the improvement and transformation of the Children's Hearings System is dependent on the wider system change – particularly concerning early preventative support for families. Below is information on progress:

CHS and SCRA have devised Hearings System Working Groups (HSWG) and Collaborative Reform Projects to coordinate and resource workstreams including the preparatory work with the Office of the Chief Designer, membership of the collaborative design project teams,

completing the Collaborative Redesign output report, staff engagement on the HSWG Issues List to feed into the overall process of the redesign, deliberation, and decision-making in the Hearings System Working.

-CHS support all children to participate effectively, leave the hearing having understood what has happened, understand how the decisions are going to affect them and know exactly what is expected of them before the next hearing. Special measures are put into place to protect vulnerable witnesses when giving evidence in hearings, including the use of a video link, screen or pre-recorded evidence. After the child's hearing CHS works with partners and a hearings officer to gain feedback and ensure children have clarity on why decisions were made and what it means for them. CHS are securing an advocacy and intermediary service for witnesses and members of the public complainants, and they are also considering further improvements as part of the Open University's Witness to Harm project examining witnesses' experiences of Fitness to Practice hearings.

-CHS and SCRA work with partners and with young experts from Our Hearings, Our Voice and Voice and Inclusion Project, to devise The 40 Calls to Action that are embedded within CHS pre-service training and devised short animations which focus on the key messages which the groups would like to share with the CHS wider community.

-The relationship between CHS and Our Hearings, Our Voice (OHOV) has continued to strengthen with CHS engaged with OHOV board members by attending board meetings and seeking out the board members' views for consultations (including the mixed gender requirement and The CHS Vision Piece) and involving a board member in the co-design of the upcoming Participation webpage. The most recent engagement has been undertaken by CHS colleagues involved in the CHS Promise Programme, which feeds into the Hearings System Working Group as OHOV supports Sheriff David Mackie and members of the Promise Scotland team in the work to redesign the Hearings System. Hearing Room Improvement Project (Our Hearings Our Voice, 40 Calls to Action) with SCRA continues to improve the environment and design of hearing rooms across the country.

-Many Area Support Teams (AST)[1] have relationships with young people and local organisations to involve people with lived experience in the hearing system. It was identified that the term 'Lived Experience Recruiter' was preferred as many did not feel that 'young' was an appropriate term. Before participating in recruitment and selection all the Lived Experience participants received training and support. A presentation was co-produced by two Lived Experienced Recruiters to build confidence for those who didn't have experience being involved with people who are care experienced. The Lived Experienced Recruiters shared their views about the role and highlighted the mutual benefits that included training, skills development, influencing change and further opportunities. The CHS Head of Practice prompted dialogue between staff members to identify further ways Panel Members who

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[1] Area Support Team (AST) lead the vision, mission, and values of CHS across the country in local authority areas, and they coordinate the rota of Panel Members for hearings, lead local learning and development sessions, as well as recruit and retain their local Panel Member volunteers

have lived experience of care and/or hearings could be supported in their roles. The co-design of additional resources for ASTs and CHS Learning Academy, with practical guidance to be produced at a national level with supportive structures implemented throughout a volunteer's journey. The CHS Participation Group identified that they were frustrated with the fact that reports, such as the Corporate Parenting Strategy or the Business Strategy, were written in language that was not attractive or accessible for a variety of people with lived experience of hearings. The group co-produced a script and ideas for the CHS graphic designer to create an animation consisting of the information which they felt was most appropriate and interesting for people with lived experience to find out about how CHS was meeting their needs within the Business Strategy.

-Supporting paid participation in hearing systems is being scoped out, and a policy will be developed to ensure that CHS is doing the right thing in this regard.

-Different tests of small changes to reform the Children's Hearing System have been delivered with the hope of 'scaling up' in time.

-Keeping The Promise Commitment Standards (Our Hearings Our Voice, 40 Calls to Action) delivered a project that involved testing an approach in three localities that enhances communication in advance of a children's hearing to ensure that children and families can access expenses, are aware of their rights to representation and advocacy, and have all the information they need to either attend their hearing virtually or in person.

-A project in one local authority worked with partners to improve the approach to hearings for young people in conflict with the law, testing the continuity of approach, specific measures in orders, and structured early reviews with the ambition that young people spend less time on CSO and that time is subject to a comprehensive targeted care plan. This project is coming to its conclusion and is being evaluated before further consideration will be given to the longer term.

-Identified areas of work have progressed including the development and implementation of Child Impact Assessments, investigating how the Children's Hearing system can be improved to support the prevention and mitigation of ACEs and, with partners, developing actions to support children and families impacted by parental imprisonment.

-Child Meeting Chair Before Hearing Project focused on the child having a brief meeting with the hearing chair in advance of the hearing. The focus is on an introduction to the chair, but the discussion does not go into the substance of the hearing to ensure fairness. SCRA and CHS have recently agreed to scope out building on this test of change and to consider whether appropriate to spread it to another locality area.

-SCRA has developed a Child-Friendly Scheduling project with different tests of change taking place across the country.

3.3 Data mapping and collection
3.3.1 Progress

National Bodies have reported on improvements in the collection and use of data on care experienced people, including methodologies to what matters to children and families, and the needs of those who make decisions on how best to support children and their families.

3.4 Challenges of Building Capacity

-The potential for withdrawal back into silo working because of limited resources, competing agendas and limited capacity to achieve consistently good service across 32 different local authority areas.

-Limited investment to scale up reform projects that have yielded beneficial results.

-The promise cannot be delivered by any one organisation. Collaboration amongst corporate parents and building key national and local partnerships across Scotland, has been and will continue to be, vitally important. Partnership working needs to remain at the heart of work because sharing strengths and resources can achieve better outcomes for care experienced people.

-Barriers to governance structures can prevent service integration.

-Some National Bodies reported that there have been extensive additional statutory duties placed on local government over the timespan of Plan 21-24, and ahead in the Plan 24-30 period. The cluttered policy and legislative landscape, including the public sector reform agenda, and the National Care Service, is incredibly challenging and impacts workforce pressures, financial resources, and the capacity to develop and embed the transformational change required locally.

-Some National Bodies reported that the work to revise the Common Core for the Children's Workforce has been slower than anticipated. There are several reasons for this, such as pressures on the sector impacting key stakeholders' ability to engage and support this work. The original timescale was to develop the revised Core by the end of March 2024. The expectation is that there will be a revised framework which will be ready by the end of the first quarter of 2024/25. The revised Common Core will require an implementation plan and support to make sure that it is meaningful and helps to drive values-based recruitment and workforce development. The framework could be embedded into children's planning partnership reporting requirements and will be agreed with the National Children and Families Leadership Group to ensure multidisciplinary buy-in and support from the Children's Services Reform Unit in the Scottish Government. There are plans for a Ministerial launch of the revised framework.

3.5 Suggestions on Building Capacity for Plan 24-30

-In the development of Plan 24-30, National Bodies welcome opportunities to contribute to the creation of a more focused and proactive 'enabling context for change' across regulators and key stakeholders. National Bodies have suggested advancing formal national dialogue at the senior leadership level to explore and articulate 'the what and the how' to embark on the incremental steps towards stronger collaborative effort necessary to achieve the promise by 2030.

-National Bodies would like to be included in the key forums and open discussions about a longer period to reach shared goals, and welcome direction about innovation that allows effective coordination and prioritises efforts.

-National Bodies would like a simplified and aligned legislative and policy landscape.

-National Bodies would value effective data systems and better alignment of monitoring and reporting processes around the UNCRC, Corporate Parenting and The Promise.

-Some National Bodies would like to know more about how they can contribute to any reporting, monitoring or evaluation structures that exist alongside the published Corporate Parenting Plans. While there's a formal structure in place for reporting Corporate Parenting responsibilities, some National Bodies are not clear on whether there is an additional expectation to report against the action plans for Keeping the Promise and how they should be doing this. Additionally, some National Bodies would like a clear set of principles, outcomes and milestones that will guarantee The Promise is being kept but emphasise that this needs to consider organisations whose remit is less able to influence or impact formal care sectors or services directly.

-Panel Members took part in a consultation to explore changes within the Children's Hearing System and their suggestions have been reported to the CHS Hearing System Working Group. There was widespread recognition that to perform the volunteer panel member role well it needs to stretch beyond CHS and become part of the bigger system of service delivery and support. Panel members would like the Children's Hearing System to make decisions and recommendations that impact the underlying issues within a child/family's life, and not solely the presenting behaviours. Suggestions to achieve this are as follows:

- Panel members build relationships with families to reduce the repetition of difficult stories and re-traumatisation.

- Panel members should adjourn for discussion before decision and reason. The current hearing system of discussion (45 minutes) and recording a decision (15 minutes) is too short. Additionally, the expectation of three hearings per tribunal session is unrealistic.

- Panel members would like flexible delivery of children's hearings to enable families to take part more easily. For example, the children's hearing should be more child-led, and training for panel members around how to adopt a more flexible/relational/participative/facilitative approach is welcomed so that panel members can respond to individual needs and ensure children are comfortable with the process. Panel members have also requested more time and space to listen and hear the children's views and experiences.

- The panel reports need to be clear, concise, and child-focused and include a care plan to benefit all involved in the decision-making process.

- Systems and processes need to be more joined up and integrated to ascertain how support is being used by families and the impact of actions being taken to address concerns.

- Specialist hearings have been discussed to reflect the increasing complexity of hearings; children and young people may feel more reassured that a panel member has knowledge or skills around individual issues and can enable decisions and actions that would influence a positive outcome and reduce delay in support.

- Panel members would like the process for Permanence Orders to be streamlined with consideration of extending Interim Compulsory Supervision Orders from the current 21 to 44 days to provide more realistic timescales to enact plans/decisions.

- Consistent and coherent well-being support for volunteer panel members would be beneficial. For example, peer support networks, a buddy system, more experiential (e.g., role play) training and structured post-hearing supervision and/or mentoring.

4. Limitations of the analysis

The National Bodies (n=13) that took part in the Updates on Progress span a range of sectors and differ in their aims and approaches, therefore this analysis is limited in representing the views and ideas of certain (not all) sectors within National Bodies. The source of data was a mix of responses that directly answered the 4 questions, written responses to Fiona (i.e. letters, emails), and documents. The organisations that provided documents and comprehensive responses are mentioned in more detail in this report and some sectors may feel they have not been featured enough. Future analysis could focus on each sector within National Bodies.

Report: 'Stories of Change' Posters

Completed   **11 April 2024**

Methodology

<u>Purpose</u>

This report provides an analytical summary of posters for the 'Stories of Change' conference. The purpose of the overarching analysis project is to inform Plan 24-30, so that it best reflects the current status of Scotland's keeping the promise.

<u>Method</u>

[These posters](#) were submitted to the 'Stories of Change' conference, held on 5 February 2024 to be displayed in the 'online gallery' on The Promise Scotland's website and on exhibition boards during the conference.

The posters were intended to inform attendees at the conference about ongoing activity and encourage connections to be made. The Promise Scotland's criteria and guidance for submissions suggested these themes for the posters:

- **Discovery:** The identified need for change and area of focus relating to the promise the work set out to meet.
- **Journey:** Engage your audience in a story of how change was achieved through effective project planning and delivery with children and families at the heart of this change.
- **Change:** Show how this change will be felt by those who need it most

Additionally, the posters were limited to a one-page PDF (online gallery) and up to A1 size poster (display on day of conference).

The poster submissions were advertised via the Eventbrite registration page, the Promise Scotland (TPS) website conference page, via the Promise Delivery Partners via email to the promise leads within local authorities and, on TPS social media (Facebook). Advertisement ran from the 11th December 2023, with the closing date given of 26th January 2024. Extensions were given to anyone who asked for one. A small number of posters were brought in person on the 5th February and of these, a smaller number were not provided as electronic versions. In total, there were twenty-five posters submitted to the conference and an overview is provided within the summary section. The posters used for this report were the ones submitted for the online gallery and not those that were submitted only in physical form.

Analysis mapped the information and activities included on the posters to the Plan 21-24 priority areas:

- A Good Childhood
- Whole Family Support
- Supporting the Workforce
- Building Capacity
- Planning
- Fundamentals

Content was mapped to one priority area, to limit duplication. This particularly affects mapping to the Fundamentals, due to their cross-cutting nature. This may impact the overall narrative of where work is not being highlighted. Further, some information mapped to the 'fundamentals' was not explicit but was surfaced in the analysis. For example, poverty is not mentioned in any poster, however one discussed free access to activities; since making activities free increases access and equity, this activity was linked with the 'poverty' action.

<u>Limitations</u>
These posters represent a limited sample of the ongoing activity and number of organisations involved in change work across Scotland. Poster submissions were limited by:

- Posters being voluntarily submitted by interested organisations.

- Advertising taking place just prior to Christmas, when many people take holidays. Some organisations expressed interest for future opportunities but lacked resource or time to create something within the timeframe for this event.

Of the submitted posters, inclusion analysis was further limited by:

- As mentioned, there may have been a small number of posters displayed at the conference which were not submitted as a PDF for online inclusion.

- By their very nature, posters are designed to give a snapshot of work happening and have a limited word count and space for graphics; this means that not all posters were suitable for analysis. For example, one poster simply had a photo of a young person on a trampoline therefore did not fit into the analysis framework.

Due to the specific nature of the poster criteria, it was challenging to map the posters' content to Plan 21-24; therefore, there may be information gaps in this analysis. Furthermore, only the information included on the posters was used in this analysis. Other information may be available on organisational websites or social media channels.

Assumptions have been made around geographical area for projects due to activities being based online therefore assuming all of Scotland's regions has access. Where 'unknown/ not specified' is noted this is due to the geographical location not being explicit within the poster information.

Lastly, some of the posters do not state the stage the activities are at (i.e. project yet to start, project underway, project completed). It is unclear what is active and what is/has made an impact for children, young people and families. It is also unclear what work is funded for a limited time and what is funded in a more sustainable way.
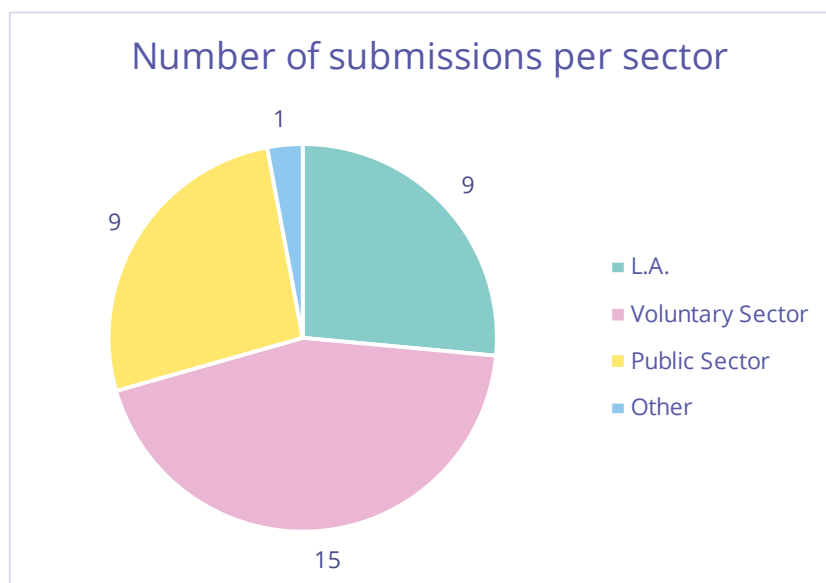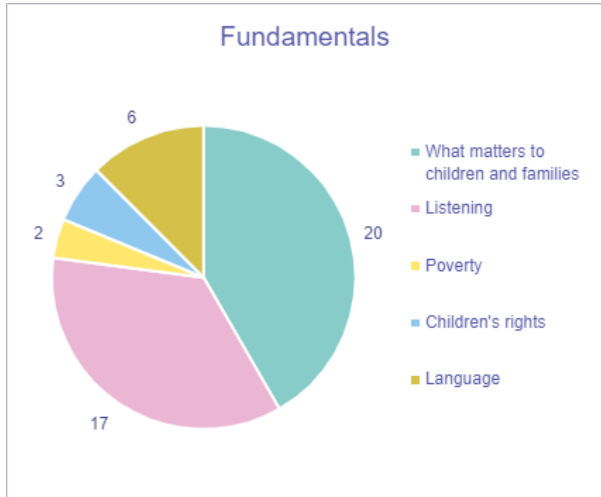
Summary of Responses

A total of **twenty-four** posters were analysed. The chart below shows the number of submissions per region, split by local authority. Some areas may not be represented as they are in the 'unknown' category which means it was not explicit on the poster where the activities were happening.
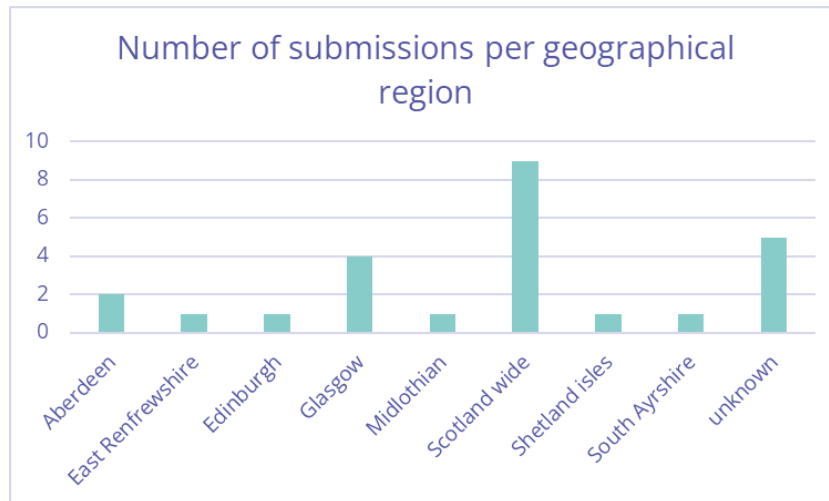
Some organisations submitted more than one submission. The highest number of submissions was **four**, which came from a collaboration of Glasgow's Health and Social Care Partnership and Greater Glasgow & Clyde NHS Board. East Renfrewshire Council and East Renfrewshire HSCP collaborated with voluntary sector organisations Healthier Minds, Aberlour and, Children 1st to form the largest collaborative with a total of **five** partners and one funder. The work was funded by Corra Foundation.

The chart below shows the number of submissions split by sector, three of the collaborations were cross-sector and the voluntary sector was represented the most through submissions.

Fundamentals

Pie chart "Fundamentals" with the following values and legend:

- What matters to children and families: 20
- Listening: 17
- Poverty: 2
- Children's rights: 3
- Language: 6

'What Matters to Children and Families' and 'Listening' are the main areas of focus within the fundamentals. This aligns with the priority areas focus.

The activities and content often fit multiple fundamentals so the same content may be included in more than one fundamental action.

There was no explicit mention of 'poverty' within the posters however some do describe activities which are free or may be lower cost.

Priority areas

Pie chart "Priority areas" with the following values and legend:

- A Good Childhood: 23
- Whole Family Support: 10
- Supporting the Workforce: 9
- Planning: 2
- Building Capacity: 3

Within the Priority Areas, 'A Good Childhood' is the area most posters have identified and represented work going on in. The next area is 'Whole Family Support', with the least represented in 'Building Capacity' and 'Planning'.

Responses along Plan 21-24 Framework

<u>Fundamentals</u>

Some of the areas intersect and include multiple 'fundamental' areas; the area they most align with has been chosen for this exercise.

There is ongoing work to embed **what matters to children and families** through co-design, participation and peer support groups and activities. Relationships are mentioned frequently with references to 'fostering' and 'nurturing' existing relationships and creating space to strengthen these relationships. New relationships are encouraged through co-design and champions boards.

Although there is no explicit mention of **poverty** within the posters, there are two examples of giving free access to activities and resources from two locations within the leisure sector. There are also free resources online for children, young people, families, carers, and the workforce to access.

Three organisations mention more collaboration and opportunities for **children's rights** to be upheld through co-design, increased collaboration with internal services and, processes to allow children to complain directly when they feel their rights are not being upheld.
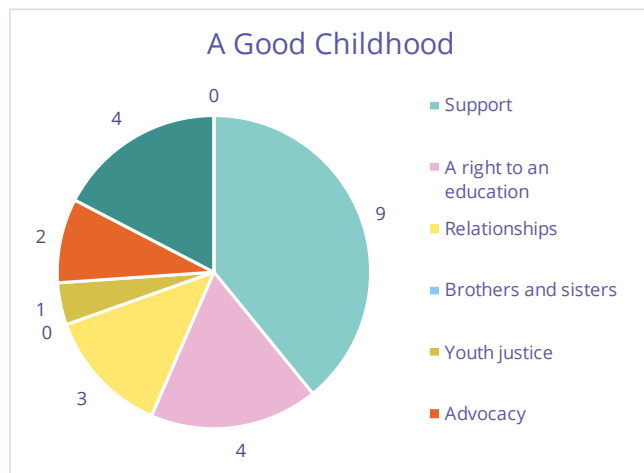
Two local authorities and two national organisations highlighted a focus on changing **language**. The Local Authorities highlighted that they are making changes to their language based off engagement with care experienced people to create 'a language of care' and to 'tell a new story, reframing care'. Both have acknowledged this is a wider culture change in which language plays an important part. Both have given specific examples of tests of change and events where language was the key driver for change. The two national organisations have taken a wider approach and have stated there is a focus on 'reframing of our language' and 'focus on language and voice work in all our services' but did not give specific examples.

There seem to be three main areas which **listening** plays a key role; co-design with care experienced young people and adults, roles within an organisation that have been reserved and filled by people with care experience and, champions boards where the young people have direct access to those making decisions within their local area.

Two examples are a champion's group creating a platform for young people with lived experience to directly communicate with decision makers to allow them to influence and shape their local area's care system and, there is work to support local authorities to 'collaboratively reimagine their services in partnership with children, young people and families' so their needs are at the heart of the service.

A Good Childhood

There is ongoing work to foster and nurture relationships between **brothers and sisters** and to provide opportunities for safe and fun interactions for sibling groups and families. The posters included examples of services and groups for children, young people, their families, and their carers that offer a fun, creative and healthy approach, with a focus on mental and physical wellbeing.

A Good Childhood

- Support: 9
- A right to an education: 4
- Relationships: 3
- Brothers and sisters: 0
- Youth justice: 1
- Advocacy: 2
- (Support/top): 0
- (top segment): 4

There are also **educational** opportunities; one local authority in collaboration with a voluntary sector partner offer a 'Learn Well service' which uses imaginative ways to encourage young people to participate in learning such as the 'Dungeons and Dragons' group, the introduction and maintaining of a virtual school and, mentorship programmes to help support young people.

'**Moving on**' features in four posters with a focus on transitioning from care settings to independent living. Two are voluntary sector organisations that provide support, guidance and signposting during transitions to ensure "transitions are limited, relational, planned and informed" and "enables young people to develop a community of support, provides a good home to live in and gives control over their life, and ownership of their future."

One local authority Health and Social Care Partnership along with their local NHS board are at the 'delivery' stage of their 'Reimagining our 16+ Accommodation' to better **support** their young people. And there is ongoing work at a national level to implement the promise for 0–3-year-olds, to ensure that infants are not overlooked, and staff have tools to support their practice.

None of the submitted posters highlighted work going on within the '**physical intervention**' area.

Whole Family Support

There is **support for families**, carers, children, and young people through various hosted activities and peer-to-peer support groups, allowing relationships to be nurtured. These are available in a variety of spaces with a focus on safety, wellbeing, healthy bodies and minds and fun. There are both physical and virtual activities and support groups, which allow people to engage in a way that suits them best. Additionally, one service has piloted a

Whole Family Support

- Family support: 8
- Peer and community support: 1
- Service integration: 2
- Family therapies: 0
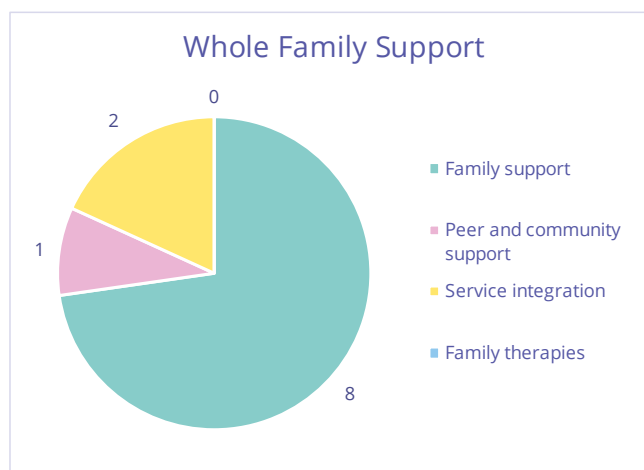
person-centred and trauma-informed support programme for birth parents and have recommended this be sustainably funded and remain an on-going service.

There are examples of multi-agency work happening, which better aligns support for families through **services integration**. One public sector organisation is focusing on 'partnership working with local authorities & other agencies' and one public sector organisation 'Co-chaired development and publication of national Bairns' Hoose Standards'. There is also evidence of partnerships and collaborations across all sectors.

Supporting the Workforce

Relationships and trauma-informed practice are woven throughout the action "what matters to children and families" and this is reflected in the values of the workforce. **Relationships** created with children and young people who are navigating the care system and during transitions are encouraged to be maintained and nurtured.

There are a range of training opportunities and resources being developed and delivered to **support the workforce**; the two main areas mentioned are language and implementation.
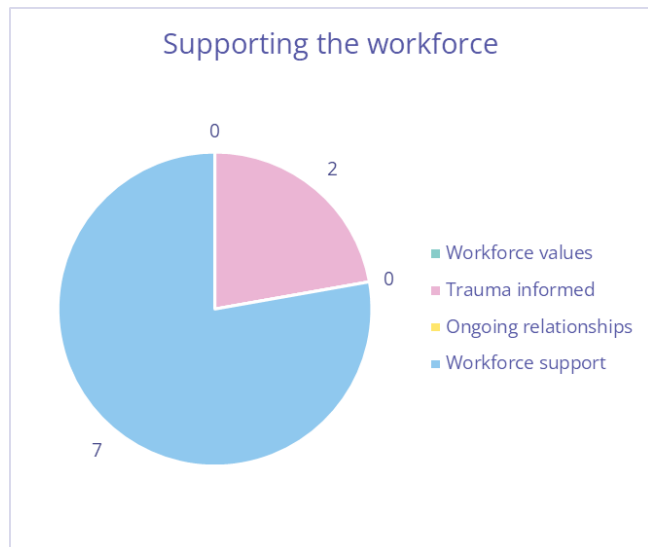
Participation features across a range of posters, with a focus on creating spaces and opportunities for those with lived experience of care to get involved with influencing and shaping services and support. Some services and support are being co-designed with young people and adults with care experience—attending the Promise Design School was referenced by one organisation.

Trauma-informed training for foster parents has been developed and rolled out, 'Supporting Children and Young People Who Have Experienced Trauma'- recognised SCQF qualification (Level 6 with 6 credits).
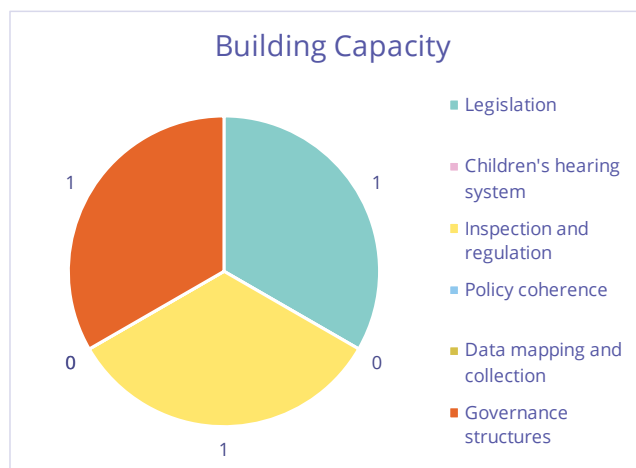
Planning

There was very little work in this area represented at the conference, with only two posters making reference to 'extensive work' being done to align with the Children's Care & Justice Bill and broader "legislative, regulatory and landscape change". However, there were no details included for what this work entails.
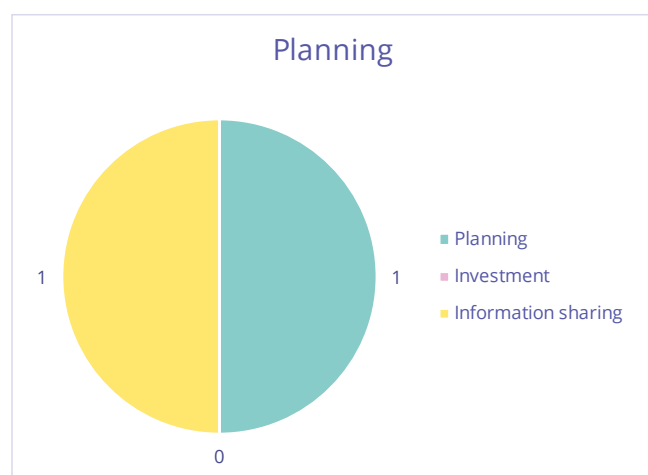
Building Capacity

Three posters referred to creating more new roles and two mentioned that, included in the growth, there are roles for care experienced individuals. One poster states there has been investment in creating **strategic and operational posts**. It is not clear if these posts are sustainably funded (as some have been funded via a third party) or if these posts have a limited timeframe.

Building Capacity

- Legislation
- Children's hearing system
- Inspection and regulation
- Policy coherence
- Data mapping and collection
- Governance structures

An example is the creation of 'Promise posts' which were established in a local authority in 2021 with £50k funding from The Promise Partnership, two of which were reserved for those with care experience. The poster described how: "the workers, drawing on their own experiences, organised events like Care Day, reshaping the care narrative which was over 1000 participants take part. They actively contributed to consultations, including national GIRFEC materials, short breaks, and the commissioning framework". There was nowhere to capture this information within the priority are actions.

The Promise Scotland collaborated with a local authority on '**Doing Data Differently**' to 'assess existing data sources, identify gaps and improve data usage'. This was a positive experience with the local authority stating: "this involvement increased the organisation's confidence in being more creative with data, emphasizing its integrity as crucial to designing and delivering services."

Young people have co-designed with a public sector body the 'Child-Friendly Feedback' process which has been implemented and the organisation have begun 'extensive' work to support the changes recommended in the Children (Care and Justice) (Scotland) Bill.

There is one instance of a **review and evaluation** taking place to shape the next steps and share the learning across Scotland of how to take a model for reuniting siblings to other locations across Scotland.

Other observations

Glasgow HSPC and NHS Greater Glasgow & Clyde featured as having the largest number of submissions and East Renfrewshire Council and HSCP had the most collaborative partners. In their submissions, they highlighted work happening with language, culture, education, moving on and, brothers & sisters. They mentioned the Promise Design School as part of the process in working through change.

'Co-design', 'The Scottish Approach to Service Design' and the 'Promise Design School' have all been mentioned throughout the posters, which implies a positive experience using these processes.

A person-centred and trauma-informed approach to services emerged across the priority areas: 'a good childhood', 'whole family support', workforce support', and the fundamental 'what matters to families and children'.

Appendix E: Posters

All posters are available on The Promise Scotland's website, along with photos, videos, and further information about the Stories of Change Conference.