care inspectorate

Scottish Child Abuse Inquiry: Peer-on-peer abuse, including online abuse

Report relating to Phase 11 of the Inquiry – protecting children in care in Scotland from abuse: present and future

Contents

1. **Context**

2. **Data and evidence**

    2.1 Inspections

    2.2 Notifications

    2.3 Complaints

3. **Responses**

4. **Risk management**

    4.1 Cultural or environmental factors

    4.2 Measures to be taken

5. **Prevention and support**

    5.1 Healthy, respectful relationships

    5.2 Particular interventions, programmes, or approaches

6. **Future improvements**

1. Context

1.1 This report was produced following a statutory request (a Section 21 notice) from the Scottish Child Abuse Inquiry dated 28 August 2026. It addresses questions 1 – 7 of Appendix 1 to the request.

1.2 The report supplements the 'History of Regulation' Report (2017) and associated inventories (2002-2014) previously provided to the Inquiry.

1.3 The Care Inspectorate has also provided specific reports, and inventories, on the history of regulation of mainstream school care accommodation; fostering and adoption services; secure accommodation services; special residential schools; care homes for children and young people; and residential childcare services for children with long-term healthcare needs, additional support needs and disabilities.

1.4 This report focuses on peer-on-peer abuse, including online abuse, in residential care settings specific to the Care Inspectorate's role, responsibilities and practice in relation to establishments providing such care. This report may be read in conjunction with information previously provided by the Care Inspectorate to the Inquiry.

1.5 This report was compiled using a range of sources including previous Inspectorate reports to the Inquiry, provider guidance and publications.

2. Data and evidence

Considering the information available to the Care Inspectorate from inspections, notifications, and complaints:

a. What does this information indicate about the nature, prevalence, and patterns of abuse between children in residential care, including online abuse?

b. What does this information indicate about risk factors within residential care settings?

c. What does this information indicate about the characteristics and vulnerabilities of the children affected?

2.1 Inspections

2.1.1 The information available to the Care Inspectorate from inspections about the nature, prevalence, and patterns of abuse between children in residential care, including online abuse; the risk factors within residential care settings; and the characteristics and vulnerabilities of the children affected is captured within our inspection reports which are publicly available on our website. This includes both the narrative of said reports, and any relevant requirements or areas for improvement. However, the information is not collected in such a way as to enable us to extract data for any of the care service types that would provide

indications about the nature, prevalence, and patterns of abuse; the risk factors; or the characteristics and vulnerabilities of the children.

2.1.2 The protection of children is a core assurance that is evaluated at every inspection of services for children and young people. This would include children and young people at risk, or subject to, abuse between children, or online abuse. However, inspections are not a helpful tool for detecting abuse unless it is observed during the inspection. Instead, they detect the conditions in which abuse is more likely to occur. Given the frequency of our visits, and the relational limitations that come with such a frequency, it is unlikely that abuse would be disclosed to an inspector. Our focus, therefore, is on ensuring that both staff and managers have the required knowledge, skills and experience to enable the provision of relational practice, that in turn supports young people to report allegations of abuse.

2.1.3 Prior to inspection, inspectors review previous protection concerns, and the confidential questionnaires sent to children and staff about safety. As a core assurance which is part of every inspection, we assess whether services have a comprehensive child protection policy that meets national guidance, and that staff working in the service are aware of the policy and their responsibility to put it into practice. Inspectors evaluate the effectiveness of the policy and training and sample child protection concerns raised since the last inspection. If procedures have not been followed by the service and improvement is required, it is most likely that a requirement would be made to address this as a priority. Children and

young people, staff and carers' views are also always sought with respect to safety and protection.

2.1.4 It is not the inspector's role to comment on the outcome of child protection investigations carried out by police and social work but if we identify serious concerns these can be raised with the local authority directly or through the strategic link inspector.

2.1.5 The revised **Quality framework for care homes for children and young people and special residential schools**, published in February 2026, now makes explicit reference to online risks in Quality indicator 1.1 'Children and young people experience compassion, dignity and respect', and to developing and promoting positive peer relationships in Quality indicator 4.3 'Children and young people can be connected with and involved in the wider community'. Updated improvement resources have also been made available.

2.2 Notifications

2.2.1 The information available to the Care Inspectorate from notifications about the nature, prevalence, and patterns of abuse between children in residential care, including online abuse; the risk factors within residential care settings; and the characteristics and vulnerabilities of the children affected is provided to us through notifications which services are required to submit to the Care Inspectorate. As set out in **Children and young people's care services:**

Guidance on records you must keep and notifications you must make this would include both 'protection concern about a person using the service' and 'accidents, incidents and injuries involving people who use the service' notifications. Whilst the data and trends from these can be collated, it is not available at a granular level beyond the categories of 'protection concern about a person using the service' and 'accidents, incidents and injuries involving people who use the service', and so would include notifications that are not of relevance to peer-on-peer abuse, including online abuse.

2.2.2 The submission of notifications by providers is used by the Care inspectorate in a number of ways:

- to provide appropriate support, guidance and signposting to individual services
- to gain assurances that individual services have taken all appropriate actions including notifying other agencies where necessary
- to identify any additional actions individual services might need to take to keep children and young people safe
- to make assessments on the risks within individual services and need for regulatory support or scrutiny.

2.2.3 Providers record the nature of the abuse in the narrative of the notification, and this is then assessed by the case holding inspector. The notification and information contained within it is used to regulate the individual service which has submitted the notification. However, data is not collated or aggregated from

across a wide spectrum of specific protection categories and we are unable therefore to report on specific protection categories such as abuse between children, or online abuse. The information is not collected in such a way as to be able to extract any data that would provide indications about the nature, prevalence, and patterns of abuse; the risk factors; or the characteristics and vulnerabilities of the children.

2.3 Complaints

2.3.1 The information available to the Care Inspectorate from complaints about the nature, prevalence, and patterns of abuse between children in residential care, including online abuse; the risk factors within residential care settings; and the characteristics and vulnerabilities of the children affected is captured within the 'protection of people' category of complaints. However, the information is not collected in such a way as to be able to extract any data that would provide indications about the nature, prevalence, and patterns of abuse; the risk factors; or the characteristics and vulnerabilities of the children. The Care Inspectorate receive a very small number of complaints in relation to protection of people, and specifically in relation to services for children and young people. As an example, data from the past five years is included below.

2.3.2 As shown in **Complaints about care services in Scotland, 2019/20 to 2021/22**, discounting complaints in relation to protection of people – adults, in 2021/22 there was one upheld complaint (0.1%) in relation to protection of people

– children, and one (0.1%) in relation to protection of people – other, for care home services, however this includes care homes for adults and older people as well as care homes for children and young people. There were none in relation to any other residential care settings for children and young people (p.23).

2.3.3 As shown in **Complaints about care services in Scotland, 2019/20 to 2022/23**, discounting complaints in relation to protection of people – adults, and protection of people – restraint, in 2022/23 there was one upheld complaint (0.0%) in relation to protection of people – children, two (0.1%) in relation to protection of people – policies and procedures, and two (0.1%) in relation to protection of people – other, for care home services, however this includes care homes for adults and older people as well as care homes for children and young people. There were none in relation to any other residential care settings for children and young people (p.25).

2.3.4 As shown in **Complaints about care services in Scotland, 2019/20 to 2023/24**, discounting complaints in relation to protection of people – adults, and protection of people – restraint, in 2023/24 there were two upheld complaints (0.1%) in relation to protection of people – children, and three (0.1%) in relation to protection of people – other, for care home services, however this includes care homes for adults and older people as well as care homes for children and young people. There was one (0.0%) in relation to protection of people – children, in secure accommodation services (p.25).

2.3.5 As shown in **Complaints about care services in Scotland, 2019/20 to 2024/25**, discounting complaints in relation to protection of people – adults, and protection of people – restraint, in 2024/25 there were four upheld complaints (0.2%) in relation to protection of people – children, five (0.3%) in relation to protection of people – policies and procedures, and one (0.1%) in relation to protection of people – other, for care home services, however this includes care homes for adults and older people as well as care homes for children and young people (p.25). There were three (0.2%) in relation to protection of people – children, in fostering services, and two (0.1%) in relation to protection of people – children, in school care accommodation services (p.29).

2.3.6 As shown in **Complaints about care services in Scotland, 2019-20 to 2025-26**, discounting complaints in relation to protection of people – adults, and protection of people – restraint, in 2025/26 there was one upheld complaint (0.1%) in relation to protection of people – children, two (0.1%) in relation to protection of people – policies and procedures, and two (0.1%) in relation to protection of people – other, for care home services, however this includes care homes for adults and older people as well as care homes for children and young people. There were none in relation to any other residential care settings for children and young people (p.27).

2.3.7 We understand the complexities of trying to elicit complaints from children and young people experiencing care, and as such, we have focused on enhancing accessibility of procedures that make it easier for young people to

raise a complaint with us through our text to complain service, supported by a video animation. Further work on this is planned, for example through consideration of alternative technologies, or adjustments to procedures.

3. Responses

What are care providers expected to do when they become aware that a child in their care may have experienced abuse by another child?

a. How should the response differ depending on the nature or severity of the abuse, the setting, or the characteristics and needs of the children involved?

b. How should information about incidents be recorded and managed?

c. What factors determine whether incidents should be reported to Police Scotland?

3.1 As set out in Children and young people's care services: Guidance on records you must keep and notifications you must make, which is relevant to all residential care settings for children and young people regardless of the characteristics and needs of the children, in relation to protection concerns we expect care services to keep records of any incident that is considered an adult or child protection matter as defined in adult or child protection guidance: National Guidance for Child Protection in Scotland 2021 - updated 2023. The care service should also keep notes on the care and welfare of children and

young people using their service in such a way that it is easy for them to spot patterns and provide full information when/if needed by the police or social services. Consideration should be given to confidentiality, dignity and privacy in line with data protection guidance, balanced against the need to ensure children and young people's safety and wellbeing is paramount. We need to be assured that the care service has taken appropriate action to keep people safe; make all necessary referrals; offer appropriate support to the child or young person, their family and staff; ensure multi–agency contact has/will take place; and ensure personal plans and risk assessments have been reviewed and updated as required, and staff who need to know have been informed.

3.2 In relation to incident notifications, we expect care services to keep a record of any adverse events detrimental to the health and wellbeing of a child or young person using the service or events that had the potential to be detrimental. This includes accidents, incidents and injuries to those receiving support from the service. Records should include details of the incident/events and the actions taken; the outcome for the child or young person using the service and others; monitoring and analysis of incidents; lessons learned and actions taken to reduce risk levels and/or the likelihood of recurrence; and referrals made to other agencies and their outcome. Records should include details of enquiries undertaken and the outcome. We expect the care service to give consideration to their management of the adverse events; the circumstances/events leading up to the event and impact on the children and young people using the service; any first aid administered or medical advice sought; how the person was supported and comforted; who has been informed (for example, family; the Reporting of

Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR); local authority; Health and Social Care Partnership (HSCP) etc.) and when this information was shared; any immediate changes to practice or precautions put in place to reduce risk; the outcome of investigations, including any changes made to organisational procedures, risk assessments or personal plans and who has been involved in this process. We need to be assured that the care service has taken appropriate action to ensure the ongoing safety and wellbeing of children and young people who use the service; support others affected by the incident, for example witnesses, families, and staff; review risk assessments and implement additional control measures to reduce risks as required; carry out an investigation and made referrals to other professional bodies as needed; and follow Duty of Candour procedures if appropriate. The **statutory Duty of Candour** is a legal requirement for care services to notify, apologise to, and support people and their families when an unexpected incident causes harm or death.

3.3 We expect services to follow **National Guidance for Child Protection in Scotland 2021 - updated 2023**. As such, incidents should be reported to Police Scotland where there is an immediate danger to a child; significant harm or risk of significant harm; evidence of a criminal offence; a child is missing and at risk; harmful online activity resulting in harm; or historical abuse with a current risk.

4. Risk management

4.1 Cultural or environmental factors

Which cultural or environmental factors, both within the care setting and the wider community, may increase the risk of children in care experiencing abuse by other children?

4.1.1 The nature and impact of the circumstances that result in children and young people being looked after means their needs are often extremely complex. Young people should be placed in services where they can be assured of receiving the support they need to grow, thrive, achieve their potential, and experience placement stability and a sense of belonging. Our **Matching Looked After Children and Young People: Admissions Guidance for Residential Services** sets out the Care Inspectorate's expectations for services to plan for and assess the needs of children and young people before a placement begins, so to consider how the needs of individual children and young people will be met. Where services fail to do so, this may increase the risk of children in care experiencing abuse by other children.

4.1.2 Our **Care Homes for Children and Young People - The Design Guide** recognises that "for most care home services we would note that a well-connected care home service which is well integrated into the community, can have a positive impact on people's wellbeing and experience." (p.14), and goes on to offer examples of providing an integrated and connected environment.

Where services fail to provide this, it may increase the risk of children in care experiencing abuse by other children.

4.1.3 The significance of culture in residential care settings is widely understood. Culture develops around staff, for example by modelling respectful behaviour, but can also be influenced by an individual leader. Culture influences factors such as the creation of a shared narrative that promotes a more empathetic ethos of mutual understanding between young people, and to what extent both young people and staff are confident to speak up, raise concerns, and report abuse. In the absence of this type of positive and supportive culture the risk of harm for young people is increased, as is the risk of harms that occur not being disclosed.

4.2 Measures to be taken

What measures should care providers have in place to prevent, identify, and manage the risk of children in care experiencing abuse by other children?

a. Please explain whether different approaches are expected according to:

i. the type of care setting,

ii. the nature of the abuse, and/or

iii. the characteristics and needs of the children involved.

4.2.1 As noted in our response to 4.1 above, matching and admissions pay a key role in establishing appropriate, safe placements for young people in residential care settings. Our **Matching Looked After Children and Young People: Admissions Guidance for Residential Services** sets out our expectation that not only should the positives in the potential placement be considered for the young person who has been referred, but also for the existing young people already living in the care service. In particular, providers should give consideration to any obvious reasons why a placement should not be made, for example, victims being placed alongside young people they have previously been harmed by, or a young person with risk of sexually harmful behaviour and young people with known vulnerabilities already living in the service.

4.2.2 Our **Guidance for providers on the assessment of staffing levels in: premises-based care services** is designed to support providers of care homes, school care accommodation, and secure accommodation services to make the appropriate assessment and provision of staffing to meet the needs of young people in their care. It recognises that risk management should consider individual risk assessment and personal plans that people have in place to help them enable and manage identified risks. This will include risks to the health and wellbeing of staff, staff resources, and deployment to support people and minimise the occurrence of adverse events. For example, the service should ensure they have sufficient staff to follow any pre-agreed arrangements, policies or procedures relating to health and safety.

4.2.3 We note that for the purpose of this Inquiry, residential care settings include children's homes; Foster Care and places provided for Boarded Out children; secure care units (including List D schools, Remand Homes, Borstals, and Young Offenders' Institutions); state, private, and independent Boarding Schools; state funded school hostels; healthcare establishments providing long term care; and any similar establishments intended to provide children with long term residential care. Regardless of the differences in these types of care settings, and the characteristics and needs of the children experiencing care, our expectations around children's safety and protection, appropriate admissions, and suitable numbers of knowledgeable, experienced and skilled staff, remain broadly similar.

5. Prevention and support

5.1 Healthy, respectful relationships

What measures should a care provider have in place to support children in care to keep safe and to develop healthy, respectful relationships with peers, both within care settings and in the wider community, including online?

5.1.1 As noted in our response to 4.2 above, staffing is a key element to keeping children safe in residential care settings. The **Health and Care (Staffing) (Scotland) Act 2019** brought in legislative requirements and guiding principles for staffing by providers of care services. The guiding principles of the Act state the main purposes of staffing for care services are to provide safe and high-

quality services to ensure the best care outcomes for service users, and that staffing for care services is to be arranged while improving standards and outcomes for service users; taking account of the needs, abilities, characteristics, and circumstances of different service users; respecting the dignity and rights of service users; taking account of the views of staff and service users; ensuring the wellbeing of staff; being open with staff and service users about decisions on staffing; allocating staff efficiently and effectively; and promoting multi-disciplinary services as appropriate. The Act also states there is a duty on care service providers to ensure appropriate staffing, stating "Any person who provides a care service must ensure that at all times suitably qualified and competent individuals are working in the care service in such numbers as are appropriate for the health, wellbeing, and safety of service users; the provision of safe and high-quality care; in so far as it affects either of those matters, the wellbeing of staff."

5.1.2 Staff practice can support with the development of healthy, respectful relationships. We include illustrations of this in our **Quality framework for care homes for children and young people and special residential schools**, such as "Staff consistently form warm, enduring and loving relationships with children and young people. Imaginative planning and adequate resources are in place to empower dependable and lifelong relationships between staff and children and young people." and "Staff model positive behaviour and have realistic expectations based on individual development rather than chronological age, using suitable assessed and person-centred strategies. They provide emotional containment, using their relationships to support conflict resolution." (p.46).

5.2 Particular interventions, programmes, or approaches

Are there particular interventions, programmes, or approaches that the Inspectorate has found to be effective in preventing abuse between children and promoting children's safety and wellbeing?

5.2.1 As noted in our response to 4.1, 4.2 and 5.1 above, matching and admissions pay a key role in establishing appropriate, safe placements for young people in residential care settings.

5.2.2 As noted in our response to 4.2 and 5.1 above, staffing is a key element to managing risk in residential care settings.

5.2.3 Provider, and staff, understanding of protection can mitigate risks for children and promote their safety and wellbeing. As set out in our **Quality framework for care homes for children and young people and special residential schools** we expect that "Staff are empowered and equipped to deliver the best quality practical and emotional care and support. All learning and practice are firmly based on trauma responsive care, holistic wellbeing, child development and an insight into the rights of children and young people." (p.47); "there is a strong culture of reflection" (p.47); "there is a range of approaches to learning" (p.48); and "regular, effective and high-quality structured supervision and appraisal is prioritised" (p.48).

6. Future improvements

What further steps, reforms, or improvements are needed to strengthen protection for children in care from abuse by other children? In your response, please consider any gaps and potential improvements in relation to:

a. policy, guidance, regulation, training, and resources;

b. identification, reporting, and prevention of such abuse; and

c. support for children affected by such abuse.

6.1 As noted in our response to 4.2 and 5.1 above, staffing is a key element to managing risk in residential care settings. It is widely recognised that Scotland is experiencing a staffing crisis in the social care sector. In practice, this means that there are not sufficient numbers of staff, or sufficient staff with the requisite knowledge, skills and experience, which is putting significant pressure at a national level for the sector to consistently safely care for children and young people who have experienced the most vulnerability. The emergency in availability of alternative care options for children was highlighted by a **Chief Social Work Officer Joint Statement** in June 2026. The **SSSC Report on 2025 Workforce Data** shows a decrease in workforce for fostering services (-19.8%) and school care accommodation services (-8.1%) since 2016. Whilst it notes an increase in the number of residential childcare staff (+16.7% since 2016), “excluding the agency services, residential child care had the lowest stability

index in 2025" (p.30), showing that the sector is struggling to retain it's experienced workers.

6.2 Training in online risks varies in quality, relevance for residential care settings, and cost. Developing a standardised, accessible, funded training option for residential care settings would support the sector to upskill the workforce and make it better equipped to manage online risks which children and young people are exposed to.

6.3 Following the delivery between March and September 2026 of the Promise in Partnership Programme (PIPP), our first test of an in-person, on-site reflective practice model designed specifically for children's homes, we intend to develop a Promise in Practice Forum. This would provide a similar function to PIPP, grounding improvement in partnership, reflection and the values of the promise, but offer a wider reach. It is anticipated that sessions could include improvement support around admissions, staffing assessments, and notifications, all of which would strengthen practice and safety measures for children experiencing care.

6.4 Many of the recommendations from the recent publication **National review of group-based child sexual abuse and exploitation and child criminal exploitation** would be of relevance to consider strengthening protection for children in care from abuse by other children, including online abuse. For example, the development of national definitions; updates in National Guidance for Child Protection in Scotland; and implementing standard data collection.

6.5 A national independent advocacy service for children and young people could enable young people to be empowered to challenge fundamental aspects of care if they are not being provided, for example decisions around admissions, or appropriate, safe levels of staffing. This would increase the profile and offer consistent standards and expectations of rights at a national level.

6.6 As recommended by the Rapid Review Research Briefing **Practice considerations when responding to peer-on-peer abuse**, we would suggest the continued implementation of contextual safeguarding and youth justice responses, with strengths-based, child-centred, trauma-informed, well-being focused, collaborative and multi-agency approaches at the core.

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420
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