

Developing a Universal Definition of ‘Care Experience’ – Colleges Scotland Response - January 2025

Introduction

Colleges Scotland is the voice of the sector, supporting the delivery of thriving colleges at the heart of a thriving Scotland. When Colleges Thrive, Scotland Thrives. As the membership body, Colleges Scotland represents all 24 colleges in Scotland, which deliver both further education and around 13% of the provision of all higher education in Scotland.

Colleges across Scotland offer opportunities for the most vulnerable learners, providing access to student support funding and pastoral support services to ensure their engagement in learning and teaching activity.

Key Points

1. Do you agree or disagree that there is a need for a universal definition to describe ‘care experience’?

Colleges Scotland is responding on behalf of the college sector. There was strong collective agreement from sector leads that there is a need for a universal definition to describe ‘care experience’. It was contended that a universal definition allows for consistency and promotes a clear national direction.

One sector lead pointed out that at the moment there are multiple definitions of ‘care experience’, which causes confusion for both care experienced individuals and supporting agencies.

It was recognised that the definition must not exclude individuals with informal arrangements. It was also highlighted that the definition must be recognised by both institutions and receivers of care, as the term ‘care experienced’ is often not understood. There is therefore a need for the definition to clarify the difference between being a carer and ‘care experienced’.

2. What are your views on the potential advantages of developing a universal definition of ‘care experience’?

Sector leads expressed a range of potential advantages to developing a universal definition of ‘care experience’, including:

- This will remove confusion and uncertainty as there are currently multiple definitions of ‘care experience’.
- This will lead to a reduction in stigma, and by changing the language of care it will be normalised and will ensure it is used in a kind and considerate way.
- This will achieve parity of esteem and learners will be more confident in disclosing information to receive the help and support available to them.
- The existence of a universal definition supports the ambition of ‘care experience’ being recognised as a protected characteristic.
- A universal definition will create a clearer identity for a care experienced learner and provide uniformity for the delivery of support and eligibility that all providers and agencies work with.

3. What are your views on the potential disadvantages of developing a universal definition of 'care experience'?

Sector leads also had views on the potential disadvantages of developing a universal definition of 'care experience', such as:

- It is possible that not all individuals with care experience are recognised in one definition so it may be too restrictive and could exclude or marginalise vulnerable learners.
- The universal definition of 'care experience' could be either over-simplified or over-complicated.
- It may take time for a universal definition of 'care experience' to be developed and for all stakeholders to commit to adopting and communicating a universal definition of 'care experience'.
- Lack of clarity for agencies offering the support are unclear on what support and entitlement are available at different stages of care.
- There may need to be stricter eligibility criteria for financial support for learners.

4. Do you have any views on the definition of 'Care Leaver' as set out in the consultation paper?

Sector leads expressed a range of views on the definition of 'Care Leaver' as set out in the consultation paper. One view was the definition is clear, but having multiple definitions relating to care experience could cause confusion, particularly for the individuals concerned.

Another sector lead contended that from the perspective of an education provider, it is irrelevant whether the student is care experienced or a care leaver, as regardless of the current definition, a care leaver is still care experienced.

One view expressed was that the terminology laid out in the consultation paper is very negative and does not lend itself to being trauma informed as it could be interpreted that the individual is no longer within the care experienced remit. This could have implications for individuals as they may not recognise that they are eligible for certain benefits and support.

In terms of benefits and support, one sector lead felt that whilst local authorities are carrying out their needs assessment, the young person should receive support such as the care experienced student bursary, and guidance to help them plan their future.

One suggestion was that having a universal definition with subcategories would help individuals understand what point they are at in their care experience journey, rather than be "tagged" as a particular "type" of care experienced individual.

Another view was that whilst this definition provides clarity, young people who left care before their sixteenth birthday, or those who had informal care arrangements, may not be recognised in this definition. Expanding the definition could promote inclusivity and ensure that all individuals with care experience have access to necessary support and recognition. However, it is important that any universal definition of 'care experience' is fully aligned with the definition of 'care leaver'.

5. Do you have any views on the statutory definition of 'Looked After' as set out in the consultation paper?

Sector leads put forward a range of views on the statutory definition of 'Looked After' as set out in the consultation paper. Similar to the definition of 'Care Leaver', one view was the definition of

'Looked After' is clear, but having multiple definitions relating to care experience could cause confusion, particularly for the individuals concerned.

Some sector leads felt that the statutory definition is quite narrow and fails to encompass the diverse experiences of all individuals who have interacted with the care system. A broader definition could include those who have had brief or informal care arrangements, individuals in kinship care, or those who have experienced care without formal 'Looked After' status. Expanding the definition may promote inclusivity and ensure that all individuals with care experience have access to support and recognition.

Another view was that the definition of 'Looked After' should also provide flexibility to encompass complex individual situations such as young offenders and young people with significant physical and mental health difficulties.

One view expressed was that where a young person is looked after is not relevant and that there is too much differing terminology that would benefit from a universal approach.

6. What experience of care would you expect to be covered by any definition of 'care experience'?

The majority view from sector leads was that all of the categories of experience of care which were listed should be covered by any definition of 'care experience'. It was contended that only by being fully inclusive will barriers be broken down and access and eligibility to support be universal.

However, one sector lead felt that unaccompanied asylum-seeking children and those within the criminal justice system should also be covered by the definition.

7. Do you have any other comments about a proposed universal definition of 'care experience'?

Sector leads expressed some other comments about a proposed universal definition of 'care experience'. One view put forward was the need to ensure that a universal definition that is less inclusive than the one currently being used is not adopted.

Another sector lead highlighted the need for high level consultation with those who are or have been care-experienced in developing a universal definition.

One sector lead stated that the process for care experienced students to be awarded a bursary is complex and onerous. It was their view that a letter or statement from a qualified practitioner (e.g. teacher, social worker, police officer, psychiatric specialist or other 'corporate parent') should be the main source of evidence required, rather than an individual completing a complex and intrusive information form, which can often be traumatic.

8. Do you have any comments on the existing language of care?

Sector leads put forward some comments on the existing language of care. Some sector leads felt that the current terminology used is too broad and complex. Language should remain as simple as possible, so that care experienced learners do not feel different to their peers.

Another view was that a national approach with one definition and clearly defined subcategories would minimise complexities and allow care experienced individuals to have their own clear identity, and a sense of where they are within their care experience journey.

One sector lead highlighted that there is inconsistency across organisations due to the existing language of care. A universal definition would lead to better practice being adopted.

9. Do you have any suggestions on potential ways to change and improve the language of care?

Sector leads made some suggestions on potential ways to change and improve the language of care.

One view, as expressed previously, is the need for high level consultation with those who are or have been care-experienced. The voices of those with lived experience of care need to be fully reflected, and those who are exceptions to the definitions are not excluded due to terminology.

Other views put forward were that all organisations adopt the same definition of 'care experience' to maintain consistency, avoid confusion, and keep language as simple as possible.

Another sector lead reiterated the need for one definition, with clearly defined but minimal subcategories, to be rolled out nationally and adopted fully across all stakeholders.

10. Are you aware of good practice to change and improve the language of care?

Sector leads highlighted some examples of good practice to change and improve the language of care. One sector lead stated that the terminology 'Looked After and Accommodated (LAC)' was widely used prior to the term 'care experienced' being introduced. This was perceived to be a negative term as it suggested these young people were "lacking" something. However, this term has now been eradicated, showing that change can be successfully implemented at a national level.

Some sector leads said they work collaboratively with, and seek guidance from, partners such as Who Cares? Scotland, HUB for SUCCESS, and the College Development Network, and their approach evolves in response to changing language.

Another sector lead put forward that the adoption of a trauma-informed approach is at the heart of all language. Care must be taken to avoid stigmatising individuals or groups, and it is crucial that a person-centred approach is adopted. There are cultural sensitivities that must be considered and the validation of those with lived experience would best inform any development.

Conclusion

As the Scottish Government receives responses with which to inform and shape the definition of 'care experience', we would expect that the knowledge and thinking of the college sector is taken into consideration in the next stages of this work.

In doing so, Colleges Scotland would be able to facilitate engagement with college institutional leads for Student Support to contribute to the development of the definition of 'care experience' to ensure we can maximise the number of learners able to access education in Scotland's college sector.

Colleges Scotland
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