



Oor Lives, Oor Ane

**The Good Ideas Group
Supported by Children 1st Moray**

Working alongside parents whose children
have been removed from their care



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Oor Lives, Oor Ane

"It is a systemic failure for children to be removed or remain living apart from their families, with all the accompanying trauma and distress this causes, due to a lack of available help and support for families to overcome the challenges in their lives."

*Hearings for Children: Hearings System Working Group Redesign Report
Chaired by Sheriff David Mackie, The Promise (May 2023)*

The title of this report: **Oor Lives, Oor Ane (meaning Our Lives, Our Own)** was chosen by the group of parents who have worked alongside Children 1st on this research project. It comes from a quote from an interview with a parent who described feeling that "Oor lives are nae oor ane" (our lives are not our own). She was describing what it is like to have intensive scrutiny of every aspect of your family life and to no longer be able to make your own decisions about which family members you can see and spend time with. The group wanted to have a title which reflected the need for families to belong to each other and have autonomy within their own lives.

At Children 1st our ambition is for every child in Scotland to be safe, loved and well with their family. As a charity we offer emotional, practical, and financial support to help families to put children first and campaign to uphold the rights of every child.

Children 1st recognise a significant gap in support for parents whose children have been removed from their care and in the reunification of families. Their voices are not often heard, and parents can tell us that they can feel forgotten after a period of intensive scrutiny in their family lives. In 2022, Children 1st Moray was successful in securing funding from the CORRA Foundation, with additional funds secured from local partner organisations (Moray Council Social Work and Moray Alcohol and Drugs Partnership), for a participatory action research project to listen to the voices of parents. The project aimed to hear parents' experiences of child protection processes and gather their views on what could be helpful in supporting relationships between parents, children and their wider families.

Children 1st believe that enhancing the support available to parents in this context will make a difference to children in developing positive relationships with parents and family members, even when they can no longer live together. These relationships may often be complicated and fragile; yet most parents and children love each other and want to have a relationship together, as well as with brothers, sisters, and wider family. We have worked collaboratively with parents to find out about their experiences and have learnt from parents at every step of the way.

Between August 2022 and August 2023, parents from Moray and Children 1st staff co-produced a small participatory action research project. We explored:

What help do parents need during child protection processes and what support would benefit parents who have children who are looked after in foster care, residential care, secure care, kinship care or are adopted?



What we did

We have two colleagues supporting the project: a community research project worker and a peer support worker, who is a new member of our team. We have drawn on the skills and experience of the wider Children 1st team, with regular support from the Head of Policy, Evidence and Impact.

We spent time building relationships across Moray to connect with parents who may have had children removed from their care. This included linking with social work colleagues from a variety of settings including Children and Families, Throughcare and Aftercare, Adoption, Fostering and Kinship, Youth and Criminal Justice, and the Community Learning Disability Team. We have also linked with colleagues in other services in Moray including health visitors, NHS Health Improvement Team, Moray Integrated Drug and Alcohol Service, Quarriers Arrows Drug & Alcohol Service and Intensive Family Support Service, Moray Wellbeing Hub, Scottish Recovery Network, and Moray Council Employability Team.

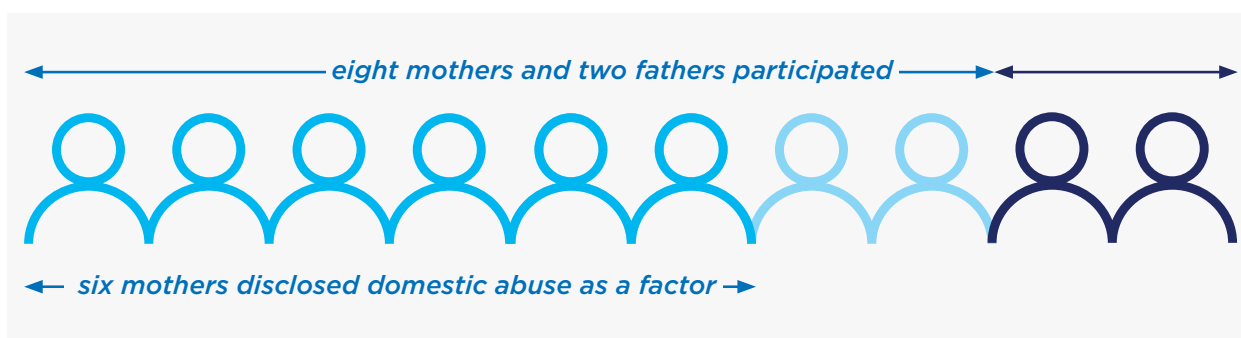
We thought carefully about and took seriously the responsibility of ensuring we took an approach that supported parents to participate. We wanted to create a sense of safety, asking the right questions in the right way. Both members of the research team have completed training in participatory action research. We explored how best to balance protecting participant confidentiality and wellbeing, with collecting meaningful data. Our peer support worker has made links to peer support networks in Moray and with other peer support workers in Children 1st teams.

We worked with a small group of parents to co-design the research methodology for the project. The knowledge, experience, and enthusiasm of the 'Good Ideas Group' of parents has been critical to the success of the project. We asked parents about their experiences of taking part and noticed that just being involved in the research process has had an impact on the confidence and aspirations of parents.

All participants chose to meet with us on more than two occasions and Children 1st offered follow up support. Locating the research within an existing Children 1st service meant that we viewed the work with parents through a support lens from the start. Follow up support included, practical support, emotional support and signposting to other organisations. Of the eight parents who participated in interviews, five parents (four mothers and one father) were already accessing or had previously accessed Children 1st support. The three parents who had no previous contact with our service all opted to access some form of follow up support.

Who participated

In total, ten parents took part in the project - eight mothers and two fathers. Five mothers and one father attended the Good Ideas Group sessions, which ran fortnightly from October 2022 to August 2023. Of these six participants, three mothers have continued to attend from the first session until the conclusion of the project. Parents who attended group sessions were involved in developing a menu of participation in the form of a choices card so that when new parents came into contact with the project they could choose what level of involvement they wanted to have with the research.



Oor Lives, Oor Ane Participants

Seven family stories were gathered from in-person interviews with parent peer researchers and Children 1st staff. The discussions of the group and interviews have been combined to form the findings and recommendations from this project. Eight parents, which included seven mothers and one father, participated in these interviews. One interview was carried out with a couple (mother and father) choosing to participate together. Two parents who participated in the Good Ideas Group sessions chose not to be interviewed.

The parents who participated in interviews were aged between 29 and 61. The age distribution of parents was as follows; one parent aged over 60 (who had intergenerational experiences of care, and is now a kinship carer), one parent aged between 49 and 59, four parents aged between 39 and 49, two parents aged between 29 and 39. Six out of eight parents who participated in interviews were from families with four or more children.

Three parents told us about having teenagers removed from their care, as social work had concerns about the risks to the children due to substance use and school attendance. Two of these families told us about experiences that happened over 10 years ago. One told us about this happening within the last five years.

Three families told us about babies being removed from their care, either at birth or within the first year of their lives. Two of the families in this situation have regained care of one of their youngest children, whilst their older children remain either in kinship care or have been adopted.



What we learnt

Parents, children, and families have diverse life experiences, yet there were commonalities within the experiences of parents whose children have been removed from their care. Importantly parents reflected on the differences between their experiences within a rural community and how things might be in larger cities. Parents spoke about their experiences of knowing where their children are when they are living nearby and about the need to manage both the emotions and the practicalities of this.

“Moray is a small place. When kids are in care people know where they are. We need plans that works for small areas like ours. Our plan isn’t necessarily going to look like Glasgow’s plan.”

Another common theme for the majority of families was domestic abuse. Six mothers disclosed having experienced domestic abuse and that this had been a factor either in the decision for children to be removed or had taken place in the period leading up to children being removed. Some mothers spoke about a lack of understanding from professionals about the impact of domestic abuse and of a feeling that they were blamed for having experienced the abuse.

There were common themes that have emerged from parents’ experiences that link with the foundations of the Independent Care Review, known as the promise. Parents have been involved in analysis of the research data and have grouped the findings thematically based on the five foundations of the promise.

The image of shoes on the beach were chosen by parents to represent the idea of asking others to “walk a mile in the shoes of parents and children”, to develop empathy for the complex circumstances that they and their families have lived through.

Family

Treat parents as parents and recognise that family is important in children's lives



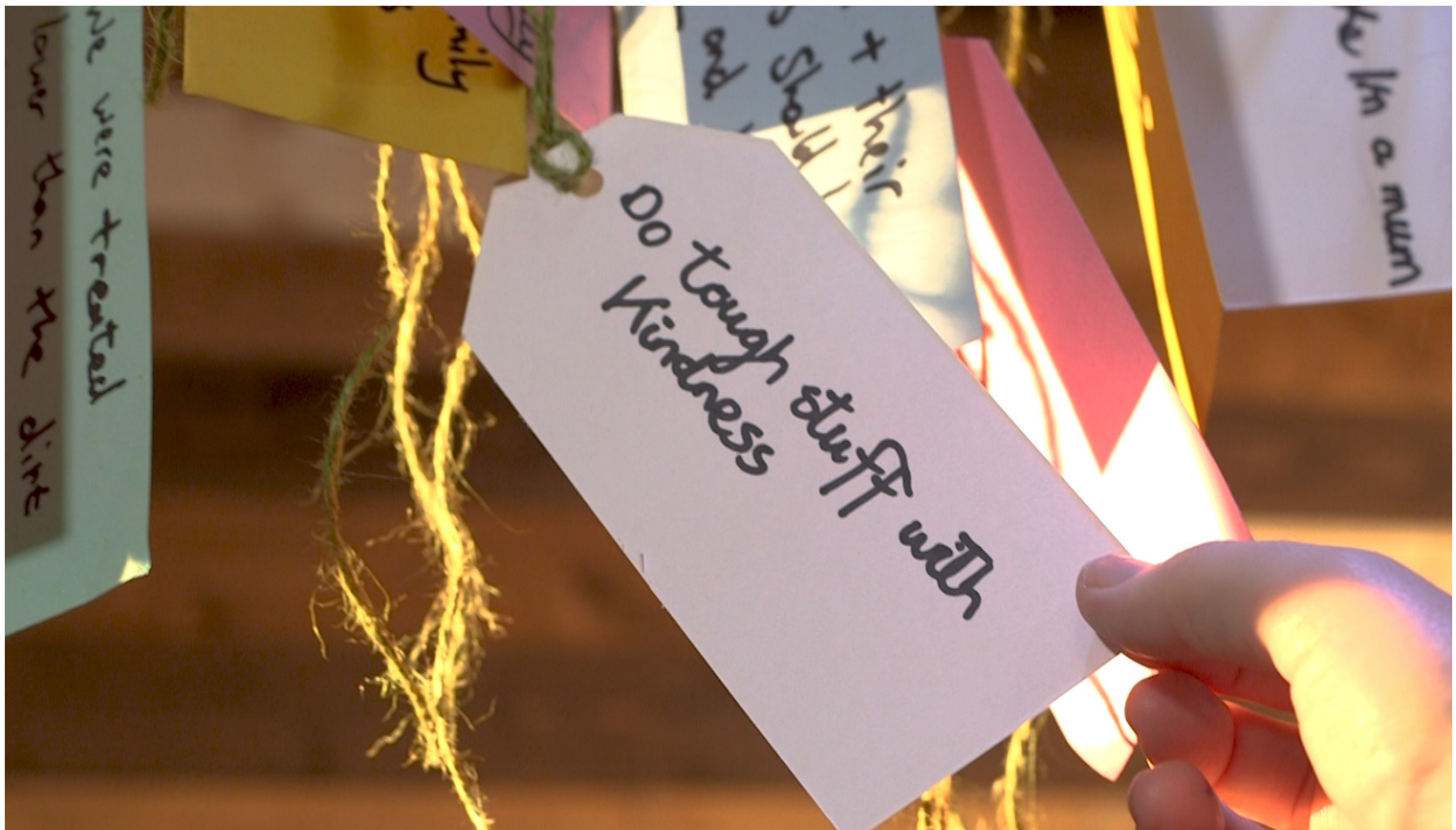
"When my child isn't living with me, I still think about them every day."

Parents expressed that they do not always feel seen as or treated as parents. The message from parents is clear, whether or not children are in their care they will always be their parents. Their children might also have other parents or parent figures in their lives. Not treating birth parents as parents causes unnecessary hurt and distress in an already painful situation. It also leads to missed opportunities in circumstances where birth parents can contribute positives to their children's lives. The majority of care experienced young people reconnect with their birth families by the time they are 25 years old; if parents and children can both access the support they need, then families can build stronger positive connections that help children to make sense of their lives.

"I would come to events at my child's school and the social worker was with me. The school staff spoke to the social worker and told them about how my child was getting on, I was standing right beside her, but they didn't talk to me and tell me they told the social worker. I am still her mum; they didn't even look at me."

Parental rights and responsibilities are not always clearly explained. Parents spoke about wanting "clear explanations of what's going to happen, your parental rights and responsibilities and how voluntary is voluntary?" Three out of seven parents mentioned being asked to place their child in voluntary care and feeling under pressure to do so. One parent told us that she was told:

"If I didn't do it voluntary, she would get a court order and I would never get my kids back home, I felt so scared, like I had no choice but to sign the kids over voluntary."



A parent who had previously had two children removed from her care told us about her determination to understand and to exercise her parental rights and responsibilities when she became pregnant with her third child.

"The first person I told I was pregnant was a family lawyer, I contacted them first, before the midwife or the GP. I contacted social work and told them I wanted to work with them. I had the lawyer in my corner making sure I knew my rights. That is what made the difference."

During the research process we struggled to connect with fathers. The mothers we spoke to told us about being viewed as the main person responsible for their child whether they were co-parenting with their children's father or not. Within two of the families there were difficulties around acknowledging who the father was during pre-birth child protection proceedings. One mother was reluctant to be open about this due to fear of intervention by agencies and her experiences of domestic abuse. There were examples of fathers not being considered as carers for children at a time when they already had care of a brother or sister. Both mothers and fathers spoke to us about wanting parental rights and responsibilities to be viewed more equally and identified that assumptions that mothers are and should be main carers for children remain in society and within the services they have been in contact with for support.



Family

Have time together with babies and children



Opportunities for parents and birth families to bond with their children are valued by parents. Parents have shared examples with us of missed opportunities when bonding and connection between parents and children could have been supported, as well as examples of ways in which this has been well supported in some instances. Parents who had experienced having their baby removed from their care prior to leaving hospital after giving birth spoke about how the approach of hospital and social work staff can make a difference at this incredibly difficult time. Distress for parents can be compounded when they aren't able to be in hospital alongside their baby, particularly given the long distance that parents and babies in Moray regularly travel to access maternity care.

When Crystal's second child, Diana, was born initially Crystal and Diana were together at the local hospital. When the decision was made to transfer Diana to another hospital over 60 miles away Crystal was not transferred with her. It felt to Crystal, at the time, as though this was because hospital staff knew that there was a plan in place for Diana to be discharged from hospital into foster care. It did not feel to Crystal that any value was placed on Diana's need for opportunities for skin-to-skin time with her mum.

Another parent told us about the differences in approach that she experienced with her oldest and her youngest child when it came to being supported and observed interacting with her baby in hospital.

“With my oldest there was a support worker there from the second my baby was born, and they stayed with me all the time watching me with them. I didn't get to spend any time on my own with them. At two days old they took the bairn away.”

“With my third child they weren't overshadowing me, they weren't over my shoulder all the time. They left me to do it in my own way and in my own time.”


A parent told us that she wanted her baby to have breast milk, and the foster carers had said she they were happy to receive the expressed milk. She was told no by Social Work who advised that it wouldn't be possible for them to oversee ensuring that the milk had been expressed and stored safely and hygienically.

The factors leading to missed opportunities for bonding and connection can be structural, environmental and attitudinal. This is illustrated by Carrie's experience of visiting and maintaining a relationship with her son who was living in secure care.

"There were toys for small children, but nothing that would have been age appropriate to actually do with Alexander. I wasn't allowed to bring anything into the room with me other than a locker key to retrieve my personal belongings when leaving the unit. It felt like having a prison visit with a child."

There was a lack of appropriate space and opportunity to interact naturally by doing activities together during face-to-face visits. Carrie also highlighted that an inconsistent approach from staff regarding phone calls had an impact on her ability to sustain her relationship with Alexander.

"There wasn't consistency in how Alexander and I were treated. The response we got depended on who we spoke to. Every night I would call the unit at 8pm and would talk to Alexander for one hour. All of the staff but one had said that this was a good thing ... it helped Alexander in getting settled at night. one day I called at my usual time and was told no by a worker, this was someone that Alexander had informed me he felt didn't like him. The next day Alexander was really upset by this. He had not been informed that I had called. He relied on the contact with me, and it had caused him distress, thinking that I hadn't bothered to call and wondering why."



Family

Recognise the importance of brothers and sisters

The need for opportunities to bond and connect for brothers and sisters were also highlighted. Wendy told us about her grandchildren's experiences.

"My granddaughter and grandson were getting to see their baby brother supervised by social work. The worker told my granddaughter not to take photos. They got to see him (their baby brother) in a tiny wee room, with no space to play."

In families where at least one child remained at home, while other children were looked after away from home, there was a gap in support for the children who stayed with their parent or parents. In a family where the two oldest children were adopted, and a younger child remained in her parents' care there was a lack of support for the youngest child in making sense of her own family story.

"My youngest who is five knows she has older siblings; she asks where they are."

Difficulties between brothers and sisters when a child who is 'looked after' away from home is being supported to sustain relationships with family were also highlighted. Practical and financial issues played a part in this for some families.

"The relationship between Francis and his sibling was not good... there was a lot of jealousy... he would receive a quarterly clothing allowance and would come home with the best of trainers and clothes, where myself and Peter couldn't afford to give this to our other children... when he came home also he would come home with £10 pocket money and with a large family we couldn't afford to give it to the other kids so it was really hard."

In one instance, family time for brothers and sisters happened by accident within a care setting. No one made the connection between half siblings. While the opportunity for siblings to be together felt positive, the fact it happened by accident, rather than by design, left the parent feeling worried and angry.

"...{The workers}...hadn't bothered to understand my family."

A system that thinks about children individually, rather than locating them within their family and their community makes it difficult for families, workers and organisations to ensure that we are giving children the best chances to thrive. A lack of consideration for brothers and sisters and wider family relationships within the care system is a consequence of this approach.



Voice

Parents need to feel respected, heard and taken seriously

Parents have shared with us their need to feel respected, heard and taken seriously. All the parents we spoke to shared examples of not feeling acknowledged and respected as having something to contribute at a time of extreme stress and complexity in their lives. It is important to recognise that there were examples of positive experiences for parents, and that both positive and negative experiences came from across a range of agencies, rather than just one single agency. Having support from someone with lived experience was something that some parents felt might help them to feel able to speak up and be heard in decision-making processes about their children. The parents who have been involved in the Good Ideas Group have highlighted that they were unaware of the right to and existence of Family Group Decision Making (FGDM) as an approach to support children and families.

Kasey's story

My two oldest children have been adopted, my youngest is living at home with me. With my oldest child I got to meet the adopters and it really helped. I liked them and they understood me and my situation. I have letterbox contact with both of the older two. I didn't get to meet the adopters for my middle child. I know she lives nearby in the same local authority as me. The letter box contact is different for the two children. For the eldest, I know she sees what I write to her, and I'm allowed to send her photos of me and of her youngest sister. The adopters write me a long letter about how she is getting on and they send photos of her. She has started to write on the back of the photos telling me things about herself and what she was doing on the day the picture was taken. It is nice for the youngest to get to know what her big sister looks like and to really know about her.

With the middle one, the letters from the foster carers are only once a year and they are short just a couple of lines, I'm not allowed to send a photo of myself, and they don't send any pictures of her. My youngest knows that she has two sisters, but she only knows what one of them looks like. I wonder if the communication might be different if I could have met both sets of adoptive parents. I wonder if there could be more trust there to share things. I think that would be better for the children when they get older, they wouldn't have so many questions they don't know the answer to. There wouldn't be so many surprises.



Parents described to us how they had struggled to have their voices heard about issues that could directly make a difference for their children.

“My oldest son Jordan has autism and none of this information was passed to the foster parents. They just thought he was playing up. After I explained to them about his autism, they did a lot of research into it which really helped.”

Parents also told us about times when information was not shared with them in a timely fashion. This was an issue raised by most parents. Parents gave examples of their children having gone missing or having been injured and parents, who at that point still held parental rights and responsibilities for their child, not having been informed about what had happened or being informed sometime later.

There were instances when parents felt ignored and their views dismissed.

“You ask them to change it (inaccuracies in the report) but all they do is write on the report ‘Mum disagrees with this’ rather than correcting it. It’s easier for them to just write that you have disagreed.”

Whilst recognising that there have been some changes in practice over time, some parent peer researchers have commented on how little has changed.

“I have found that I am surprised that not a lot has changed over the years and how similar people’s experiences are; similar over the years and are still the same now.”



Care

Parents should not be judged for their own childhoods



Two parents we spoke to were, themselves, care experienced. A third parent shared her daughter's experience as a care experienced young parent who had children removed from her care. For this parent/grandparent there was a difference in the life experiences and chances of the grandchildren born to her care experienced daughter and those grandchildren born to the children who were not care experienced.

The three families who spoke to us about intergenerational care experience shared the impact of care experienced parents being viewed differently. One of these parents contributed to group discussions, but didn't decide to share her family story in full during the research process. All the parents who were care experienced spoke about

feeling that their own life history was viewed negatively when decisions were being made about their children.

Care experienced parents spoke about the use of chronologies and thinking about the purpose and relevance of sharing information.

"Understand things I have done years ago shouldn't affect my parenting now. Stop putting so much historical stuff in (assessments and reports). Begin at the beginning of this situation not 10 years ago".

One example, given by a parent, of how parts of their own care records were shared in meetings and decision-making processes for their child was a chronology shared with her child's nursery. This included details about the parent as a young person who had experienced trauma and abuse and had been removed from her own parents' care, as well as incidents when she had come to the attention of the police as a teenager.



It didn't feel relevant or respectful that this was the first piece of information that nursery staff caring for her three-year-old would read. She spoke up about this and asked that the chronology be summarised rather than shared in full to avoid the sharing of detailed information that she didn't feel was relevant. This was agreed by social work and by the reviewing officer, but only after this information had already been shared.

Parents had strong views about record keeping and the accuracy of information that is recorded about themselves, their children, and their families.

"My social worker would turn up with the report the day before the meeting, you didn't have time to read it."

Parents told us that the same challenges for children, such as not attending school or getting into dangerous situations, continue even after children were removed from their families.

"I asked him then, what have you achieved doing this? What have you have achieved taking my child away? He didn't have an answer."

Parents often felt that they were judged more harshly than other carers.

"I gave up reading the reports. I would end up in tears reading them."



People

Parents should know who cares for their child and have an opportunity to build a relationship

For some parents it was important to highlight that: “having opportunity to know and meet the person looking after your child” was very important. Parents highlighted that this is important for their children, as well as for themselves. When good communication is possible between parents, foster carers, kinship carers, adopters, or care staff in residential settings then children benefit directly as their needs are more likely to be better understood and consistently met. This mattered to parents irrespective of the age of their children or the type of care arrangements in place.

Crystal’s story shows that the experiences varied within families and that the needs and priorities of carers, rather than children, were sometimes a factor in decisions about whether parents and those caring for the children were able to have a relationship.

Crystal’s story

I have three children, they have all been in foster care as babies. The oldest two are now in kinship care. My youngest child lives with me. She was returned to my care when she was 10 months old. With my oldest child I wasn’t allowed to meet the foster carers or know where they lived. That was really hard. I thought it was because of me. I thought social workers thought I was a risk to them and to my baby. I found out later it was because the foster carers had a bad experience in the past and this decision was nothing to do with me. It was hard that no one explained that at the time.

With my second child I got to meet the foster carers and they made sure that the social worker knew that I was providing the things my child needed like clothes and toys. I felt like they understood a bit and were kind. It was easier to trust that they were looking after my baby because I had met them. With my third child the foster carers were great. I met them, and I trusted them. When she got to come home to me, they came to my house and showed me the routines they had been doing with her. I am still in touch with them. My child sees them as grandparents. They come to her birthday party every year.

There was recognition from parents that those involved in decisions about the care of their children need to be able to provide the support that families need. After sharing their own family story and reflecting on their experiences parents who took part in group work were also reflective about the experiences of the professionals who had worked alongside them and their families. They identified gaps in support for professionals as well as for themselves.

“Social workers and support workers need support at work, people need the chance to debrief, they need to feel valued. If they feel valued, they are going to work with us better.”

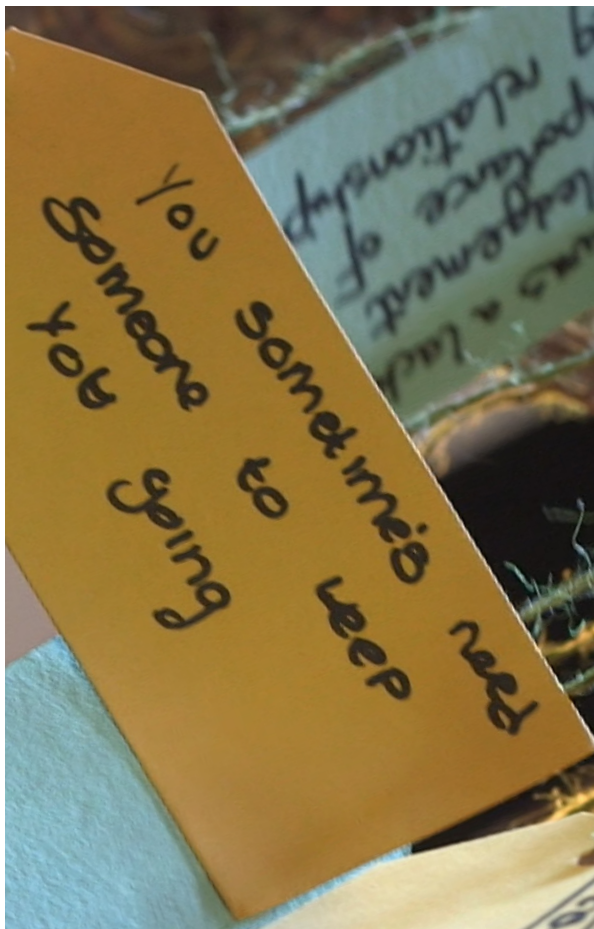
Scaffolding

Parents should have support at all stages, including if children are no longer living with them

Parents identified a need for 'early support' and 'less judgement from professionals' when they are struggling to care for their children. They emphasised the importance of building trust, with a strengths-based approach and having difficult conversations with kindness. There needs to be an understanding that each family is different and not to make assumptions about who is important to children and their families. Parents need professionals to listen, record their responses accurately and take action to ensure that families feel heard.

Parents spoke about valuing having support from workers who took time to develop relationships with them and about being treated with respect.

“Somebody who just treats you like a human and like your child’s mother makes such a big difference. You really appreciate it”.



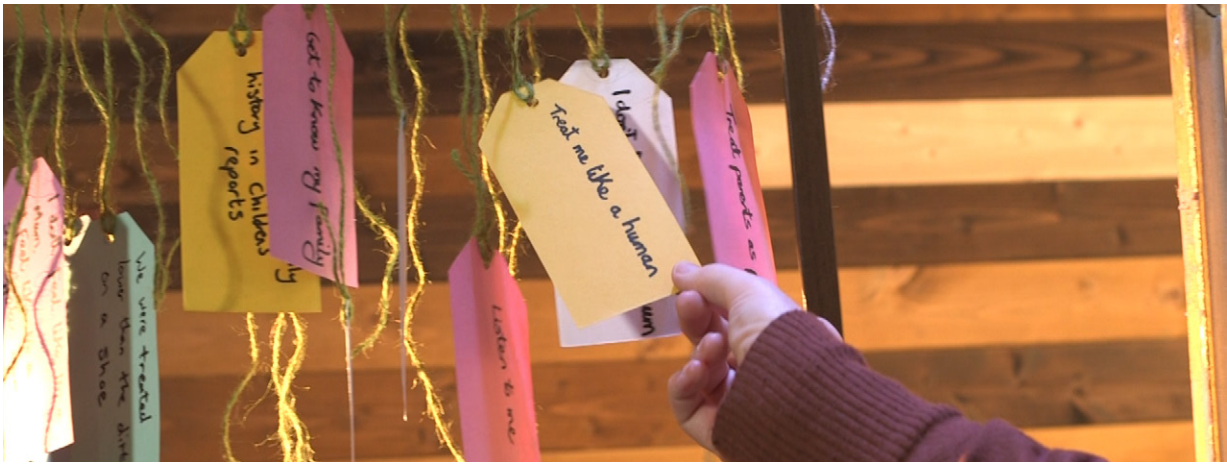
A parent described how one family support worker had worked with her in a way that felt helpful.

“Advice without being right over my shoulder. She went for walks with me, and we went to McDonalds. It felt like she cared about getting to know me.”

When we asked parents about their experiences of child protection procedures, they told us about not always understanding the process and knowing what to expect. Having someone take the time to explain what to expect would be helpful.

“If I was told the way a meeting would work, especially when at the start they have the protected period where all professionals are invited into the room to have a discussion. It made me feel like they were slagging me off, it put me on edge when I walked in.”

Parents identified that having the right support to keep families together might have led to a different outcome in some circumstances.



They also acknowledged that while there are times when children can't stay with parents, parents still need to be able to access support, which isn't easily available to them.

“They take your kids off you and think you'll be alright the next day, you're not.”

Two out of seven families spoke about opportunities to explore supports from wider family and the possibility of kinship care being put in place, rather than foster care, having been missed. Parents talked about the feeling of isolation when children are removed, and the difficulties in accessing support from friends, family, or professionals. Not all parents felt able to reach out for support.

“If someone would just check on you, you might feel valued.”

Parents were able to identify what had been helpful to them and might be helpful to others in the future. The elements parents identified as the core of good quality family support were not necessarily expensive and some of these could be implemented without significant system change.

“Treat parents and young people with respect. Have staff be consistent. Recognise the importance of honest communication and opportunities for communication with and connection to family at home. Think about the impact of stresses on family at home when planning visits home for young people, involve family members in making plans – rather than just telling them what is happening.”

We spoke to parents about what would help families when children are living away from home. Parents told us that the focus of social work support on one child in the family could at times have an impact on relationships with brothers and sisters.

“I feel like during time Francis was away no consideration or help was available or offered for my other children which I feel was hard on them.”

Parents also spoke about having changes of worker or a lack of contact with staff between meetings being difficult.

“Social work need to stay connected with the family, not just turn up the day before a meeting.”

Although this sounds simple and like good practice, it is worth noting that the majority of the families who participated in the research were larger families (with four children or more) and that to remain truly connected to not just the child, but to their parents, brothers and sisters and wider families requires time and practice considerations for social workers and for their managers.



Reflections

During the research it has been necessary to allow time for the ebb and flow of life for participants (some of whom were currently working alongside social work or involved in active legal decision-making processes regarding their children). Balancing individuals' desire to be involved, alongside their needs to prioritise time and emotional energy for complex family circumstances, was difficult to do whilst also working towards tight deadlines within a one-year funded project. The wellbeing of all those involved remained the most important consideration throughout this project. The location of the project within an existing family support project was positive in that we had existing connections to and trusting relationships with parents. A limitation was that we were mainly already supporting parents with at least one child in their care. This has led to our connecting more with parents who have care of a child or children, rather than parents who do not have any children in their care.

At the beginning of the project professionals from a range of agencies expressed anxiety about how taking part might impact on the mental wellbeing of participants. On reflection, we could have offered more information and assurances about support for participants.

The Peer Support Worker was essential in providing support to group members individually and together. The Peer Support Worker also played a key role in working with group members to think about their individual next steps as they move on from the project.

“The relationships that we have built during the group have enabled us to have trust in each other and build a support network for ourselves.”

The appointment of a Peer Support Worker was the first role of its kind within the Children 1st Moray team and has helped us to reflect, both locally and nationally, on how the value of lived experience and the use of self within support work roles can be well scaffolded and supported within the organisation.

The Peer Support Worker reflected that sharing her own experience helped build deeper relationships with parents.

“I have found that using my lived experiences to support others has helped gain the trust of people that have given their story and I feel that we got the real story as they felt no judgement.”

Parents reflected that peer support was invaluable to them.

“She sat back and listened and was really encouraging. I just felt at ease sharing my story with her.”

“It's important to have someone who will share their experience too - not in a room telling my story on my own, I'm in a room with someone who has been through stuff.”

Feedback from the Good Ideas Group

During the time that I have been in role of peer support volunteer I have felt proud of how much my confidence has grown and how sharing my story has made me come to terms with my experience.

It has helped me personally with telling my own story. I feel that my mental health has improved and feel that I can handle my situation better and have built my confidence and self-esteem.

I was able to talk and to have my story listened to and feel supported by the group and Children 1st.

How has it felt being part of the research?

It has felt really good, and I feel that it has really boosted my confidence.

Before I wouldn't tell anyone that my kids had been in care but now, I don't feel the judgement and am happy to share.

I have enjoyed watching other people in the group's confidence growing. Stepping out of my comfort zone doing the presentation has all helped me.



Recommendations for Change

Parents have shared the story of their families with us in the hope of achieving change.

"If services and families can work together then it will reduce the trauma of children and for their families too."

There are things that can be done differently which workers have the power to do and there are those that require systemic change, requiring action by senior leaders within organisations, governments, and legislators. Within this report the term workers may refer to: teachers and school staff, social workers and family support workers, police officers, health workers (midwives, GPs, nurses, health visitors) and anyone who works alongside children, parents or families. These recommendations are also relevant for Children's Panel Members, Safeguarders and Sheriffs.



1. Acknowledge that parents are parents whether their children are in their care or not

Though this sounds simple, the parents we spoke to helped us to understand that this doesn't happen routinely. This was an area where we identified opportunities for reflection and change. Birth parents are a group of people who feel ignored and forgotten. There is a need for acknowledgement that they remain parents who deserve respect.

When children are living away from home, parents should be able to meet the person who is looking after their child whenever it is safe to do so; we know from listening to parents that this can benefit both children and parents.

2. Recognise and respect the right to family life, for children, parents, brothers and sisters and wider family

Brothers and sisters' relationships matter and support is needed to help keep relationships between siblings strong if they are living apart. Opportunities for supportive relationships with parents and wider family members are important. Children need time, space and support to understand their unique family to build and develop relationships. This requires dedicated support services.

3. Make peer support available to parents who have lost care of their children

Parents have told us that they value being able to get involved in offering support to other parents and that having someone that: *"you know has been through it"* there to support them has been an important part of being able to share their own stories. We have learned from parents that the process of sharing their own story has been therapeutic, enabling parents to better understand the circumstances leading to their children being removed from their care. The opportunity to make sense of their own lives, supported by peers who respond with empathy and the understanding of lived experience has been a significant factor in recovery and healing for parents. This is something that all parents impacted by the care system should have access to.

4. Family Group Decision Making should be available to all families as early as possible when there is a risk that children might not be able to stay at home with their parent

None of the parents we interviewed had been invited to take part in Family Group Decision Making (FGDM) or had been made aware that their child or children had a right to access this. Frontline workers must ensure parents, children and wider families are aware of their right to access FGDM and managers must ensure that staff are trained in and available to facilitate FGDM. The Scottish Government must hold local authorities to account about whether FGDM is being offered to families when they need it as required under part 12 of the Children and Young People (Scotland) Act 2014.

Mothers we spoke to felt that the use of FGDM could be beneficial in shifting the focus and pressure of family and parental responsibility more evenly, and in normalising the involvement of fathers in decision making processes. Fathers spoke to us about not having been acknowledged as important or at times even included in conversations by some professionals, when they were present in the room.



5. Improve support for young people coming home from secure care and other forms of residential care

Parents told us about a lack of planning when young people return to Moray after living in residential and secure care. Young people, parents and wider family should be involved in creating a support plan. In high-risk situations there may be exceptions to this, however risks need to be evidenced and explained with openness and honesty. Family Group Decision Making (FGDM) should be offered to support families when young people are coming back to their local area or leaving a care setting. This needs to be done with coordination of whatever support a young person needs and is entitled to for example, Throughcare and Aftercare work, Health, Housing and third sector services.

6. Families' views and needs must be included in the ongoing reforms of the Children's Hearing System

There needs to be an increase in support offered to families in the period prior to a Children's Hearing. There should be consideration given to involving some direct communication between the decision makers within the Children's Hearing System and children and families in the preparation stage prior to the hearing taking place; for example, the opportunity for family members to share their views directly with the panel prior to the hearing or as the first section of reports are supplied to the hearing. Consideration needs to be given to the relevance and usefulness of chronologies. Decisions need to be made based on the current situation and what is best for children. The hearing needs to understand the child's family structure and relationships and involve the workers connected to siblings where relevant. Where there are gaps in knowledge about a family structure then these need to be addressed prior to the hearing so that well informed legal decisions can be made.

7. Involve parents in the design and development of services to meet their support needs

Parents can identify their own needs and hold the answers to what could make the difference for themselves, their families and others in similar situations to them. The parents we spoke to told us that they had never been asked to help to develop solutions. They and their families had been viewed as the source of problems rather than having the potential to create change.

Thank you to all the **parents** who gave their time and energy working alongside us and sharing their views with us.

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The parents who co-produced this research have made a short film to share the findings from this research.

An executive summary of this research report is also available. View the film and read the summary at: children1st.org.uk/oorlives

We welcome further discussions and ideas on how to support our recommendations for change. Email us at moray@children1st.org.uk



Read the full research report.

