

Exploring the Need for a Care-Experienced Parents' Charter in Scotland: Insights from Parents and Professionals

Summary:

Parents with experience of the child protection or care system are often subject to stigmatisation, enhanced scrutiny, and negative assumptions when they become parents, as they are likely to be viewed by services as high risk. Much of the “risk” that services perceive, such as having a limited support network, is created by the care system itself. Care-experienced parents may be expected to “prove themselves” to professionals as they endure child protection procedures, which can increase anxiety and negatively impact on their transition to parenthood. In the context of Scotland, there is little guidance on effective practice with care-experienced parents. The Why Not Trust leads a national community for care-experienced parents (The Village) and frequently heard anecdotal evidence of parents experiencing what they felt to be unfair treatment from professionals. Inspired by similar work in Wales, we hypothesised that there might be a need for a “care-experienced parents’ charter” in Scotland to promote more relational, equitable, and supportive practice. To understand what the charter should include, we held focus groups with care-experienced parents and the professionals that support them. This article outlines the key recommendations from those sessions, and potential implications of this learning for Scotland and beyond.



May 2026

Introduction

Those with experience of care often face stigmatisation and tend to be seen by professionals as “high risk,” sometimes solely due to being care experienced. Despite efforts across the UK to counter stigmatisation of care experience, evidence of poor outcomes perpetuates the belief that care-experienced people are less capable of success than their peers (Furey & Harris-Evans, 2021). Low expectations of care-experienced young people can negatively impact the support experiences of those with experience of care, compounding disadvantage and reinforcing poor outcomes (O’Brien et al., 2023).

As care-experienced young people enter adulthood, some will become parents. For any parent, this transition is associated with significant shifts in one’s identity and social network and constitutes a time when consistent support and encouragement are crucial (Either, 2022). Unfortunately, many care-experienced parents face pronounced stressors when navigating early parenthood, some of which are induced by the very services that are meant to support them. Many care-experienced parents feel their parenting ability is being constantly evaluated and scrutinised (Roberts et al., 2019). In the UK, being care-experienced often leads to social work pre-birth assessments or parenting assessments. This can increase fear of having one’s child removed. Moreover, the emotional impact of encounters with child welfare services can impact parents’ behaviour, decisions, and motivation, putting already vulnerable parents at a greater disadvantage (Tembo & Studsrød, 2019).

Child protection concerns are indeed higher among care-experienced parents than within the general population (Alrouh et al., 2022), but this does not necessarily indicate a reduced capacity to parent among those with experience of care. Notably, longitudinal evidence from Parsons et al. (2024) shows that care-experienced parents are no less capable than the average parent at providing a safe and stable home for their child, with the main difference between mothers with and without experience of out-of-home care being parenting self-confidence. Therefore, higher child protection concerns may be attributed to enhanced surveillance of care-experienced parents.

Understandably, when a care-experienced mother becomes pregnant, the child becomes the utmost priority. However, for many care-experienced parents, empathetic professional support is needed to give them the best foundation to care for their child (which in turn, positively impacts that child). Therefore, a combination of systemic change, service reform, and changes to individual professional attitudes to improve the transition to parenthood for care-experienced parents is clearly a pressing requirement for child protection.

The Need for a Care-Experienced Parents’ Charter in Scotland

The remainder of this paper explores the potential role of a care-experienced parents’ charter in the authors’ context of Scotland. This follows on from a similar charter that was developed in Wales, which was co-produced with care-experienced parents, professionals, policy makers, and academics (CASCADE, 2021). The Welsh charter, entitled, “Supporting Parents in and Leaving Care,” contains recommendations on how professionals and agencies should support those in the care-experienced community as they become parents, with an emphasis on countering stigma and intergenerational disadvantage. It is backed by the Welsh Government and calls for local authorities to “pledge” to implement the recommendations.

The Why Not Trust believed there may be a need for a similar practice charter in Scotland. Having developed a community for care-experienced parents called “The Village,” we heard many in our community share experiences of what they felt was unfair and stigmatising treatment from services, mostly centring around

mandatory pre-birth social work assessments and parenting assessments. The introduction of The Promise in Scotland in 2020, which called for significant changes across the care system (Independent Care Review, 2020), meant that the care sector had already begun to think more about how to holistically improve the experiences of children in care, as well as care-leavers. However, The Promise does not include recommendations specifically regarding care-leavers who become parents.

Process

Creation of the charter was led by The Why Not Trust and involved collaboration with The Promise Scotland, Scottish Throughcare and Aftercare Forum (STAF), and Early Years Scotland. Between 2023-2024, we held three in-person focus groups in three local authorities (all with an option to join online) with care-experienced parents, expectant parents, and those who were not yet parents but wanted to share what their rights should look like if they were to become parents. A total of 10 parents participated in these sessions. We held two online focus groups with professionals that support or work with care-experienced parents in their roles. This included social workers, healthcare professionals, and third-sector staff. A total of 11 professionals attended these sessions. We further distributed an online survey to professionals who could not attend the live sessions but wanted to share their views, gaining 19 responses. The survey contained the same questions that guided the live focus groups.

All participants consented to the use of their anonymised feedback in the production of the charter and any reports related to the charter. As practitioners, at the time of commencing the process of co-creating a care-experienced parents' charter, publication of the gathered data was not anticipated and therefore a formal ethics review not sought. Nonetheless, The Why Not Trust adhered to their organisational safeguarding principles throughout, and no ethical or safeguarding issues were raised throughout the collection of the data presented in this paper.

Focus groups were semi-structured, with participants being guided through a pre-determined set of questions and then offered space to share their reflections and recommendations. The drafting of the questions was informed by the findings of the researchers who created the charter in Wales (CASCADE, 2021). Care-experienced parents were asked if they agreed with the following statements and to provide additional comments based on their experience and knowledge:

1. "It takes a village to raise a child."
2. "Parents (or parents to be) know where to get help from and feel comfortable asking for help."
3. "We know our children's rights and our rights as parents. We know where to get help if our rights are not being upheld."
4. "Care-experienced parents have the right help and support when they become a parent."

Professionals were asked to comment on the following questions:

1. If it takes a village to raise a child, as a corporate parent/champion, do you see yourself as part of the village and what role would you like to play in that village?
 - B) Is there anything that stops you from being in that village and do you have any ideas on how to overcome this?
 - C) What can we or others do to help you feel a part of this village?

experienced parents lack a support network, not all do, and parents wanted professionals to respect the level of intervention that parents feel they need.

“Not everyone needs help as a parent because they are care experienced.”

- *Parent Focus Group Participant*

Theme 2: Choice and quality of support

When additional support is needed, care-experienced parents would like more agency over what support they engage with, and for that support to be higher quality. Regarding pre-birth planning meetings or parenting assessments, there was acknowledgement that these have the potential to be supportive, but more often than not, parents saw these as being about judgement and evaluation rather than an opportunity for personalised support. A few parents discussed having positive experiences with some workers but not others and would appreciate if it were easier to change workers. Parents further discussed how having several professionals involved can become confusing, as they may give conflicting information. Most parents agreed that having one trusted person who could support them over a prolonged period would be ideal.

“It’s important to have one supportive relationship and not have to tell your story over again.”

- *Parent Focus Group Participant*

Theme 3: Accessing support

Two barriers were identified by care-experienced parents when trying to access support: *criteria* of support and *knowing* about support. While expected to engage with a number of services once they become parents, care-experienced parents told us that the eligibility criteria can create unnecessary barriers. For example, in Scotland, parents who left care before they were 16 years old have fewer options, as do those who live in rural areas. Nearly all parents found it difficult to navigate complicated or inconsistent criteria, reducing uptake of valuable assistance.

“Sometimes I know where help is, but it is not always clear how to access this support.”

- *Parent Focus Group Participant*

All but one parent said they did *not* understand their rights, nor did they know where to go for help understanding their rights. Care-experienced parents shared not wanting to challenge professionals or advocate for their rights to be upheld, as they did not want to “rock the boat” and possibly have their child removed, especially among those going through child protection procedures. The overwhelming majority of parents did not know how to access legal aid if required.

“Nobody tells you your rights and you are scared to challenge professionals for fear of having your child removed.”

- *Parents Focus Group Participant*

Theme 4: Relationships

Parents at the sessions discussed the value of having strong relationships with both professionals and informal supports. Parents repeatedly mentioned that it would be best to have one trusted, long-term relationship with a professional, as that relationship can make them more open to receiving personal and parenting support. A few parents also talked about the benefit of social support from other parents, such as through parent and toddler groups. Most parents agreed that relationships should be at the centre of professionals' work with care-experienced parents, and that informal support networks also play a large role in having a positive parenting experience.

“Your village is anyone who is here for you unconditionally. This can be professionals, but they need to be there.”

- Parents Focus Group Participant

Themes from Professional Feedback

Theme 1: Stigma

As care-experienced parents felt stigmatised by professionals, some professionals perceived stigma of their roles. One professional felt they were seen as a “negative input” and would like to see more promotion of positive social work roles. Some recognised the difficulty of balancing the needs of the parents and the needs of the children simultaneously in their roles, with one describing it as a “tightrope.”

Many professionals involved noted the stigmatisation that care-experienced parents can face because of processes and services. One professional shared that care-experience is a “yes/no tick box” that then “triggers another assessment.” Another professional stated that if relationships from care continue once the care-experienced person becomes a parent, then this needs to be done with “mutual respect and no hierarchy,” and that corporate parents should be “involved as corporate grandparents, but not in a judgemental way.”

Theme 2: Lack of resource

Professionals discussed lacking the resources to support care-experienced parents effectively, including insufficient time, staffing, and information regarding supporting specialised groups. A couple noted that due to the demands and expectations of their roles, they were unable to tailor support provision to the needs of individual parents.

“The expectations of what is a manageable caseload for health visitors is completely deluded. We spend far too much time seeing parents who don't need the support and are restricted from being able to spend appropriate time with families that really need intensive support.”

- Professionals Focus Group Participant

Lacking specific information on how to support care-experienced parents was a barrier raised by several professionals. Many expressed wanting to gain a better understanding of how they could improve their own

practice with care-experienced parents, but felt they needed specific guidance on how to approach the needs of care-experienced parents sensitively.

Theme 3: Need for collaboration

The need for collaboration between different professionals and services was often cited by participants. Professionals noted feeling they were working in silos, negatively impacting on the level of support they could give parents. There was also discussion of collaboration *within* services, stating that this would allow for all within agencies to better understand the needs of service users. One professional advocated for relationship-based practice within teams, and a shift away from hierarchical structures.

“There is a view that managers should be fully objective and therefore not have contact with [service users] regularly. I feel this impacts on our ability to fully understand needs.”

- Professionals Focus Group Participant

Theme 4: Feeling “part of the village”

Professionals had mixed opinions as to whether they felt part of care-experienced parents’ “village.” Some wholeheartedly did, recognising their role in supporting both parents and their children. Others felt they were on the “outskirts” of parents’ villages, providing support but acknowledging that informal relationships are better positioned to give consistent support.

Among those who did not feel part of parents’ village, some said that this was because of a lack of awareness on *how* to be. Others discussed how structural factors and bureaucracy can create unnecessary barriers for professionals wanting to continue relationships with parents.

Recommendations for the Charter

Fewer barriers to accessing support

A key recommendation across parent and professional sessions was to advocate for the removal of age limits on support for care-experienced parents in Scotland. Participants acknowledged that many care-experienced individuals will become parents after the age of twenty-six but nonetheless may require additional support to navigate the transition to parenthood, often because of reduced social networks. There was also mention of the need for better continuity of support.

“The charter should prevent support being stopped at crucial transition times.”

- Professionals Focus Group Participant

Another barrier that professionals had identified was local authority boundaries. One participant said that support is currently a “postcode lottery” and that a charter should ensure provision is equal across areas. Professionals also noted that there should not be limitations on where parents can access support, particularly if they were cared for in a different area than where they and their support networks are from.

Flexibility of support

Participants overall agreed that support for care-experienced parents should be holistic, nuanced, and flexible. Professionals discussed that support should be person-centred and tailored to the needs of individual parents, rather than a “one-size fits all” approach. For instance, one professional stated that in their experience, social work assessments are not always required but social work may become involved for “no reason,” when instead input from health professionals and other more relational supports might be more appropriate. Where assessment is necessary, a few professionals recommended that this should be adaptable and focused on the support needs of the parent.

Meaningful implementation

Participants collectively agreed that a care-experienced parents’ charter will only be useful if it does not end up being “just another piece of paper.” Some professionals offered that it would be ideal if the charter was displayed in settings where parents attend appointments, with others adding that the charter should be adopted and implemented within services by local authorities. Others noted that the impact of the charter should be monitored, recording implementation and outcomes through a shared database that will encourage accountability from various agencies and services. For a charter to be effective, it was recommended that considerable efforts must be made to ensure that all local authorities, health boards, social work, and other service providers are working collaboratively towards implementation.

Discussion

This paper presents a detailed exploration of the key provision gaps, concerns, and recommendations shared by care-experienced parents and the professionals who work with them, gathered to inform a care-experienced parents’ charter in Scotland. The findings from the thematic analysis demonstrate the cruciality of improving support for care-experienced parents, but also the complexity of doing so in practice. While there was consensus from both parents and professionals involved in the sessions that non-judgemental, accessible, and relational practice should be the norm, many structural barriers remain. For a care-experienced parents’ charter to be effective, it will need to be meaningfully adopted by a wide range of supports, services, and institutions.

Stigma as a barrier

Combatting stigma was a primary priority for care-experienced parents, and partly so for professionals. Stigmatisation can hurt mental health, physical health, self-esteem, social wellbeing, and achievement in life (Liamputtong & Rice, 2021). Felt stigmatisation can also decrease help-seeking behaviour (Thorncroft et al., 2022). Parents we consulted which affirmed that feeling stigmatised by health and social care professionals – even if that stigma is anticipated rather than experienced – is likely to inhibit engagement with valuable support.

The professionals we spoke with were overwhelmingly in favour of non-judgemental and non-stigmatising practice with care-experienced parents. We recognise that the sessions were advertised as informing a care-experienced parents' charter, and therefore professionals who chose to participate were more likely to reflect these values already. However, some of the structural barriers shared by professionals in the sessions may, in part, explain why care-experienced parents so often feel stigmatised when engaging with services. For instance, the "tick-box" identification of care experience that leads to assessments is an example of how systematic procedures reinforce the idea that care-experienced parents are less capable than other parents. At the same time, this is not to discount the fact that some individual professionals can and do make care-experienced parents feel judged and stigmatised, as has been reflected anecdotally from many parents The Why Not Trust supports. This has also been reflected in research of 270 families in England by Baginsky (2023), which found that poor individual practice was a main cause for inadequate relational support with families.

Resource, relationships, and "The Village"

Parents tended to define their "village" as those who were there unconditionally. Parents shared that they would appreciate having one consistent and trusted relationship with a professional to help them navigate the many services and supports they are expected to engage with. This recommendation reflects the wider literature around relationship-based practice (Wilkins & Forrester, 2020). High worker turnover, fragmented service provision, and inconsistent advice means that services often complicate the transition to parenthood rather than help parents through it (Baginsky, 2023; Either, 2022).

While some professionals felt that they were part of parents' village, a substantial portion of professionals did not. Again, structural and resource limitations played a significant role. High caseloads, resource limitations, bureaucratic constraints, and disjointedness between services restricted professionals to provide the relational and ongoing support that many expressed they wanted to. In a systematic review of parents who accessed support for concerns that could impact their parenting, the majority of studies reported that a lack of empathy, compassion, and understanding characterised difficult relationships between parents and professionals (Lines et al., 2025). As the authors eloquently described, this disconnect had roots not only in individual professionals, but in the systems that surrounded them.

"Professionals' therapeutic work with children and families is **consciously and unconsciously** influenced by the policies, systems and services that form the social context for their work. Policies, systems and services are underpinned by protectionist and **parent blaming narratives**, meaning professionals' lived realities often reflect highly bureaucratised and risk-averse organisational contexts that **impede genuine therapeutic relationships.**"

- Lines et al., 2025, pp. 2

Thus, this attests to the assertion that for real change to happen regarding professional work with care-experienced parents, institutional adjustments need to be made alongside shifts in practice. Our aim is that the charter can be mobilised for both levels of change.

Access and rights

For parents, accessing support and exercising their rights were significant issues that they wanted highlighted in the charter. Inconsistent criteria for eligibility and confusion about what they were and were not eligible for was often a barrier to engaging with necessary support. When they did know what they could and could not access, many parents felt that the distinction was too rigid, especially regarding age limits. Parents also advocated for more flexibility around what services they could engage with, as they believed currently this was not very person-centred. Regarding their rights, almost all parents told us that they did not know their rights and that these had never been explained to them. There was agreement across groups that a charter would help both parents and professionals to have a clear understanding about what types of legal, financial, and parenting support care-experienced parents are entitled to.

Future of a Care-Experienced Parents' Charter

The recommendations for the future of the charter – including meaningful implementation, monitoring, and collaboration – are supported by wider literature around effective implementation of health and social care policies. For instance, a systematic review by Abu-Odah et al. (2022) on the barriers and facilitators to implementing research evidence into clinical practice concluded that it is essential to establish collaborations between policy makers and professionals *throughout* the research and implementation process. With the Scottish care-experienced parents' charter, we have aimed to do this by involving input from local authorities and a diverse set of health and social care professionals throughout the feedback gathering and drafting process.

Participants saw a care-experienced parents' charter as being a medium to not only provide practice recommendations that are rooted in lived experience, but to place an impetus on local authorities and individual services to purposefully implement the recommendations. This sets a "charter" apart from a practice guidance or the like. As participants suggested, a charter compels commitment from organisations and services to shift their values and standards, essentially embodying a particular stance rather than following a set of principles in discrete situations. While there are certain recommendations in the care-experienced parents' charter that are quite directive, it overall aims to support services to embed non-stigmatising, holistic, and compassionate approaches into *all* interactions with care-experienced parents.

It is our hope that the Scottish Care-Experienced Parents' Charter, in combination with the pre-existing Welsh charter, can be a model for the UK and internationally on what compassionate, relational, and well-rounded practice with parents with experience of the child protection system can look like. We emphatically posit that if parents are effectively supported practically, emotionally, and socially, then they will be better equipped to care for their children, ultimately reducing the number of children who are placed in care. In the coming years we hope to be able to evidence that the Scottish charter leads to tangible improvements in support for care-experienced parents and less children of care-experienced parents getting caught in a cycle of child protection intervention.

Most importantly, our aim is that a Care-Experienced Parents' Charter in Scotland brings awareness nationally and globally to the challenges these parents often face. As one parent put it:

“[The charter] really gives a group of people that aren't normally heard a voice. Hopefully non-care-experienced parents or people in general can understand what it's like for us.”

References

- Abu-Odah, H., Said, N. B., Chandrasekhar, N., Allsop, M. J., Currow, D. C., Salah, M. S., Hamad, B. A., Khamis, E., Alkhatib, A., El Mokhallati, Y., Bayuo, J., & AlKhalidi, M. (2022). Identifying barriers and facilitators of translating research evidence into clinical practice: A systematic review of reviews. *Health & Social Care in the Community*, 30(6), e3265-e3276. <https://doi.org/10.1111/hsc.13898>
- Alrouh, B., Abouelenin, M., Broadhurst, K., Cowley, L., Doebler, S., Farr, I., Cusworth, L., North, L., Hargreaves, C., Akabari, A., Griffiths, L., & Ford, D. (2022). *Mothers in recurrent care proceedings: New evidence for England and Wales*. Nuffield Family Justice Observatory. https://www.nuffieldfjo.org.uk/wp-content/uploads/2022/11/nfjo_eng_report_newborn_recurrence_20221111_final-1.pdf
- Baginsky, M. (2023). Parents' views on improving relationships with their social workers. *Journal of Social Work*, 23(1), 3-18. <https://doi.org/10.1177/14680173221101244>.
- CASCADE. (2021). *Supporting parents in and leaving care: Good practice charter*. ExChange Wales. <https://www.exchangewales.org/supporting-parents-in-and-leaving-care/messages/corporateparents/>
- Either, K. (2022). Relationships to self, baby, others, and system: A narrative analysis of the transition to parenthood for young mothers in foster care. *Child and Adolescent Social Work Journal*, 39, 711-34. <https://doi.org/10.1007/s10560-022-00846-4>
- Furey, R. & Harris-Evans, J. (2021). Work and resilience: Care leavers experiences of navigating towards employment and independence. *Child and Family Social Work*, 26(3), 404-14. <https://doi.org/10.1111/cfs/12822>
- Independent Care Review. (2020). *The Promise*. <https://www.carereview.scot/wpcontent/uploads/2020/02/The-Promise.pdf>
- Liamputtong, P., & Rice, Z. S. (2021). Stigma, Discrimination, and Social Exclusion. In: Liamputtong, P. (eds) *Handbook of Social Inclusion*. Springer, Cham. https://doi.org/10.1007/978-3-030-48277-0_6-2
- Lines, L. E., Kakyo, T. A., Anderson, J., Sivertsen, N., & Hunter, S. (2025). Parents' experiences of accessing support for adversities that impact their parenting: A systematic review of qualitative evidence. *Health & Social Care in the Community*, 2025(1), 1-15. <https://doi.org/10.1155/hsc/5537011>
- O'Brien, L. T., Kulibert, D., & Waldon-Lee, T. (2023). Stigma and disadvantage. *Oxford Research Encyclopedia of Psychology*. <https://doi.org/10.1093/acrefore/9780190236557.013.442>
- Parsons, S., Schoon, I., & Fitzsimons, E. (2024). Long-term outcomes for care-leavers who became parents and experiences of their children: Evidence on the intergenerational transmission of disadvantage in two British cohort studies (pp. 1-69) [Research Report]. Nuffield Foundation. Centre for Longitudinal Studies. <https://www.nuffieldfoundation.org/wp-content/uploads/2021/07/Children-of-care-leavers-research-report.pdf>
- Roberts, L., Maxwell, N., & Elliot, M. (2019). When young people in and leaving state care become parents: What happens and why? *Children and Youth Services Review*, 104. <https://doi.org/10.1016/j.childyouth.2019.104387>

Tembo, M. R., & Studsrød, I. (2019). Parents' emotional experiences of their contact with the Child Welfare Services: A synthesis of previous research – a research review. *Nordic Social Work Research*, 9(2), 184-198. <https://doi.org/10.1080/2156857X.2018.1489885>

Thornicroft, G., Sunkel, C., Alikhon Aliev, A., Baker, S., Brohan, E., el Chammay, R., ... & Winkler, P. (2022). The Lancet Commission on ending stigma and discrimination in mental health. *The Lancet*, 400(10361), 1438–1480. [https://doi.org/10.1016/S0140-6736\(22\)01470-2](https://doi.org/10.1016/S0140-6736(22)01470-2)

Wilkins, D. & Forrester, D. (2020). What do parents think about statutory child and family social work services in the UK? *British Journal of Social Work*, 00, 1-18. <http://dx.doi.org/10.1093/bjsw/bcaa185>