

## **Emerging Adulthood Recording: Transcript**

My name is Kenny McGhee. I'm the Throughcare and Aftercare Lead at CELCIS based at the University of Strathclyde. And my co-host this morning is Sarah (Deeley).

Hi, everybody. I am a consultant in the Improving Care Experiences team at Strathclyde, at CELCIS.

So thanks for joining us. We are really pleased that you've taken the time out to help us explore a conversation around some of the notions and concepts around emerging adulthood and I suppose what we want to try and do today is to explore what this might mean for Scotland's care experienced young people, and what this might mean for those of us who work and care for them and support them on their journey to adulthood and independence. And we've billed to this event

as an exploration because actually, we what we want to do.

Many of the issues we will cover today will be familiar to many of you, I'm sure. However, we've become increasingly aware of how when we've been talking about emerging adulthood and engagements with staff through our consultancy work and our policy work, through L&D how the notions of emerging adulthood have been resonating strongly with others. This feels like it's become more amplified over the last year or so as the impact and effects of the pandemic have hit home, and as the structural disadvantages, and the fragilities of some of the supports that many care experienced young people face have been laid bare.

We don't offer any definitive answers today.

What we do offer is some contextual framing, some definitions and some theoretical perspectives, and hopefully a safe place, and a safe space where we can collectively explore what they mean for our policy, our practice and our own journey to improve the experiences, the

outcomes, and the lives of Scotland's care experienced young people and young adults.

So in many ways, the initial emergence of the notion of emerging adulthood - being a thing, if you like, has a starting point today has its roots in a paper by J.J. Arnett in 2000.

Societally, transitions to adulthood is a longer process than it was a few decades ago. This is led young people to become less autonomous, less self-sufficient and less independent than previous generations at an earlier age. Young people now tend to live longer with their parents who tend to help with ongoing practical and financial support, covering their living expenses, for example, but also providing ongoing emotional and relational support and security. So we're going to start by offering some definitions - well effectively sharing Arnett's definition if you like, here.

*So "...emerging adulthood is neither adolescence nor young or young adulthood, but it's*

*theoretically and empirically distinct from them both. Emerging adulthood is distinguished by relative independence from social roles and normative expectations. Having left the dependency of childhood and adolescence, and have not yet entered the enduring responsibilities that are normative in adulthood, emerging adults often explore a variety of possible life directions in love, work and worldviews".*

*And following up that, "...emerging adulthood is a time of life when many different directions remain possible, when little about the future has been decided for certain, when the scope of independent exploration of life's possibilities is greater for most people than it will ever be at any other period of the life course".*

So his position, if you like, was that this was a separate stage between adolescence and adulthood, in many ways distinct from Erikson's stages, for example, many of us will recognize what he's getting at here, I guess.

So Varda Mann-Feder picks this up and suggests that identity consolidation, that is, for example, who we think we become, our sense of self, who we may be become settled on in ourselves, is something that doesn't happen until the mid to late 20s. *"...the theory of emerging adulthood asserts that identity consolidation is a relatively late accomplishment and that exploration and instability dominate individual development through the 20s. According to Arnett, this reflects social economic changes and therefore isn't universal".*

I suppose it's worth pausing here to reflect what the second sentence suggests, because these two factors are more common in global north developed in western economies and societies. The social and economic changes over the last few decades or so, or perhaps over a generation, have meant that we tend to enter the employment market later, we get married later, we start living on our own later than previous generations. Thinking simplistically about that and thinking of our journey to adulthood

compared to our parents' generations, for example. So thinking about things like apprenticeships, and then on a job that paid enough, a living wage that would enable you to afford you your own housing and accommodation, access to council houses, for example, which was a relatively simple and straightforward way to living independently, and also earlier parenthood - we know that delayed parenthood is an issue.

And now, obviously thinking about raising the school leaving age for example, and the need for continued study for many, and Schwartz here suggests, *"...economic and social changes in the developed West, as well as the prolongation of educational requirements in many fields of work, have resulted in a significant shift in the age at which young people enter adult roles. By now, a significant percentage of young people remain at home, and are financially dependent on parents until the end of the 20s."*

So thinking about the things that might impact on that, not intrinsic or the psychological stages, but external social factors, for example. So positively for young people the opportunity for gap years and internships becomes feasible. And something that they want to do. At the other end of that sometimes there are barriers and obstacles around for young people, which prevent and moving on, for example, the accumulation of student debt, minimum wage or zero hour contracts, access to jobs and adult wages, or adult benefits even, and the housing issue in and around the lack of affordable rented accommodation, or the need for the whole homeownership thing and the need for substantial deposits, for example. So there's a range of interconnected social and economic factors which will delay that transition to autonomous and independent living.

Arnett's theory does have its critics, however, most notably Cote, who rather dramatically

describes it as a “*dangerous myth of emerging adulthood*”.

But his primary criticism, from what we can gather, is that Arnett suggests that emerging adulthood has a distinct psychosocial stage regardless, and that it doesn't take the necessary account of social and economic conditions. So I suppose the simplistic way of saying that or considering that is, ...are young people generally staying at home longer because of the delay and achieving a consolidated identity, and is that a separate psychological stage'? Or are young people staying longer simply because the cumulative impact of social and economic factors mean that achieving a sense of adulthood and a consolidated identity, becoming a full time regular worker, earning a living wage in your own house, for example, is simply much less attainable for many than it was years ago?

And turning to the reception of Arnett's formulation in terms of developmental psychology, it is worth noting, that it's the



development assertion that draws the most skepticism and criticism for many development experts. For example, Lerner makes the observation that to qualify as a development or stage emerging adulthood must be both universal and essential. If you don't develop a skill at the right age, you'll be working the rest of your life to develop it, when you should be moving on, and meaning the rest of your development will be unfavorably altered.

Schoon and Schulenberg go on to identify the harm that these assumptions can do to young adults if policymakers are misinformed about what is causing the transition to adulthood to be prolonged. Moreover, the assumption of a new universal life stage leads to an ever increasing marginalization of those who continue to pursue the more traditional routes to adult life through early entry to the labour market, and who, due to a lack of personal and family circumstances and resources can't take advantage of the moratorium opportunities available, as Cote

suggests. So what he's actually getting out here is it's wrong to consider this as a universal concept, if it doesn't apply to everybody, because of different social and economic contexts and factors and this is where we begin to turn our attention to care experienced young people and care leavers.

Because many of our care experienced young people won't or don't have the opportunity to positively delay or prolong transitions to adulthood by staying put or continuing care by remaining in an alternative family care home. And certainly not until their mid to late 20s. And that's really all we're going to offer at this stage in terms of exploring some of the theoretical positioning and jousting that academics can engage in.

What we want to do and ask you to do, is to consider that, regardless of whether or not emerging adulthood as a valid psychological stage in itself, or whether it's better understood as a product of a series of changing economic

and social factors; what it does mean is that young people more generally, are staying much longer in the family home across most developed countries. That is a trend. That is a reality. And how does that then impact on how we think about our care experienced young people? I'm now going to hand over to Sarah, who's going to take you through some of the next bits.

Thanks, Kenny. So Kenny has mentioned a number of factors that may influence the age at which young people enter adult roles. Consider now the impact that trauma might have on that transition. So *"a trauma is a psychologically distressing event that is outside the range of usual human experience. Trauma often involves a sense of intense fear, terror and helplessness"*. Science tells us that the experiences we have in the early years of our lives affect the architecture of the developing brain. Research, such as that from Eamon McCrory tells us that childhood trauma is the largest modifiable factor for future mental health problems. So any toxic stress that

we experience in those early years - addiction, abuse, neglect, domestic violence - they could potentially affect and damage the basic structures of that developing brain. So that means *"..a child growing up surrounded by trauma and unpredictability will only be able to develop new neural systems and functional capabilities that reflect this disorganization"*. Meaning that the experience of trauma is not a one off. It's not a localized event. It's a trajectory that follows them throughout the rest of their lives. Many of our children and young people currently in care or care experienced have experienced neglect and or trauma prior to the transition into care. But it's crucial to remember that for a child or young person entering the care system, that in itself is an experience of trauma. So the decision to remove a child from their parents or caregivers - even for all the right reasons - will be a traumatic experience as it occurs in the context of failed relationships with significant others and imposes an overwhelming loss for a child no matter at what age it occurs.

Mann-Feder states that it is amongst the greatest personal tragedies that any child can face, even if it is invoked as a measure to relieve suffering and protect the child's future. So with each and every move and change in living circumstances that follows that first intervention, there is an experience of an additional trauma, an experience of a systemic cycle of trauma. Every move impacts that individual sense of failed security. There's a *latent vulnerability* building. So responses to trauma vary, we are all individuals, we all experience, interpret and respond to life events in different ways. Forms of responses can include emotional dysregulation, impaired capacity to assess danger, ineffective coping strategies, but may include substance abuse, compromised executive functioning, such as decision making, problem solving and planning. These are normal responses to abnormal events. The National Child Traumatic Stress Network identifies increased vulnerabilities in areas of poverty, education and social support. Traumatized children may

struggle to develop the skills needed for learning and social relationships. For many, childhood trauma is unresolved. They may or may not know what the triggers are for that trauma. We've heard examples of triggers being sensory, sound or smell, an experience of a stressful situation, or an emotion possibly a feeling of being out of control. What's so important to remember is that children in care are likely to have experienced trauma, but not all children who have adverse experiences will be traumatized. There's a uniqueness of response to unique life events, and poor outcomes are not inevitable. And we'll come back to this a bit later on.

Thanks, Sara. What is being said here by Goyette is, *"...although the transition to adulthood for the general population has become longer, more complex and personalized, care systems have barely taken these changes into account remaining stuck with overly simplistic chronological and legislative triggers and thresholds which continue to accelerate young*

*people from care to instant - in many cases damaging versions of - adulthood.* Mikes Stein writes of care leavers being expected to undertake multiple accelerated abrupt transitions to instant adulthood, which again, is damaging and traumatic. Adolescence, as we've said already, has generally been drawn out as young people stay in school longer, have more difficulty entering the job market and earning a stable income that would enable them to secure and sustain their own accommodation. So transition to adulthood now can be a much lengthier process, and also often marked by frequent reversals and contradictions that make young people, both children and grownups at the same time. However, our systems, our policies and our practice, remain stuck, and at times unable to effectively comprehend and engage with young people in a way which appropriately recognizes some of the complexities and contradictions of becoming an adult.

We're not alone here in Scotland, as the quote here suggests, and our care systems have been framed by social and bureaucratic and legislative constructs. We've already shown that the goal of financial and residential independence for the general population has generally become a much longer term goal, and generally with extended practical, financial, relational and emotional support. And *"...until recently, here, leaving care was seen as an event rather than a process where young adults in transition, quite often expect to undertake living on their own after a crash course in instrumental or practical life skills. And being pushed out in this way has got very little to do with assuming an adult lifestyle"*.

So this isn't just about skills, however. The importance of emotional readiness, of resilience, and ongoing relational support is fundamental. So it kind of begs the question as to why we remain tied to overly simplistic chronological triggers and thresholds, when they're at odds with everything else we know about the impact of



childhood trauma, about young people's development, and about their notions of emerging adulthood.

Despite having the most enabling legislation and positive policy and guidance, Scotland still has the youngest age, for leaving care in the UK at just over 17 years. So we contrast that with the average age of leaving home for most people is around 26 years old and rising and just taking into account the chronological age is a marker that is a significant difference. Even before we take into account issues, such as trauma, which Sarah mentioned which can impact on care experienced young people often well in adulthood. Care experienced young people are inherently a disenfranchised group, too often characterized by experience of abuse, neglect, rejection, educational interruption, family disruption, and this can impede the negotiation of age appropriate development or milestones, and the consolidation of a stable and healthy identity.

So think about how much growing up we do between 17 and 26 and consider the impact abuse and trauma would have on that. Many of us will recognize the impact on this and may have worked with 17 and 18 year olds whose emotional development was totally out of sync with their chronological age. So being quite simplistic and crude about it, would you give a 12 year old, a set of keys for a flat and expect them to manage successfully?

Care leavers are expected to make multiple accelerated abrupt transitions when they're often least able to cope. And leaving care too early without the proper levels of support, with all the pressures and responsibilities that come with instant adulthood, as we said is traumatic and damaging. And leaving care later matters because leaving care too young is at odds with normative, cultural and neurobiological development.

Research informs if we want to improve leaving care transitions and outcomes, we need to improve the in-care experience itself and recognize the diversity and individuality of children who become looked after; to take account of their characteristics and needs; and the varied pathways and experience within the system, from the point of entry through childhood and into adult life.

All care is preparation for adult life, and you need to take a much longer-term view and see beyond the bureaucratic constructs and these age-related triggers and thresholds. The quote here from Skinner, *Another Kind of Home*, written in 1992, almost 30 years ago, and we've only recently passed legislation that enables young care experienced young people to access support up to 26.

And the consistent implementation of that is an ongoing challenge for many. And even more powerfully I think the quote from Tarren-Sweeney here, which highlights what he describes as the "*within-care adversity, and the*

*reverberating impact of impermanence on the impact of placement instability on young people's mental health".*

The need for consistency, predictability of care, support, the fundamental importance of a sense of self security, how these things are critical to healthy development in to adulthood that are too often denied or unattainable for our looked after and care experienced young people, because of the way our care system is designed. And because our care system doesn't exist in a vacuum, by definition, that must take account of the changing social and economic factors in which our system exists. And so the notions of emerging adulthood or prolonged transitions really, really need to influence how we practically and culturally respond to and design and deliver services to meet the needs of our care experienced young people.

As I said, we're not alone in Scotland, this is an issue. But, in Scotland what we do have is

forward thinking legislation, forward thinking policy, forward thinking guidance, and an enabling and empowering culture. And we really need to think about that. We really do need to think about that.

So this is a quote from a residential worker taken from a piece of research done on the implementation of staying put and continuing care and it talks to the often very different trajectories and the very real unfair, if you like, and unrealistic expectations that we sometimes have. And we need to bear this in mind when we talk glibly about poorer outcomes and outcomes gaps for care experienced young people. Too often, they're judged against the societal norm, when they - and I'll quote here from Horrocks - *"...probably had to traverse the most arduous developmental process and then move on to have their outcomes measured against some sort of normative ideal, with very little accommodation of difference."*

So I think the quote here from a residential worker probably says, a bit more simply than

that, you know, why don't people understand what's going to happen if you've had a very different experience than the norm, if you like. This judgment, comparing outcomes without comprehensively acknowledging and comprehensively addressing experiences, journeys and trajectories remains a major issue. I'll pass you back to Sarah, thank you.

Thanks, Kenny. So, Ubuntu - *I am because we are* - this concept and philosophy is over 2000 years old, and was the theme of World Social Work Day 2021, which took place just a bit earlier this month. Too often policies talk about preparation for *independence* and *independent living*. We would ask any of us truly *independent* - do we not rely on family, partners, children, colleagues, friends, neighbors for support. Lee, in 2001 writes that adults can move in and out of dependency as they move through life. In 2018, Moodley goes on to suggest that the importance of interdependence and relational connections is reinforced across international research and

academic writing, and to supporting young people moving on to care with an increasing recognition that the term independence is inappropriate in the context of young people's transitions. If we look at our quote up on screen here, "*...independent living is wholly unrealistic to human nature. We need a shift away from Neoliberal ideals entrenched in our own policies with expectation of independent living, to **interdependent living***".

A crucial point in this discussion, as supported by Moodley's research is that young people have told us their interpretation of independent does not exclude receiving support. Rather, it is the avoidance of dependence. A reliance on others and enter dependence when extricated from neoliberal connotations of people having to pull themselves up by their own bootstraps with minimal state intervention are not antithetical with resilience. Rather, resilience is nested in relationships, and contingent upon social, emotional and moral experiences.

We already recognize this in policy here in Scotland. The Staying Put Scotland Guidance states that the notion of independence is perhaps better expressed as *interdependence*, more accurately reflecting the day-to-day reality of an extended range of healthy interpersonal relationships, social supports, and networks. Often, we find that leaving care it is a time to reconnect with roots and to seek validation of identities, which is deeply embedded in the need to belong to someone or be cared for by someone. As humans, we're hardwired for connection, it's part of our survival mode and connection and belonging is at the heart of the Staying Put philosophy. This relationship-centered resilience, aligns so well with the African Ubuntu values which van Breda states, emphasise social connections as the crucible of personhood.

So right now in 2021, Scotland has been challenged to think differently about our young people. There is a commitment from the Scottish



Government through policy and legislation. Take discussions about consistency of implementation onside, our legislation *is* empowering and enabling.

The Promise, in relation to transitions and moving on from care, states the need for “...*young people who are currently in the care system to either stay in the care setting as they enter adulthood, if they want to, and when they're ready, being fully and completely supported to move on*”. It also states that young care experienced adults should “...*be properly and holistically supported, recognizing their needs and rights in relation to housing, education, finance and employment and relevant health services*”.

The United Nations Convention of the Rights of the Child has just been incorporated into Scots law. The UNCRC defines a child as someone up to the age of 18. There's been a development and an expansion of a national trauma training

program launched in October last year, I think, which states that Scotland is making a commitment to become a more trauma informed country. In education, Angela Morgan, (Chair, Scottish Government/CoSLA ASL Implementation Review) recently carried out a review of the implementation of additional support for learning. Her report encourages us to consider the whole child, their wider world and how that impacts on their experiences and ways of being. So in Scotland there is developing a growing understanding and an increased knowledge of what it means to be a child, a young person and an adult, and the stages and processes that accompany that journey.

With increasing awareness comes a changing landscape. We're being challenged to think differently and consider different ways of working and being. These considerations need to take into account how well do we collectively understand and collaboratively respond to the needs of our looked after and care leaver population. The

inequalities that care leavers face in terms of opportunities, support, access, and importantly outcomes, are not inevitable. The cumulative impact of making small positive changes across a range of areas builds momentum and feeds a culture shift. In the same way that Mike Stein states that it is the cumulative impact of pre-care and in-care experiences, which inform and influence outcomes into adulthood, it could be anticipated that the accumulated impact of a range of relatively small scale, but positive, actions across a range of key areas will lead to change in practice and inform a new practice culture.

If Scotland wants to be truly transformational in its practice and its approach, consideration must also be given to the theory of emerging adulthood, not just sociological changes.

So, when we're considering the concept of emerging adulthood, in the context of care experienced children and young people,

suggested areas for consideration are, as on screen, “bureaucratic, chronologically driven transactions and thresholds; age of leaving care versus age of leaving home; the impact of unresolved trauma, developmental delay, emotional maturity and resilience, security and family support; chronological and emotional dissonance; identity; unrealistic expectations; housing, employment, income, poverty; and systems–driven care”.

So, as we move into the breakout rooms, we would like you to consider this question.

*What does this mean?* Thinking about the concept of emerging adulthood? Considering the themes we've just highlighted? *So what does this mean for Scotland's care experienced people and those who care for and support them?* Keep in the back of your mind policy and legislation, practice, service structure and culture. *What are the key issues? What needs to change?*

Okay, we're going to take a quick bit of feedback from each of the groups. I suppose being conscious of time as we've only got six or so minutes. So to be really brief, but just share some of the key points that were coming up or key issues that were coming up or things or exercising people. So maybe, Chris, do you want maybe share what was coming up for your group?

Realistically, we know what some of the issues are. There's good legislation, which doesn't lead to good policy particularly. We are optimistic about the influence of The Promise, some areas have seen some real significant change in practice in terms of that. We were fortunate to have a foster carer, Allison, as part of our discussion who highlighted a number of issues that, as professionals, we were aware of. Some of that is about communication, you know, a young person moves to our care, but the office staff and the school don't get the message or choose not to take that, which creates a very

traumatic incident for a young person, which we should, in this day and age be able to avoid. But that led to us talking about the real need to push trauma informed training beyond the professional community and to anyone that may have contact with a care experienced young person. So really talked about the difference between legislation and practice. We are optimistic about The Promise. We've also had a really good discussion about the problem we've created with the language and terminology that we use. Allison again, talked about an experience of the young person who's been with us for 11 years, who gets a throughcare and aftercare worker, and automatically, understandably assumes that that means he's got to move on or he will be moving on. So the terminology around *independent living, preparation for independence throughcare and aftercare*, these are terms that we've created for the system, they don't help the young person and we really need to look at that. And also it puts all the emphasis on to throughcare and aftercare services to do the moving on work

when it's not, it's a process rather than an end, as you've touched on Kenny. I'll shut up now, good conversation. I will jot down some notes and share them with you.

Super. Thanks. That's really, really good. Thanks, Chris. I can't see anybody else that was a facilitator, but I will just shout in to the void, and hopefully, will pick up, is Alex Morrison still there?

Yep, I'm here. We had a really good discussion within the group. A number of key points raised, I'll start off with a positives first. There's a recognition within the group that the 2014 Act and The Promise has made us all across all local authorities much more accountable and much more focused on care experienced young people, particularly our aftercare population across Scotland is much more focused, which is seen as a good thing across Scotland. And some interesting points raised again, in terms of some young people and unintended consequences, with

so much focus being on young people, that some young people feel quite overwhelmed by the number of people in their system trying to support them. And sometimes that can mean that young people will detach from the system. Our perspective was the number agencies looking to support young people have been quite overwhelming for young people, I suppose that ties in with what Sarah was saying in terms of trauma and why young people may feel that way. And also, the elephant in the room while discussing continuing care quite often is finance. But starting on a positive note with finance, a lot of young people within the group are talking about the benefits of the care experienced (students) bursary and the reduction in council tax have been a real godsend to a lot of people. But on the other hand, obviously, continuing care and the importance of it comes at a cost, I suppose, and there's a real challenge for local authorities to manage budgets around continuing care. That was raised. One of the residential staff spoke physical environments. So if you've got



maybe three or four 18 or 19 year olds living within a residential house, and you've also got a lot of younger children how you manage the physical environment to ensure that everybody's needs are being met, and people who are 18 or 19 can lead a normal lifestyle, if you like, and at the same time, be respectful to younger residents. Somebody within the group mentioned a sort of postcode lottery in terms of entitlement to aftercare services, with 32 local authorities in Scotland with different ideas and different leadership. In particular, we spoke about the looked after at home and kinship group, are they getting the same continuing care and aftercare experience as somebody who's in care? And most of the people within the group agreed that they're actually not. And someone suggested should we provide the looked after at home and kinship group with a family support model type service, entering their adult years to ensure they've been supported and generally getting a continuing care service as well. And just lastly, Kenny, something we spoke a bit before it is

continuing care is not for all young people. So are we offering young people an enhanced aftercare provision? For those who don't want the remaining care? Are we offering them an alternative, I suppose. So those were just some of the key points to raise again, it's just a really good discussion.

Hello. So I am here. It's Lizzie. But I my webcam for some reason isn't working. So yeah, similarly, we, we had a great discussion. I think we were questioning, given everything that we know everything that Kenny and Sarah was speaking to this morning. And just a sense of frustration about why governments, local governments are so slow to kind of catch up with the evidence and act on things maybe, and do things differently. We talked a little about as you did, Alex, about the financial constraints. And about that actually not being an excuse. And you know, if you invest in this early, financial arguments for suggest it saves money down the line, but it's really about the people and we're questioning are we listening

enough to lived experience? Are we engaging enough with young people, and in terms of probably the people in this room, I would imagine that we are but sometimes it's those decision makers that are higher up levels up the tree, the kind of faceless decision makers who don't seem to listen, don't seem to care sometimes, don't seem to have that understanding of the impact of the decisions that they're making to maybe end a placement that that can have on somebody's life. And just really wondering how can we change those hearts and minds that still need to be changed on this. We also had an interesting discussion, we kind of got onto the topic of financial education and some suggestions that there needs to be much better financial education for all young people through schools, but also how we kind of weave that into to the in-care experience how those times conversations about money are had and how money and budgeting is kind of normalized and understood from kind of from childhood all the way through to teenage years. And then we also got into a bit of a

conversation about education in general. And some of the stigma, that care experience people can experience in the school setting, and some of the shame that that can generate. So we possibly went off on a bit of a tangent around about that, but it was really interesting discussion that, I think, is valuable.

Thanks Lizzie, that's really helpful. Danny?

There was a general, I think, feeling and discussion around interdependency and interdependency offers a much better consensual way of thinking about how we work with young people in transition. The precarity of the existence of care experienced young people and adults was really, really significant and this idea that dependency in emerging adulthood and if it fails it's catastrophic - failure in employment failure in education, failure in housing – they can't go home, you know, fundamentally the can't return home to mom and dad. So there is some thinking around that is required. And

employment being a key asset to identity consolidation, particularly for people and young adults have experienced fractured educational experiences, and that requires pastoral support and additional support for people in employment, just to keep them in employment, not necessarily to make them financially independent. And, and in terms of cultures, and systems we are still overly focused on tangible, measurable elements, life skills such as cooking and budgeting and things like that - we need to move away from what still feel like very risk averse cultures to developmentally-enabling cultures, and risk-competency, particularly when young people and young adults have got support in place. Because, again, you're having poor risk awareness, when you're on your own has much more catastrophic consequences. And finally, these are really general points, sorry we never put them into a structure, but interdependencies are contingent on community inclusion. And we can't really talk about interdependency work in such an individualized model. Support particularly, in

terms of policy that was stuff about housing application and sole occupancy, being one of the issues that leads to isolation and exclusion. Insisting that young people live on their own when they move on, if they apply for social housing.

Thanks, Danny, we had a really interesting conversation about outcomes as well. And really the need to focus on relationships rather than outcomes. And your point there about young people, individualized things, were really interesting comment about young people being expected or encouraged or just wanting to do things on their own, rather than actually doing things together. So that sense of interdependence is really powerful. And organizational aversion to risk, which was really important, particularly with young adults who will be engaging in adult behaviors, or adult mores, and how do we as a staff group, or a range of staff people, engage and support young people to navigate that in a normal way, without

organization's becoming so crippled by risk aversion, in terms of accountability for the care of children in the public sphere? So a lot of stuff there - and lotteries in planning, and lotteries in support.

Sarah, anything from your group?

Lots of the points that you've already covered a couple of additional ones. In terms of talking about interdependence, we're all interdependent on other services that we work with, and if we increase collaboration, and we increase knowledge, and we support each other to do that. There are some positives in terms of the national trauma training program that's been rolled out, and some real motivation to increase the skills of everybody that might encounter a child or young person with care experience. And then a question around data, what are we recording, are we recording it consistently across Scotland? How are we analyzing that, how are we using that to improve outcomes? And there was a

suggestion that we should develop a further service in between children's services and adult services, maybe an emerging adulthood service? I don't know what you would call it, but let's go with that Theme. There were some positives in terms of recent policy changes and some motivation round about that – a bit of concern about how that might rub up against cultures in different organizations. And, financial, the same as Lizzie and Alex. We talked about the financial impacts.

Super. Hopefully, we've provided a space and a context, in which we've been able to explore some of the notions views and ideas, and what it means for us here in Scotland, as we realize your national ambitions and make this the best place for all our young people to grow up in. We've been at the forefront of lots of positive creative thinking around our duties, going back many years, and also now going forward with the work of The Promise. However, as we've explored, our system or systems don't exist in a vacuum, we



need to take cognizance of the economic and socio-demographic changes that occur in wider society, and we've got to adapt them accordingly. And when we intervene at children's lives and families' lives dramatically, by placing them in alternative care for care and protection purposes, we need to consider the long term impact and consequences and our long term obligations and commitments as a society, and as agencies. And quite simply, we need to change the frame, we need to provide our care experienced young people with the predictability, consistency and continuity of care and support in to adulthood, acknowledging that attaining a healthy, functioning, interdependent sense of adulthood is generally a much longer process than our current systems, and processes are geared for. I think we've accepted that today.

So we come to the end of our webinar. Time is all too short, you know, passes just like that when we get into a good chat. And we really hope this is not the end of our conversations, but the

beginning of something that we can continue with you all and we are really keen to keep in touch. And if we would offer something, again, that took this conversation on a wee bit further we would be really keen to engage with you and to take your ideas forward as well.

So special thanks to our events team, to Michelle, to our facilitators who've kept the chat going and to you all for joining us today. Let's hope 2021 begins to open up and offer us a wee bit more freedom and promise. Keep safe, keep well, and keep connected. Thanks very much indeed.