

Response to the Scottish Government's National Care Service Consultation

October 2021

WHO WE ARE

[Who Cares? Scotland](#) is Scotland's only national independent membership organisation for care experienced people. Our mission is to secure a lifetime of equality, respect, and love for care experienced people in Scotland and we currently have over 3000 members. At the heart of Who Cares? Scotland's work are the rights of care experienced people, and the power of their voices to bring about positive change. We provide individual relationship-based independent advocacy and a range of participation and connection opportunities for care experienced people across Scotland. We work alongside Corporate Parents and various communities to broaden understanding and challenge stigma faced by care experienced people. We work with policy makers, leaders, and elected representatives locally and nationally to shape legislation, policy and practice. We do this collaboratively to build on the aspirations of [The Promise](#) and secure positive change.

OUR APPROACH

We welcome the opportunity to respond to this consultation that will shape new legislation to create a National Care Service (NCS). Given that most questions were directed at service users or those working in the sector, our response does not answer the specific questions laid out in the consultation document. Instead, we have given our view on several key areas covered in the Scottish Government's proposals which we think could impact care experienced people in Scotland.

With the First Minister describing the introduction of a NCS as '[arguably the most significant public service reform since the creation of the National Health Service](#)'; reform must not proceed any further without involving care experienced people in its design and delivery. As part of building equality for care experienced people into the new service, this will ensure it is person-centred and achieves positive changes in their lives. We offer below to work with the Scottish Government to ensure that, going forward, the care experienced population have an equal opportunity to meaningfully participate in and co-design many aspects of the NCS.

We have not commented in full on some of the proposals as we feel more detail is required from the Scottish Government for us to consider how they may impact care experienced people. In particular, we need to better understand the evidence-base and rationale for suggesting including of a number of services currently outside of adult social care under the NCS, such as children's social care services, and how this should implement The Promise - as called for by the Independent Review on Adult Social Care (the Feeley Review). This approach [has been echoed by The Promise](#), who share our position 'that there is no clear evidence as to whether a National Care Service will or will not #KeepThePromise.'

KEY MESSAGES

Our key messages reflect our initial view of what we think is required for the NCS to be inclusive of our care experienced members and to have the best chance at creating transformational change for all those who grow up in care in Scotland.

Our strategic vision is to create a lifetime of equality, respect and love for care experienced people. The creation of a NCS is a momentous opportunity to realise that vision, and we welcome the intention to centre human rights and people-centred services; focus on prevention and early intervention; ensure consistent delivery across Scotland for children and families; and better transitions throughout care services, linked to health services. However, the proposals need to be further developed by the Scottish Government in order to meet these objectives and our vision. Crucially, this must happen in line with the aspirations of The Promise.

The Scottish Government must:

- 1. Demonstrate how the NCS will keep, not delay, The Promise – acting on the recommendations from care experienced people to the Independent Care Review.**
- 2. Set out in the legislation how the NCS will embed an equality and human rights based approach, for example:**
 - i. Design the NCS in a way that is driven by the lived experience of care experienced people and other groups that experience inequality and discrimination, with co-design on a statutory footing.**
 - ii. Require better data collection about health, social care and wellbeing outcomes, particularly for care experienced people and other equalities groups. This data should identify inequalities for care experienced people relevant to health and social care, set SMART equality objectives to tackle these, and that data should be used to track and drive progress towards achieving equality of outcome.**
 - iii. Provide universal access to sustainably funded independent advocacy services as a core part of the NCS, available to all those that require it across their lifetime, as part of ensuring prevention, early intervention and access to justice for individuals who receive care; recognising that provision of independent advocacy must be tailored to different needs of specific groups.**
- 3. Ensure that the NCS creates opportunities to respect, protect and fulfil the rights of care experienced people throughout their lifetime.**
- 4. Design the ‘Getting It Right For Everyone’ National Practice Model using a co-design approach, ensuring learning from gaps in the implementation of GIRFEC is considered.**
- 5. Provide more evidence and reasons for including the services listed within the scope of the NCS, and how this will improve the lives of care experienced people.**
- 6. Better articulate how the third sector will be part of the NCS, recognising that it is a vital part of social care delivery, especially in prevention and early intervention.**

1. KEEPING THE PROMISE

The Scottish Government must demonstrate how the NCS will keep, not delay, The Promise – acting on the recommendations from care experienced people to the Independent Care Review.

It must guarantee the implementation of [the existing Change programme set out by The Promise](#), which will deliver transformative improvements to care experienced people's lives.

In 2016, Who Cares? Scotland secured the First Minister's commitment to launch an Independent Root and Branch Review of care in Scotland and a commitment to listen to 1000 care experienced voices. In early 2020, the Independent Care Review's [findings were released](#) as a series of reports, which made the case for change across the children's care sector and beyond. [The Promise](#) then formed as a body to facilitate and support change, wherever that change needs to happen to make sure a roadmap for change, called '[The Plan](#)', is honoured and embedded. It works with all kinds of organisations to support shifts in policy, practice and culture so Scotland can #KeepThePromise it made to care experienced infants, children, young people, adults and their families - that every child grows up loved, safe and respected, able to realise their full potential.

We are one of many organisations that have worked hard to make sure that care experienced people's lives and concerns are a political priority, and we share the collective concern of the children's sector that the enormity of the transition to a new NCS model across such a large breadth of services risks creating a further state of flux just as work is beginning to implement the Promise. As Scotland recovers from a global pandemic, which has already created barriers and delays to transforming services, we need clear answers for how the Scottish Government will balance the restructure of social care with ensuring people with care experience do not have to wait even longer for the change that they have been promised. [We have created an overview of our organisational evidence on the impact of Covid-19 on care experienced people](#), which clearly shows how statutory services were stretched and limited.

The NCS proposal comes at a time when change for care experienced people is already overdue. In 2019, members of Who Cares? Scotland wrote directly to the First Minister, in a joint letter which stated clearly that Scottish Government action cannot wait:

'You have repeatedly stated that we will not have to wait for change and that if the care system requires to be ripped up and started again, it will. We can't wait. The rights of Care Experienced people are continually infringed, and their lives negatively impacted every single day.'

'The lived experience and voices of care experienced people for four decades have spoken and continue to speak out... little had changed. You tell us we are loved, respected and are equal, yet we still today experience the same infringements of our rights as we did 40 years ago.'

It is extremely important that the creation of a new National Care Service honours and values the thousands of contributions given by care experienced people, their carers, and families to the Independent Care Review. This involved people sharing some of the most difficult experiences of their lives in the hope of achieving fundamental change to how children in care experience childhood.

We cannot stress enough how much work has been done throughout the past decade to lead out and encourage buy-in to cultural and widespread in the children's care sector, to remove the red tape from important caring relationships. For example, the concept of love was fully embraced in the findings of The

Promise and has been accepted as a key part of delivery successful social care for children: ‘Scotland must care in a way that gives children every possible chance to experience love in their lives.’

The NCS must ensure this ethos of love in care, recognised by The Promise, and the continuing culture shift we are seeing across the children’s sector is maintained and broadened out to cover adult services too. Our members have clearly called for a world where being in care means having loving, stable relationships and we want to further understand how the NCS will protect families, long-term relationships, and caring roles – rather than seeing a restructure of professionalised services as the only solution.

The current proposals do not set out how a NCS will align with the findings of The Promise and lack coherence with the ongoing reforms underway across a range of services within the potential scope of NCS. The findings in The Promise are particularly relevant to the suggested integration of Children and Families Services within the NCS, but also touch on almost all included services in the proposals and must be further recognised in future development of the NCS.

We also share concerns of organisations such as the CCPS that the NCS lacks the vision and ambition of The Promise findings, focusing heavily on aspects of service delivery such as commissioning, and reporting mechanisms – but not enough on what the resource and delivery of care should look like in practice for care experienced people. We echo CCPS’s message that a focus on structures and practices must not be at the expense of culture and behaviour change. This was reinforced by The Promise [response to the NCS](#). We believe that the consultation paper was a missed opportunity to build on the change model proposed by The Promise, but that there is still time to act.

2. EQUALITY AND HUMAN RIGHTS BASED APPROACH

The Scottish Government must clearly and practically set out how the NCS will be built with an equality and human rights based approach from the outset; citing the approach as an ambition or intention is not enough.

Alongside the Scottish Human Rights Commission and the Children and Young People’s Commissioner for Scotland, we believe that the National Care Service should be underpinned by the [internationally recognised PANEL Principles](#) (Participation, Accountability, Non-Discrimination and Equality, Empowerment and Legality), which are fundamental to achieving a human rights based approach in practice. For how to apply the Non-Discrimination and Equality principle in practice, in line with equality law, see the Equality and Human Rights Commission’s (EHRC’s) response.

Applying the PANEL principles, we have detailed examples of three key elements which we believe must be part of the NCS. These will help to create a public service where human rights are respected, protected and fulfilled in its design, process, implementation and objectives, resulting in equal outcomes for care experienced people.

The Scottish Government must set out in the legislation how the NCS will embed an equality and human rights based approach, for example:

1. **Design the NCS in a way that is driven by the lived experience of care experienced people and other groups that experience inequality and discrimination, with co-design on a statutory footing.**
2. **Require better data collection about health, social care and wellbeing outcomes, particularly for care experienced people and other equalities groups. This data should identify inequalities for care experienced people relevant to health and social care, set SMART equality objectives to tackle these, and that data should be used to track and drive progress towards achieving equality of outcome.**
3. **Provide universal access to sustainably funded independent advocacy services as a core part of the NCS, available to all those that require it across their lifetime, as part of ensuring prevention, early intervention and access to justice for individuals who receive care; recognising that provision of independent advocacy must be tailored to different needs of specific groups.**

The Scottish Government must learn from previous attempts to create stronger accountability mechanisms for care experienced people's rights. For example, [the Corporate Parenting duties](#) laid out in [Part 9 of the Children and Young People \(Scotland\) Act 2014](#) apply to many public bodies. This means organisations such as the NHS, Skills Development Scotland and others must work to understand the needs of care experienced people and shape their services accordingly. However, there is an inability for corporate parenting duties to be actively enforced and there is a lack of strong accountability mechanisms outside of self-reporting.

We agree with the EHRC's analysis and add that the social covenant and any charter for rights should include an effective enforcement mechanism that includes an independent complaints process; reporting requirements which include evidence of people with care experience using social care; a Commissioner for Social Care as a named Corporate Parent; and the use of equality information about complaints. This should include whether or not the individual complainant is care experienced, to improve services and achieve equality of outcome through the inspection of care providers.

We also support the call from organisations such as Together (Scotland's Alliance for Children's Rights), that a meaningful child and human rights, and equality, analysis must take place to understand how the NCS can directly uphold the ambitions of the Scottish Government to better protect rights and advance equality of opportunity, including the imminent incorporation of the UNCRC into Scots Law.

2.1. BEING DRIVEN BY 'LIVED EXPERIENCE'

The Scottish Government must design the NCS in a way that is driven by the lived experience of care experienced people and other groups that experience inequality and discrimination, with co-design on a statutory footing.

The Scottish Government must be more ambitious in how people with all different kinds of lived experience of care are able to participate in the development and design of the NCS. This initial consultation phase has not been accessible to our members, and we did not have enough notice, time or detail to create meaningful participation opportunities for care experienced people to be able to engage with and share their ideas on the NCS proposals.

We agree with the EHRC position that co-production of the NCS must be set out in legislation. This is further supported in the CCPS response, that there is currently insufficient focus on co-production with those supported by social care, as underlined by the Feeley Review.

Within the NCS proposal, there is mention of a 'steering group including people with lived and living experience of social care to help devise a social covenant.' It explains that the 'aim of this is to ensure the new service is designed around the needs of people who access social care and supports the needs of unpaid carers and care workers.' We urge Scottish Government to ensure there are care experienced representatives on this group. Care experienced people are an important group that are impacted by a large variety of the social care services included in the scope of the NCS. Their views must be heard on this topic.

Equality needs to be built into any engagement approach from the outset, as has been made clear in responses from the EHRC, the Scottish Human Rights Commission and the Human Rights Consortium Scotland. 'Lived experience' is not just one category or experience and must include care experienced people sharing the protected characteristics in the Equality Act 2010 as well as other groups that are most impacted by social care and who experience inequality and barriers to realising their rights.

We would like to offer our expertise to the Scottish Government by sharing our approach to enabling the participation of care experienced people. We design and deliver a range of participation opportunities which ensure our care experienced members across Scotland are enabled to get involved with national and international influencing priorities, using the power of their voices to bring about change. These spaces are rights-respecting, meaningful, creative, safe, inclusive and developmental for everyone involved. They form part of our offer of independent collective advocacy for children, young people and adults with experience of care. We draw on practice from the Community Learning and Development sector and youth work approaches. We know from experience that including people with lived experience of care in service design creates better support and improves the work of professionals.

For example, we are partnering with The Promise who are creating spaces for care experienced people to engage with the design and delivery of the Change programme work, by [creating learning and development](#) opportunities and using the ['Scottish Approach to Service Design' model](#). We also have experience supporting groups such as Champions Boards, to influence local policy change and have most recently created an ['Annual Participation Programme'](#) which creates opportunities for our members to shape policy and practice change across a variety of areas.

Reform must not proceed any further without involving care experienced people in its design and delivery. As part of building equality for care experienced people into the new service, this will ensure it is person-centred and achieves positive changes in their lives. We want to work with the Scottish Government to ensure that, going forward, the care experienced population have an equal opportunity to meaningfully participate in and co-design many aspects of the NCS.

2.2. USING DATA TO SUPPORT CARE

The Scottish Government must require better data collection about health, social care and wellbeing outcomes, particularly for care experienced people and other equalities groups. This data should identify inequalities for care experienced people relevant to health and social care, set SMART equality objectives to tackle these, and that data should be used to track and drive progress towards achieving equality of outcome.

In line with the response from the EHRC, this creates solid accountability for ensuring equal service provision for all. This is another core part of embedding an equality and human rights based approach into the design and delivery of the NCS. However, while we agree with the EHRC that there should be legislation for care services and others to provide data to the NCS, we urge the Scottish Government to go beyond the protected characteristics in the Equality Act 2010 and include care experience. Given the Scottish Government's focus on services impacting care experienced people, and the possible risks associated with merging the NCS and the Promise, this is a vital step for the Scottish Government to take.

Care in childhood can have a lifelong impact and there are currently significant gaps in data for what happens to those who are looked after and what their quality of life is like long-term. We have longstanding concerns about the early mortality rates for care experienced people, which we have experienced first-hand as an organisation. A set of Freedom of Information requests recently led to [an article in The Ferret newspaper](#), showing that 24 care experienced young people died in 2020. [Recent research from the University of Glasgow](#) showed initial findings that mortality rates for care experienced children are five times higher than those in the general population.

However, while the evidence of inequality is growing, we still do not have access to data that supports us to understand the cause(s) of the premature deaths captured in these statistics, to better understand the health and social care inequalities for care experienced people. Without equality data, evidence and analysis in official statistics for the care experienced population informing decision-making in a NCS, how can we strive for a lifetime of equality and The Promise to be kept?

If a social and health care record in the NCS could create clear recording of evidence of the social and health care experiences of individuals who will potentially access both child and adult services in their lifetime, we might have the potential to understand more fully the impact of early intervention and social care in childhood. This could be an opportunity for significant improvement in how we understand what kinds of support lead to positive long-term life outcomes for care experienced people. An integrated record could also create stronger accountability for human rights failures, with early deaths or poor health outcomes being potentially linked with the experiences of an individuals with statutory and other social care services across their lifetime.

However, integrating existing recording mechanisms would not solve issues around the quality, intention and processes which currently inform the practice of recording in health and social care sectors – across both child and adult services. We have worked alongside care experienced people for a number of years [to explore what good recording and personal data access processes](#) should look like, which are person-centred and in the control and consent of the person whose personal information is being captured.

In reforming the way data is captured, stored and shared across services in the NCS, the Scottish Government must commit to investing in the training, skills and resources required to create better data

and quality of recording about people's lives. This should both support services to work more collaboratively with each other, but also meet the needs of individuals interacting with services, to present information that is accurate and reflects their views meaningfully.

There are significant opportunities to track and understand the lifetime outcomes for children who experience care if information was captured beyond GIRFEC and into a GIRFE approach as they navigate adulthood and potentially connect with adult services. However, we are concerned about the lack of articulation from Scottish Government on how this would look and feel to the individual at different life stages when interacting with the NCS.

It is also important that any work to integrate data and create information sharing practices in the NCS creates a positive culture where the data and social privacy of individuals is respected, where consent and transparency with individuals whose information is being shared is the norm. We created [a piece of research for the Scottish Children's Reporter Administration](#) into the issues with privacy and confidentiality in the Children's Hearing System, which showed that rights to privacy can often be unclear or not understood by children in care, and the adults supporting them. Individuals should be able to view information recorded about them and make sure they can add their own views and evidence as they wish, to ensure their voices are heard. This is central to a human rights based approach working in practice.

2.3. INDEPENDENT ADVOCACY

The Scottish Government must provide universal access to sustainably funded independent advocacy services as a core part of the NCS, available to all those that require it across their lifetime, as part of ensuring prevention, early intervention and access to justice for individuals who receive care; recognising that provision of independent advocacy must be tailored to different needs of specific groups.

As a provider of professional, independent advocacy services in most local authority areas in Scotland, we know that [independent advocacy is one of the key mechanisms which creates access to justice](#) for individuals who receive care.

Our advocacy workers support care experienced people to have a say in what is happening to them and it is an opt-in relationship for the individual. We know that advocacy helps young people feel respected, included, listened to, and understood, and understand their rights. We believe that advocacy helps children to grow up loved, safe and respected, able to realise their full potential – helping to keep The Promise. Importantly, we are independent to any care services a young person receives – this is crucial because we want young people to be supported and understood with no conflict of interest.

Independent advocacy embodies the human rights based approach:

- It enables the right to **participation** under **domestic and international human rights laws**. For example, it is key to implementing the United Nations Convention on the Rights of the Child.
- It increases the ability, **accountability** and compliance of duty bearers, including Corporate Parents, to meet their obligations under domestic and international human rights law as a form of early intervention, to prevent rights abuses and the need to go to court from happening in the

first place. It creates accessible, timely and effective routes for rights holders to claim their rights, challenge and seek remedies for rights breaches, especially when those are difficult to access and navigate. It addresses a power imbalance by **empowering care experienced people** who face barriers in realising their rights to challenge those in power with practical steps and advice to ensure that their voice is heard in decision-making affecting them.

- Crucially, advocacy must be independent to avoid conflicts of interest, especially around access to resources, and to ensure that the advocate's only role is to represent the interests of the individual - supporting but not substituting their decision-making.
- Ultimately, this should help to **challenge discrimination and advance equality**.

We believe that universal access to independent advocacy services should be included in the legislation as part of the vision for prevention and early intervention, because it can, in many cases, resolve issues before a situation reaches the level of a formal complaint. This must be accompanied by sustainable funding to ensure effective implementation and prevent a postcode lottery. Independence must be an aspect of any accountability and access to justice mechanisms, such as complaints processes, that the NCS creates.

Currently, our members are often unable to receive advocacy as adults, with commissioning arrangements leading to age cut-offs. Instead, many care experienced people have to try to fit into another 'category' of need in order to access advocacy provision in adulthood.

Although we specialise in providing advocacy for care experienced people, there are many other groups who currently receive a patchwork of independent advocacy provision, for example, people with disabilities. We are working together with partners across the independent advocacy sector to call for universal independent advocacy provision to be available to all those who need it across their lifetime. This year, [we supported a briefing which was published](#) by the Human Rights Consortium Scotland and the Scottish Independent Advocacy Alliance, laying out the case for incorporation of the right to independent advocacy into Scots law.

However, it is important to stress that a universal right to independent advocacy should also recognise that advocacy provision must be targeted, specialised, and tailored in approach for different groups and the specific needs of individuals. For example, different skills and knowledge are needed for independent advocacy professionals supporting individuals with issues related to mental health, care experience and disability. The right to access advocacy should be universal and built into the design of the NCS, but it is vital that the type of support does not look the same for each person. For example, we know that care experienced people need a specialist approach to independent advocacy, due to the complex legislation and policy governing decision-making processes for those who are looked after or care leavers.

We offer to share our learning with the Scottish Government about how independent advocacy can strengthen services and allow those in receipt of a service to share their experiences on the ground and challenge failures, ultimately helping the NCS to better understand people's experiences and create better outcomes for people using social care services.

3. LIFELONG CARE EXPERIENCE

The Scottish Government must ensure that the NCS creates opportunities to respect, protect and fulfil the rights of care experienced people throughout their lifetime.

Our care experienced members are made up of children, young people and adults from across Scotland. [Our older members have told us how important it is](#) that they can access tailored and timely support which upholds their rights, with current support for care experienced people often only being available to children and young adults up to the age of 26. Although the current 'care system' labels people 'care leavers' and phrases are used like 'leaving care' to describe a person no longer receiving certain supports – we know that care never leaves an individual and may have lifelong impacts.

There needs to be much more work carried out in Scotland to understand the legacy of a childhood in care, with little research undertaken to track the life outcomes of the looked after population beyond young adulthood. Care experienced adults are often described as 'invisible' in the general population, yet we know from our members that many will be accessing the universal support services available – such as social security, housing support when experiencing homelessness, drug and alcohol services and many more services which often do not recognise care experience in the demographics of people they support.

While we remain concerned about the potential consequences of integrating the crucial work of The Promise into the NCS, we also see opportunity in the merging of adult, child and family social care and related services into a more streamlined delivery model. We agree with the NCS proposal that the current systems do not speak to each other and create complexity for individuals moving through the care system as they age out of certain services (where age cut-offs are often applied strictly in a resource-stretched sector, rather than flexibly based on need.)

However, the proposals lack detail and evidence about how transitions between services would work in practice, what an integrated health and social care record would involve, and how services would work collaboratively around children, adults and their families throughout their lives. Therefore, we cannot definitively say whether the NCS will better respect, protect and fulfil care experienced people's rights throughout their lives.

The NCS should be added as [a named Corporate Parent](#), with the duties in Part 9 of the Children and Young People (Scotland) Act 2014. This would require the NCS to collaborate with all named corporate parenting bodies, to create the best experiences for care experienced children, young people and adults.

If the NCS was named as a Corporate Parent, this should not be limited by the existing legislation, which states that the duties must apply to care experienced people aged up to 26 years old. The NCS must consider their corporate parenting duties as applicable to all care experienced people regardless of age, especially considering the NCS proposals include services which cover both child and adult social care. We already actively encourage corporate parents to consider care experienced people of all ages when applying the 2014 Act duties. We ask the Scottish Government to reconsider having an age cut-off on the existing duties. An amendment to Part 9 of the 2014 Act should be considered when legislating for a NCS, to make sure the rights of care experienced people are protected throughout their lifetime.

4. GETTING IT RIGHT FOR EVERYONE

The Scottish Government must design the ‘Getting It Right For Everyone’ National Practice Model using a co-design approach, ensuring learning from gaps in the implementation of GIRFEC is considered.

We support the EHRC position that there must be a requirement to co-produce the GIRFE National Practice Model and that the design with those who are in receipt of social care services and co-design in the commissioning and delivery of social care support and services should be put on a statutory footing.

As an organisation, we have experience supporting children and young people with care experience, who are often working with services that currently work under the ‘GIRFEC’ approach (Getting It Right For Every Child.) We would like to understand further how this model would continue to operate alongside a new GIRFE model. For example, if a parent was receiving adult services under the GIRFE approach and their child was receiving support operating in the GIRFEC model, we would want more information on how the two approaches would complement each other, rather than create competing models.

We also have evidence that although the GIRFEC model is a positive policy, there can be gaps in implementation. From our experience as an organisation providing independent advocacy, we often receive referrals for advocacy from different professionals, such as social workers. The case study below shows how advocacy was needed when a young person had been failed by different services and effective application of the GIRFEC model, where their needs were not properly identified in order to for them to thrive in education.

Advocacy referral case study:

An advocacy referral, which was made on behalf of a young person, shows how different services can find working together and sharing information difficult, to support a young person receiving social care services. In this case, a 16-year-old was living at home with social work support and had been diagnosed with a variety of disorders. They were displaying concerning behaviours which the family were finding unmanageable. The school the young person attended asked them to leave when they were just 15 years old – and at no point were any mental health conditions considered or diagnosed until the family had to pay for services to gain support and assessments. As a result of the school not recognising the young person’s needs and instead seeing the challenges as bad behaviour, the young person has left with little qualifications and no career advice. The social worker making the referral recognised that a variety of statutory services, from health to education, had let the young person down. They wanted the young person to be able to access independent advocacy, to make sure they had a positive experience of services in future.

Creating uniform language across all services and professionals to describe and assess strengths and needs must also build meaningful participation. Parts of GIRFEC, such as understanding wellbeing using SHANARRI indicators, can lead to tick box exercises, where engaging with the individual to understand their wellbeing is replaced by a bureaucratic exercise in order to meet criteria. It is important that the GIRFE approach is designed to encourage person-centred practice, where the individual receiving care and support can be heard and listened to meaningfully.

There needs to be focus on how to improve multi-agency working that focuses on the wider support systems and families that individuals receiving care have in their lives. Importantly, there are

opportunities for GIRFE to support implementation of The Promise change programme. The first change programme includes focus on how services can better support families and create better approaches to whole-family support. The commitment to ensure ‘Scotland’s family support services will feel and be experienced as integrated to those who use them’ is [included in the ‘Plan 21-24’](#).

5. THE SCOPE OF THE NCS

The Scottish Government must provide more evidence and reasons for including the services listed within the scope of the NCS, and how this will improve the lives of care experienced people.

In the Scottish Government’s proposals for the NCS, a list of existing services have been brought under the scope of the new service. We recognise there are opportunities in creating a social care service which works throughout your lifetime, in a similar way to the NHS. There is potential to stop siloed working between child and adult services and to create better transitions between specialised services for care experienced people. There is also potential to create a better experience across all areas of Scotland and end the current postcode lottery of how social care is experienced. However, it is important that if bringing such a variety of services under one organisation, investment is put into culturally aligning services under a shared mission. Re-organisation will not end siloed working, and collaboration and buy-in across the workforce will be required to meet the aims of the service.

We are concerned about the lack of information and policy mapping required to create coherence across existing strands of work, which will not be housed in the NCS. Further information should be provided about how the following areas will benefit from and interact with the NCS:

- **Social housing and pathways for homelessness.** This is an area we know is closely intertwined with several of the services under the current scope of the NCS, from social work to social care and mental health. From our organisational expertise, we know that care experienced people often have to navigate entirely different housing systems within the same local authority they are looked after in, and that the social care and housing statutory services often do not work collaboratively. We also know from our advocacy evidence that the currently disjointed social care system can lead to young care experienced people becoming homeless, which we would expect the NCS to focus on addressing as part of its ambitions.
- **Education.** Much of children and families social care and social work services are closely linked or integrated with education departments in local authorities. We would like further detail on how the NCS would work closely with the education sector, including non-mainstream education services.
- **Early learning and childcare.** Further detail is required as to how the services involved in early childhood, nursery and other ELC settings will work alongside the NCS, especially if children and families are in receipt of social care and social work services.
- **Children’s Hearing System.** It is unclear how the current hearing system will work alongside the NCS if children’s social care services will be delivered differently – this must be clearly articulated and understood when designing the NCS.
- **Secure care.** The NCS must consider how healthcare rights are impacted for children and young people who experience deprivation of liberty in different settings, such as in secure care. We know from our advocacy work that access to basic rights, such as adequate

healthcare, can be far more difficult for young people living in settings like secure units. The NCS must align with work to realise the new [Secure Care Standards](#) in practice, which recognise a number of relevant rights to high-quality health and social care. For example, Standard 3: 'I am offered specialist support which helps me, and people looking after me, make sense of the difficulties I have experienced. I get the mental and physical health care I need, as and when I need it.'

- **Prison and Young Offender Institutions (YOIs).** Individuals living in environments such as prison or YOIs must be considered when planning how all people in Scotland can access high-quality support via the NCS. We must make sure the NCS guarantees that people within these institutions are still able to access high quality health and social care services. From our organisational experience, we also know there are different barriers for individuals who are convicted, in comparison with those who are still on remand, when trying to access basic health and social care rights. Individuals remanded in custody can be stuck in a situation where they are unable to be referred or access certain services. This was [recognised as a growing concern during the Covid-19 pandemic](#) by Together, Scottish Alliance for Children's Rights: 'Those in remand have limited opportunity to engage with support services, such as education and rehabilitation programmes, have their physical and mental health, employment, housing, and family relationships negatively affected.'

We are not suggesting these different areas formally become part of the NCS, but that from the start of designing the restructure, these particular services must be understood as key to ensuring care experienced people do not need to navigate multiple systems that do not relate to each other or work collaboratively.

In Section 1 we set out that in terms of including children's social care services alongside adult services, the Scottish Government must demonstrate how the NCS will keep, not delay, The Promise. In particular, the focus on whole family support and investing further in prevention and early intervention services are already [detailed as priority areas in the current Promise Change Programme](#).

The Promise states that 'the policy environment is siloed dislocated and does not allow for a holistic understanding of families lives,' and the NCS aligning a variety of services could support frontline work to focus more on families and communities around an individual receiving social care support. However, to achieve alignment with these existing priorities, the NCS design will need to be shaped and driven by The Promise's existing work. The creation of the NCS should also be aligned to supporting Scottish Government's goal of less children needing to come into care by keeping more families together. We also set out above our concerns about the potential significant delay to implementing The Promise.

Inclusion of children's services feels like an addition to a re-structure initially designed for adult social care. This could lead to an NCS that is designed for adults which children are made to fit into – which we heard through the Independent Care Review is already a significant barrier for children's social care to overcome.

6. THE THIRD SECTOR

The Scottish Government must better articulate how the third sector will be part of the NCS, recognising that it is a vital part of social care delivery, especially in prevention and early intervention.

Within the NCS proposal, there is recognition that among ‘community-based services, quality is generally highest among third sector providers.’ This is a welcome statement, but it is unclear from the proposals how the role of the third sector will fit alongside most services which are delivered on a statutory basis that are within the focus of the consultation, for example, social work and mental health services such as CAMHS.

The Scottish Government must set out how they define the different ‘social care’ services cited within the scope of the NCS, to understand the reach of this suggested restructure. In the current proposals, the emphasis seems to be on social work and statutory providers of social care, rather than the myriad of third sector and community-based organisations that provide vital wrap-around support, from youthwork to benefit advice, spaces for belonging and connection and much more.

In particular, the NCS ambition to create more early intervention and prevention focused service delivery means looking at which organisations provide the relevant services in that umbrella and which projects should be scaled up or better funded to reach more people. The references to investing in more preventative services requires further detail.

The role of the third sector needs to be central in how the NCS operates, in recognition that during the pandemic, many third sector organisations filled gaps in statutory provision and provided crisis support to communities hit hardest by the financial and emotional fall-out of the pandemic. For example, [during Covid-19 we created a new Helpline](#) and Scottish Government emergency funding directly to care experienced people experiencing extreme forms of hardship and poverty. Our message to the care experienced community throughout the pandemic was [‘we’re still here’](#), and [we very quickly adapted to change aspects of our service provision](#) to meet the crisis needs we saw.

The third sector were and still are a lifeline to many communities that the NCS will support, not just care experienced people. The response from CCPS echoes this, linking the importance of redirecting resource to early intervention and prevention services with the intention of the Christie Commission findings. We share the concerns of CCPS that a specific lack of clarity about funding mechanisms and the scale of investment required to deliver effective change in the kinds of services which are funded in child, adult and other forms of social care, may disadvantage smaller, community-based organisations that have to currently compete for short-term funding pots.

Conclusion

In conclusion, we welcome clarity from the Scottish Government on how the NCS will keep, not delay, The Promise. Reform must not proceed any further without involving care experienced people in its design and delivery. We want to work with the Scottish Government to ensure that, going forward, the care experienced population have an equal opportunity to meaningfully participate in and co-design many aspects of the NCS. We offer to share our learning with the Scottish Government about how independent advocacy can help the NCS to create better outcomes for people using social care services