Who We Are

Staf, formerly the Scottish Throughcare and Aftercare Forum, was established in 1998 in response to the overwhelming concerns that frontline practitioners and managers had about the major difficulties care-experienced young people faced during their fragile transition to adulthood and independent living.

Staf is the only membership organisation for frontline workers and managers focused on throughcare and aftercare of young people from a care experienced background[1], with over 70 members including all 32 local authorities. We also represent and engage with the care experienced community through our participation work. Further, we are the secretariat to the Cross-Party Group on Care Leavers. We strive towards our collective vision of a Scotland where the wellbeing and success of young people leaving care across Scotland is indistinguishable from that of their peers in the general population.

Furthering our commitment to The Promise, Staf and The Promise Scotland are currently partnering to provide a supportive response to the existing context in which young people and young adults are moving on from care. As a result, Staf are leading the development of a national change programme for 'Moving On' to underpin and guide how Scotland seeks to provide an experience of care that is loving, caring, and respectful, and enables those moving on from care to fulfil their potential.

Our Approach to the Consultation

To ensure we captured the thoughts and reflections of our members and the care experienced community we held two facilitated virtual consultation sessions. In addition, we participated in multi-agency discussions with members of the third and statutory sectors. From these discussions we identified common themes and perceptions. It is from this starting point we base our consultation response.

To better reflect the nuance of what we heard, we are submitting an open response that will, where possible, follow the questions and structure of the consultation document.

[1] For more information about our work see Our history | Staf (Scottish Throughcare and Aftercare Forum)

Although generally welcoming the idea of a universal definition of care experience, both Staf workforce members and the care experienced participants expressed a degree of scepticism about the purpose of such a definition. In both instances there were concerns about how and where the definition would be applied. Specifically, Staf workforce members were concerned that a rigid universal definition might not align with existing legislative definitions, potentially causing confusion or unmet expectations. Mention was made of instances where existing duties were not able to be met for some sections of the care experienced community, citing those in kinship care as most often being the ones left out. A universal definition would not change the ease of which someone growing up in kinship care could access services and support.

The "universality" of a definition was also questioned. Those already working with the care-experienced community were confident that they already have a strong understanding of what care experienced means, whereas those in other sectors, including health, education and housing, were perceived as less likely to share that understanding. For the care experienced experts, the lack of joined-up understanding was also significant.

> *"The definition at the moment differs massively between corporate parents, LAs, etc - how will they ensure any new agreed-upon definition is communicated properly across the country and all these different areas?"*

Without a clear way forward showing how these other sectors would learn and understand the scope of care experience, there would still be a gap in knowledge and a risk of care experienced people not having their rights upheld. **Should a universal definition of care experience be created, it is vital that it is understood by all, particularly all other corporate parents.**

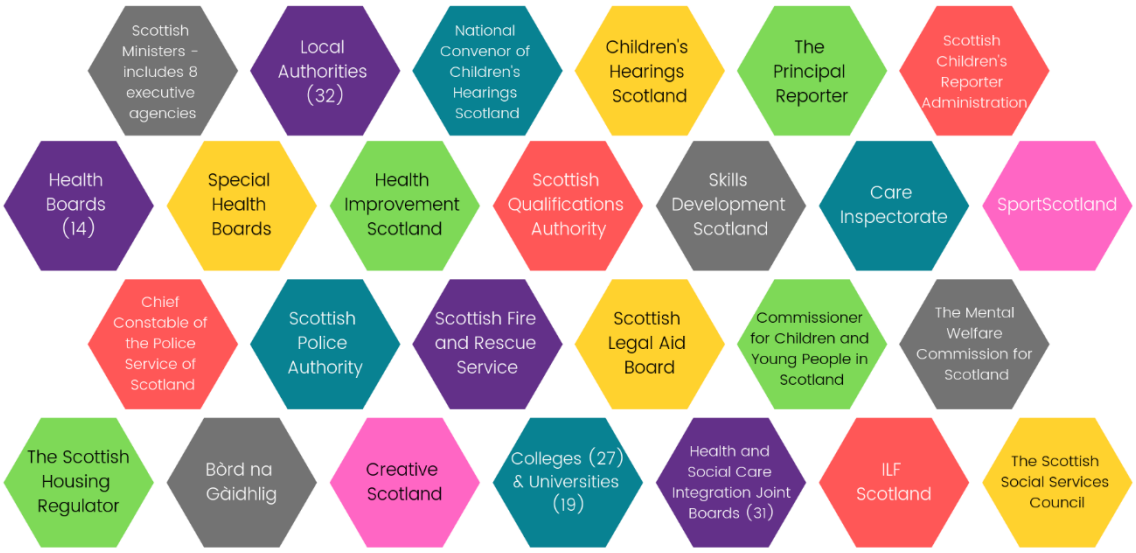

Figure 1: A Diagram of Corporate Parents

Of those we consulted, the described advantages of creating a universal definition of care experience were, at best, generalisms. For the care experienced participants, clarity and understanding were the main benefits.

> *"The main advantages of this are most likely going to be a better understanding for all people -knowledgeable and unknowledgeable- around the subject and also clarify (it for) a lot for people"*
>
> *"…the advantages would be making a clear and directional wording"*

Similarly, for the Staf workforce members, clarity, public awareness, and consistency across areas and sectors were seen as likely advantages, although **participants emphasised the need to clearly establish the purpose and function of any definition**, whether for identity/community, entitlements, or other purposes, as this would ultimately decide if and how a universal definition would be used.

For the care experienced participants, the disadvantages were easier to describe, with adding to stigma rather than diminishing it being the main risk. The intentional or unintentional missing-out of other instances of care experience was also mentioned.

> *"There is a fine line - the definition might be too broad (i.e. some people think the current definition is too broad and kinship/adoptees should be separate) or it could be too narrow.*

> *It's a very difficult thing to define as there's so many experiences to distil into one term"*

Staf workforce members also explored similar ideas. Concerns were raised that **a rigid universal definition might not align with existing legislative definitions, potentially causing confusion or unmet expectations.** There was worry that a universal definition could constrain individual identities or experiences if it lacks the necessary flexibility.

> *"But I suppose what my thinking goes to is that for those young people who would absolutely benefit from the rights and entitlements that the care experience can bring; we need to understand the stigma thing. Is it because of what they've experienced, and the passport to the care system, and the custodians of the system, that makes them think they don't want to be part of that system and take anything from that system again? And we need to understand that and begin to make changes to address those concerns. So, it's not a one-size-fits-all approach. You know, there are arguments on both ends of the scale, and for some, it's a very prominent part of their identity. And for others that I've grown up with, they absolutely want nothing to do with the system, generally. And it's not for anybody to decide whether somebody should or should not identify as a care-experienced individual. It's something that's deeply personal to that individual."*

Questions also surfaced about those whose sporadic journey through care has left them ineligible for support. In both instances these concerns were based on their working experience of the current system and the issues they already face.

> *"The majority of children and young people and adults I've worked with have care experience and don't have a straightforward sort of chronological journey; they'll come in and out of care. They may move in and out of family care, like kinship care and more formal care. And the bit that always feels the most unfair for me is those children who have maybe left care before they turn 16, sometimes because they're manipulated in that way by the people that work with them. They then lose that entitlement to significant supports as they grow older, supports that we all need. And it feels like their care and future kind of support for them isn't necessarily to do with what they need, it's to do with the rules. And I just (…) wonder if, as well as defining care experience, we need to be (…) really drilling into what do we do about that. How do we meet the young people and young adults' needs in a way that is fair and surrounds them with the support that they need?"*

For both the care experienced participants and the Staf workforce members there were clear concerns that **a universal definition of care experience risks excluding those it seeks to include unless the purpose of the definition is made clear**. If it is to help clarify rights to support and assistance then it is broadly welcomed, but if it is linguistic window-dressing then it is viewed with a degree of scepticism and cynicism. As one care experienced consultee put it, "*…too broad and it's meaningless. Will it replace other terms used?*"

The Staf workforce members were confident that they knew how the statutory definitions of "care leaver" and "looked after" were applied but accepted that often these terms are disliked by the care experienced community (and many of the workforce) and since the introduction of continuing care they didn't entirely align with the care experienced community's experience of care**. Leaving care isn't an event but a process and should be led by the care experienced individual's needs, not the corporate parent's budget.**

When considering what experience of care should be covered by a universal definition of care experience, both the care experienced participants and Staf's workforce members agreed that **the definition should be as wide as possible**. The care experienced participants were specifically in favour of borrowing directly from the example used by the Student Awards Agency Scotland (SAAS).

> *"…there is one definition that should be adopted and that's the definition that SAAS use which, funnily enough, originally came from Care Experienced People, corporate parents and Scottish Government"*

As mentioned earlier, existing concerns about needing to still be in care at 16 to trigger full support were raised, particularly in instances when someone may have spent a significant amount of time in care throughout childhood but who left care before their 16th birthday. **Duration of time spent in care was seen as equally important as being in care at a specific age.** Going further, Staf's workforce members raised a similar point concerning people who have had social work involvement from birth, but who have never been on a supervision order.

> *"…we include young people who have not actually been looked after, they've not been under supervision, they're not classed as being looked after at home (…), but they've had social work involvement from like, they were born until they were, you know, 16 or 17. But they've not ever had statutory social work involvement. And they're such a missing group in terms of, they've had the same experiences a lot of the time as young people who've been looked after at home.*

> *They've had social work in and out of their lives for a long time. They've had the same needs, but there's just not been a need for them to be on a supervision order. And it feels like a group that they're kind of neglected. That's why with our (…) group, the young people come along because they know each other from other things. They've had really similar life experiences to other young people who are looked after at home, but they don't get like the benefits, and they don't get other entitlements that they would really benefit from. But I don't know how they would be included, but they are still in need of the support, and they have been looked after through social work without it just being like that (statutory supervision).*"

During a different discussion with a group of third sector professionals this scenario was also considered, with one professional describing how at a loss they felt to be able to assist those they described as "ghost-children of the care system" – never formally in care but always drifting near the threshold.

Considering the language of care, Staf's workplace members and the care experienced participants were, again, very closely aligned. Both groups stressed a need for **shared language that is inclusive, easy to understand, non-triggering and non-stigmatising - and led by care experienced people.**

> *"…it's all about that self-determination, (the) ability for young people to be consulted and have complete control over the language that they want to be used about them. And I, from my point of view in the third sector, I think there is a real desire and a real openness and a real want to do that. And what I'm wondering (…) is how do we then try and influence culture around the country or in the places where these young people spend a lot of their time so that they can feel safe that there will be a consistency in the language that's then used? And again, and I'm not wanting to throw stones. But just the young people that we work with, they have very varying experiences. Say, for example, in their schools, where some tell us that their experiences are fantastic, and others have a very difficult time. And I think a lot of that can be around just that basic understanding and things that are in language, which I agree are really important. (…) how do we ensure that spreads further than well-meaning conversations in rooms, but actually it goes out there to influence the culture and particularly with those who come into contact regularly with young people?"*

This was echoed by the care experienced participants.

> "'*Lawyer' words need to stop. We need a break down of what these words actually mean for us as these are our lives, it's not just a game. We have to understand what is going to happen and for what reason*"

There was also a strong feeling that there had already been a lot of work concerning the language of care, but with no concrete evidence of that work being disseminated or acted upon.

> *"They could look to other areas, for example what is the best practice in other countries. And look at advice/recommendations that might not have been implemented from previous consultations."*

> *"To be honest we have had so many consultations now, especially on language. I remember similar ones before the Promise was done. So, I feel a bit cynical about them overall. I'd be interested in how Scot Gov will make sure language is accessible and intersectional - for example making sure to include refugees who are care experienced, their experience of care might differ a lot from a more typical young person in Scotland."*

Questions were also raised as to how truly inclusive the process of thinking about a universal definition of care and the language surrounding it was with specific mention of under 10s, over 26s and those for whom English is an additional language, including unaccompanied asylum-seeking children and young people. Were those cohorts of care experienced people sought out for their insights and reflections?

In some respects, it is comforting to know that so much thought and consideration has been -and is continuing to be- taken about the language of care. It is however of equal importance to bear in mind that how language is used evolves and changes over time. **Rather than language of care being fixed, its development should be considered as a shared process led by the care experienced community that adapts and reflects the time, place, and space in which it is used by all interested parties.**

Overall, the consultation process around creating a universal definition of care experience was met with a degree of frustration from both Staf's workforce members and the care experienced participants. For both groups it was felt that work undertaken previously, specifically around the Independent Care Review, the Care Leavers' Covenant and the setting out of The Promise, had already amply covered the thinking behind a universal definition of care experience and **that what was missing was signs of implementation of previous, existing consultation recommendations.**

As one of the care experienced participants described it, it is "...just another Scottish Government consultation that isn't needed" and summarised that it's time to "stop talking/asking daft questions - start DOING."

Through partnership and by design, Staf's work will continue to highlight and amplify the voices of the workforce and care experienced community alike, adding context and insight into the process of making sound policy and legislation. Staf is aware that more needs to be done to consistently connect with and amplify these voices, to understand their experience of care, to raise awareness of their rights to continuing care and aftercare, and to reshape the support required for them to succeed and we stand ready to play our part in the implementation and innovation required to ensure the rights of care experienced people are upheld and respected.