

NHS Grampian

Corporate Parenting

Annual Report

April 2022 – March 2023

Why corporate parenting matters

Children and young people who are care experienced have the poorest outcomes of all children and young people in Scotland. Evidence suggests that:

- 50% of the adult prison population are care experienced
- 30% of care experienced children become homeless
- 50% of care experienced children have a mental health issue
- 4% of care leavers go onto higher education

Corporate parenting as a concept exists to try and improve these outcomes, and to improve the level of respect people have for the rights of care experienced children and young people

Taken from <https://www.cypcs.org.uk/policy/corporate-parenting>

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1. Introduction

Along with all NHS Health Boards, NHS Grampian became a statutory corporate parent in April 2015 under part 9 of the Children and Young People (Scotland) Act 2014 (CYPA) (Corporate Parenting). The statutory obligations impact well beyond child health services to all the functions of NHS Grampian.

NHS Grampian is committed to engaging directly with care experienced children and young people, so that we hear about what is important to them and shape our planning with them.

Feedback from children and young people shows that language is important, and that 'care experienced' is the preferred term, rather than 'looked after'. Whilst we are attempting to transition all our language in this report, it should be noted that the language in the legislation and in national reporting has not yet changed; as such, where references are made in the report to children or young people who are 'looked after' this is a result of reference to national terminology.

Corporate parenting is not a task which can be delegated to an individual or a team. The whole organisation is responsible for fulfilling the corporate parenting duties.

This applies:

a) to every child who is looked after by a local authority, regardless of their age, gender, location or placement type

b) equally to all care leavers, up to their 26th birthday

c) to any child or young person who has ever been looked after in any setting (care experienced)

Responsibilities

Under section 58 of the CYPA the corporate parenting responsibilities are set out as:

It is the duty of every corporate parent, in so far as consistent with the proper exercise of its other functions:

- *to be alert to matters which, or which might, adversely affect the wellbeing of looked after children and young people*
- *to assess the needs of those children and young people for services and support it provides,*
- *to promote the interests of those children and young people*
- *to seek to provide those children and young people with opportunities to participate in activities designed to promote their wellbeing*
- *to take such action as it considers appropriate to help those children and young people:*
 - (i) to access opportunities it provides designed to promote wellbeing*
 - (ii) to make use of services, and access support, which it provides*
- *to take such other action as it considers appropriate for the purposes of improving the way in which it exercises its functions in relation to those children and young people.*

1.1 Governance and Assurance

NHS Grampian's strategic plan, 'Plan for the Future 2022 – 2028' recognises that by paying particular attention to children, young people and families we can enable healthier and happier future generations.



The commitment that we have made is to:

- Work with people as partners in their own care.
- Ensure we hear a wide range of voices and truly listen.
- Use language that focuses on strengths, resilience and assets, and reduce the use of jargon.
- Be clear about our priorities and what we will do.
- Enable staff, patients and public to take a leading role in how care is delivered. Provide them with the tools and support they need.
- Use trusted voices from our organisation and communities to increase the number of people we reach
- Demonstrate the difference this approach makes in a range of ways to build trust and momentum.

Most children and young people get the help and support they need from their families, peers and wider communities but there may be times when extra help is needed. Getting it Right for Every Child (GIRFEC) makes sure that the right support is available, delivered by the right person, at the time that it is needed. GIRFEC is built upon children's rights and ensures that children and young people work together with the people that can support them. At home, in school and in the wider community children should be **Safe, Healthy, Achieving, Nurtured, Active, Respected, Responsible and Included**. The SHANARRI Wellbeing Indicators help us to work together to understand what support is needed.

In 10 years from now we want;

- Young people to be entering adulthood with the capabilities and support to enjoy positive mental health and wellbeing.
- All children facing adverse childhood events (ACEs) in their lives to be supported by a joined up multi-agency approach from us and our partners.
- The inequalities gap between care experienced and non-care experienced young people to be reduced.
- Outcomes for those children living in areas of deprivation to be similar to those living in areas of affluence (beyond clinical outcomes).
- Families living in poverty to be supported to thrive.
- The voices of young people to be embedded in all decision-making processes that affect them.

We will know that this has been achieved because;

- Children will be resilient, confident and have self-belief. On the way to achieving that, we will give them an appropriate level of support with key investment of time.
- Children will be at the very centre of all that we do and plan and implement – evidenced and informed by their voice and participation.
- Families will be supported and enabled to give their children the best start in life.
- Families will be reunified where possible and parents are supported to be the best parents that they can be.
- Our services are all child-friendly and understand the impact they have on children and families.
- We can show improvements in children's readiness to learn and readiness for school.
- Our neurodevelopmental pathway for all children involves whole family support, early identification and support, and is formulation based (not reliant on a diagnosis).

1.2 NHS Grampian's Children's Board

The aim of the Children's Board is to provide a governance and assurance framework to ensure that we improve health, wellbeing and future outcomes for children and young people by delivering high quality care that is shaped through their participation. The purpose of the Board is to align the strategic aim and objectives of the Integrated Family (IF) Strategic Board (Tier 1) and the Grampian Children's Board (Tier 2) to teams and staff responsible for delivering children services.

The Board has strategic and tactical oversight of child health priorities, and leads and directs delivery of children services to ensure they are well-coordinated, efficient and collaborative to achieve optimum outcomes for children and young people.

The Board has delegated authority for decision making to commission strategic change activities and other developmental work. The NHSG Corporate Parenting Group reports to the Children's Board.

The membership of the Children's Board includes senior colleagues from across the health and care system including: Integrated Family Portfolio, Public Health, the three Health and Social Care Partnerships (Aberdeen City, Aberdeenshire & Moray), Children and Adolescent Mental Health Services (CAMHS), and Family Nurse Partnership. There are specialist leads for child protection as well as senior leadership across the professions of nursing, medical, psychology and AHP.

NHSG is represented on the three 'Champions Boards' where we directly engage with care experienced children and young people. They set agendas on these boards so we hear about what is important to them and this feeds back in to the NHS Grampian Corporate Parenting Group.

1.3 Engagement with Care Experienced Children and Young People

a) Reimagining Relationships

'**Catalyst**' is a proposed journey for rethinking how to enable meaningful and sustained relationships within the context of public service and The Promise. All our learning from and with the Care Experienced community suggests that alongside Voice, trusting relationships are the foundation for positive pathways through childhood, and into early adulthood and beyond. Just one or two make all the difference. Yet far too often, sustained positive relationships are absent in the lived experience of children and families facing acute challenge.

Catalyst suggests that reimagining relationships in the context of public and commissioned services could transform care and support. It looks to the very deep well of possible important relationships with 'corporate parents' for children, young people and families across the breadth and depth of public services. It asks, how might those relationships be radically enabled? What would begin to emerge if public servants, whatever their role, wherever they lived, were more enabled to 'follow the relationship' rather than 'stick with the role'? What impact would that have on positive pathways through childhood and into adulthood?

Catalyst would identify a Community Planning Partnership where, at the highest levels, there was the ambition and appetite to embark on a co-design and systems journey to enable relationships. Creating the scaffolding and support for public service that is more able to 'follow the relationship' would be the focus. Voice and co-design would sit at the heart of the journey itself.

Much rests on reframing our approaches to assessing risk and benefit, as demanded by The Promise. The impact is potentially very significant. With the right leadership, some of the work would be very nuts and bolts, with a focus on scaffolding - the supports, resource and flexibility to 'give permission'. That includes how to create greater flexibility to respond to what makes a difference in a given relationship, and safeguarding support. But **catalyst** would also support the more foundational co-design, creativity and framing required to shift current organisational culture across public service. Evidencing impact through the lived experience of children, young people and families would be key.

b) Understanding the needs of care experienced young people as they transition out of care

NHS Grampian commissioned Public Health students from Aberdeen University to undertake a project to understand the health (and wider socio-structural) needs of older care experienced young people, aged 18+. The Corporate Parenting Digital Project aims to improve the practices that can contribute to care leavers flourishing after care; give a voice to young people on their own well-being; and improve the health experience of care leavers. A key project aim was to ensure that the National Health Service Clinical Commissioning Groups and other health professionals in a variety of contexts become more aware of the health issues facing care leavers as they transition out of care.

An online survey was distributed to care leavers and interviews held with them to understand their experience, their ongoing health needs and their suggestions for improving transitions out of care. This including asking what health information they would find useful, how they would like to receive information, how they would like to be involved in discussions and decision making for their transition, etc. Feedback is being used to inform recommendations to provide better, more person centred support, in transitions out of care.

2. Strategic Framework

The Promise¹ was published in October 2020 and is responsible for driving the work of change demanded by the findings of the Independent Care Review².



The Promise aspires to support shifts in policy, practice and culture so Scotland can **#KeepThePromise** it made to care experienced infants, children, young people, adults and their families - that every child grows up loved, safe and respected, able to realise their full potential. The Promise requires a fundamental shift in how decisions are made about children and families in order for Scotland to truly to be the best place in the world for children to grow up. For NHSG to deliver on The Promise multiagency working across Grampian is essential.

A self-evaluation that measures NHSG's position in relation to The Promise is underway and the results will form the NHSG action plan for 23-26.

3. Current statistics in Grampian

Within Scotland, as at 31 July 2022, there were 12,596 children who were looked after; there has been a continuing decline in numbers across Scotland, falling from a peak of 16,248 in 2012. Grampian continues to follow that trend.

¹ Further info available from [KeepThePromise-Oct-2020.pdf](#)

² Further info available from [Care Review reports – Independent Care Review](#)

Table 1: Numbers of children and young people who were looked after by council area and placement type for 2022 (2021)

Council	2022 (2021)	In the community ³	In residential accommodation ⁴
Aberdeen City	480 (515)	425 (88%)	55
Aberdeenshire	378 (390)	305 (81%)	73
Moray	165 (174)	133 (81%)	32
Grampian TOTAL	1,023 (1,079)		

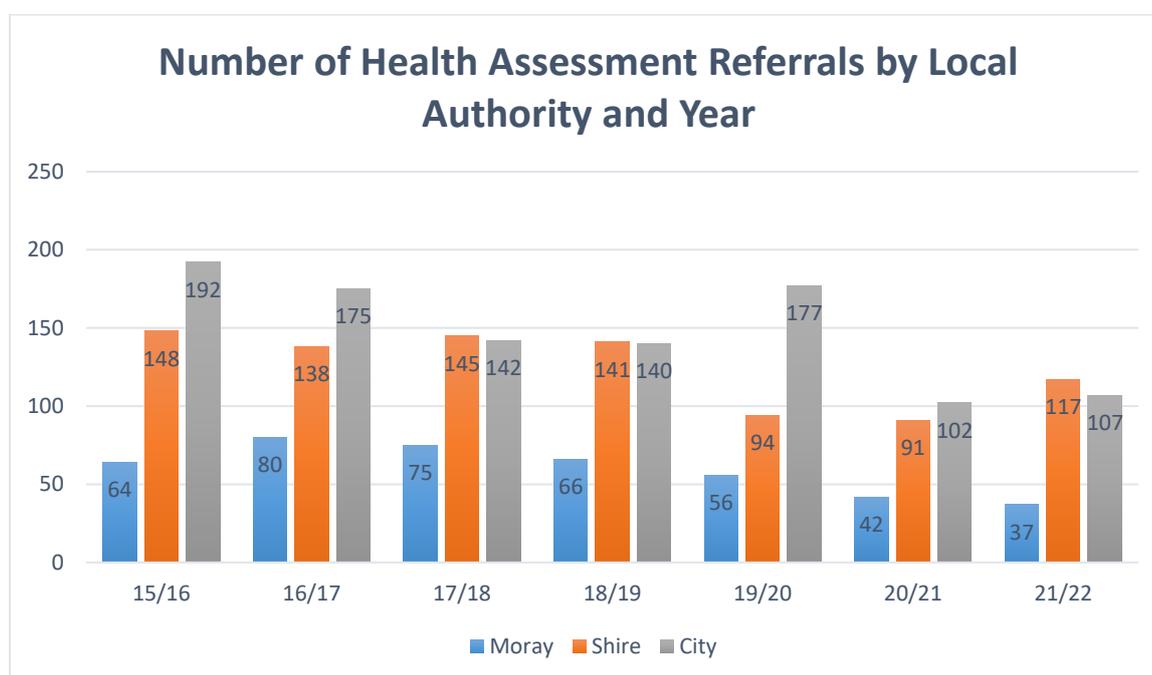
Across Grampian the majority of children and young people are looked after in the community; by foster carers, with friends or family, or are looked after at home (with parents); with an average of 16% of placements within residential care.

4. What have we achieved?

4.1 Initial Health Assessments (IHAs)

Initial Health Assessments (IHAs) are offered to all children and young people as they start being looked after.

Figure 1: Number of IHA referrals by local authority and year



Since 2015 there has been a decreasing number of health assessment referrals. This corresponds to the decreasing number of children and young people who are looked after. This is a national trend with an increasing trend of care experienced children achieving a

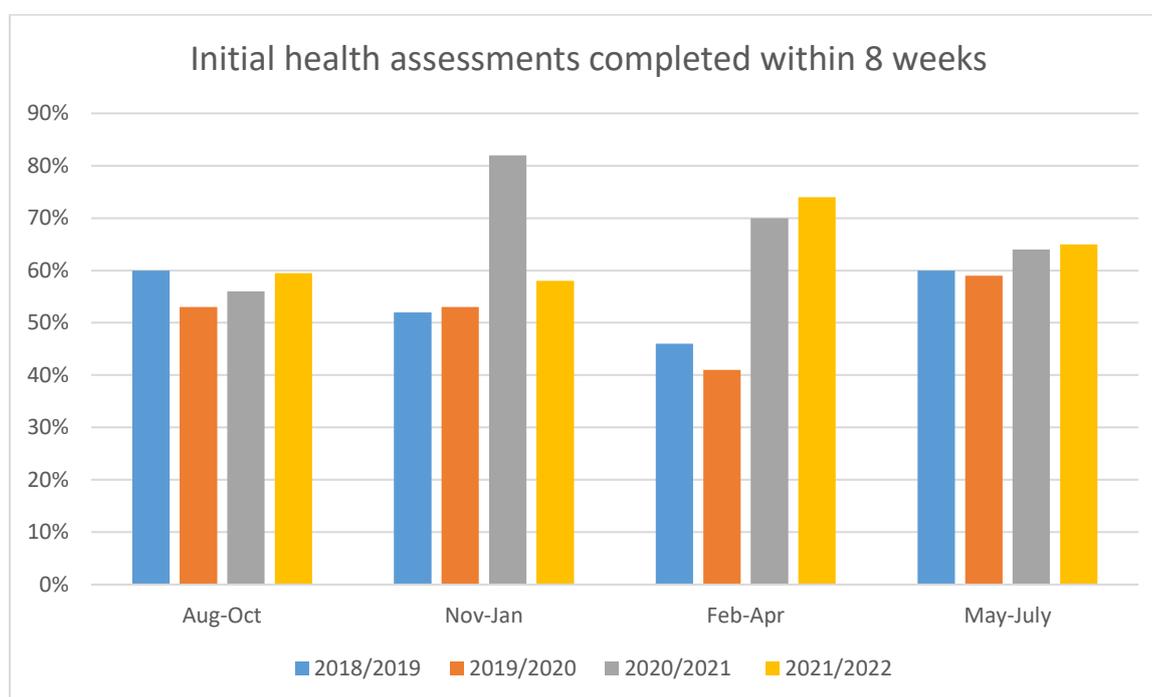
³ Children can be looked after at home with parents; with friends/relatives or with foster carers.

⁴ Children can be looked after in a local authority/voluntary home or other type of residential care (may be out with the council area).

permanent placement. The onset of the Covid-19 global pandemic had a significant effect on the numbers of referrals for IHAs, however there was a slight increase in the numbers of referrals for IHAs throughout the period April 2021 to March 2022.

The target timescale for completion of IHAs is 4 weeks. This has proved challenging for NHSG to consistently achieve however, significant work has been carried out to improve the compliance with the timescale. The target of 8 weeks has been used as an interim measure to support the ongoing improvement work and shows an improving trend. However, due to a decrease in the number of health visitors and school nurses across Grampian this measure remains in place.

Figure 2: IHAs completed within 8 weeks



4.2 UNCRC Children’s Rights

The desire to ensure that children and young people in Grampian reach their full potential is at the heart of our service planning and delivery. The United Nations Convention on the Rights of the Child (UNCRC) is an international human rights treaty that grants all children and young people a comprehensive set of rights. Examples of these rights include the right to health and education, fair and equal treatment, protection from exploitation and the right to a voice in decisions that affect them.

As we prepare for the Incorporation of the UNCRC into Scottish law we are confident that our plan to raise the profile of Children’s Rights across the organisation will further strengthen our foundation of right’s respecting support and services for care experienced children and young people and this is reflected in our children’s rights action plan. The voice of care experienced children and young people is already central to better working practices, innovation, the development of our workforce and our future strategic direction.

Action Plan 2023 – 2026

The plan has been shaped around the UNCRC clusters and informed by a review of the Theory of Change documentation commissioned by Scottish Government which identified 4 key change mechanisms.



Policy: policy adaptation, coordination, administrative integration and budgetary consideration



Capacity: building cross-sector capacity and capability to integrate rights-based ways of working



Culture: changing attitudes, norms, values and everyday actions



Empowerment: ensuring a system of information, advocacy, complaints, redress and effective remedy for children and young people

Cluster	Theory of Change	Actions
General measures of implementation	Policy Empowerment	We will continue to refine children and young people's governance structures to ensure that they support the implementation, sustainability and monitoring of rights-based practice and culture.
General principles of the UNCRC	Capacity Culture Empowerment	We will share best practice and build the confidence of the workforce. We will ensure a consistent feedback loop to children and young people
Civil rights and freedoms	Policy Culture Empowerment	We will develop child friendly resources to ensure that children and young people have access to information that meets their needs. We will implement a child friendly complaints process compliant with the Scottish Public Services Ombudsman (SPSO) guidance.
Violence against children	Policy Capacity Culture Empowerment	We will embed a trauma-informed approach. We will prioritise the safety and wellbeing of children, young people and families. We will develop a Bairns Hoose concept that meets the needs of children and young people in Grampian. We will ensure children and young people's views are heard in child protection processes.
Family environment and alternative care	Policy Culture	We will take a whole-family wellbeing approach to practice and policy development. We will support parenting strategies to enable generational change. We will address gaps in healthcare for CECYP.
Basic care and welfare	Policy Culture	We will ensure practice and policy development takes account of the needs of all children and young people.

Education, leisure and culture	Policy Capacity Culture Empowerment	We will focus on the abilities and strengths of children, young people and their families. We will ensure that children and young people have opportunities to play and relax when they are in hospital.
Special protection measures	Policy Empowerment	We will continue to hear the voices of children and young people facing adversities so that we can support them in the most impactful way. We will continue to improve our data systems so that we can horizon scan and be prepared to intervene early.

Child's Plan

The Child's Plan is being reviewed and updated by multiagency partners across Grampian with a focus on Article 12 - *I have the right to an opinion and for it to be listened to and taken seriously*. The voice of the child and their views is heavily weighted throughout, promoting a person-centred, solution orientated approach.

Language

The way in which we describe incidents and near misses that can occur when a child or young person experiences distress, trauma or dysregulation can be at odds with the language of the UNCRC. We are addressing this by working towards a culture whereby we speak 'for' children and young people, not 'about' them. Their clinical records will reflect their views and voice. NHS Grampian are partners in the Write Right about Me project (WRAM) which is starting to drive a shift in the way adults (professionals) write records. Children and young people who are care experienced have been listened to in order for us to understand the impact of language and the risk of secondary trauma, particularly if they choose to access their records later in life. One of the work streams of WRAM is 'how we learn how to write' which is being taken forward in partnership with local universities who are supporting our future health care staff to be language aware.

4.3 The experience of birth parents who have had a child removed from their care

Care experienced children can experience adversity into adulthood which often leads to a cycle whereby they become parents of children who need additional care and protection. In line with the ambitions of The Promise, the 'Supporting Birth Parents' Project, is engaging with parents who have had a child permanently removed from their care, to better understand their lived experience. Without exception, every parent engaged with the project is experiencing multiple adversities. They have been eager to share their experiences and their words are powerful. Watch the short film they have produced alongside our project staff here: [NHS Advisory Group Film - YouTube](#)

One recommendation of the project is to maximise the impact the voice of birth parents can have in shaping early intervention, prevention, trauma awareness, and long-term support with a view to breaking the cycle and enabling more families to stay together safely. Read the [Findings and Recommendations](#) of the discovery project here. The project is now moving into phase two; the 'action route' which will see improvement ideas tested and developed.

4.4 Unaccompanied Asylum Seeking Children

Unaccompanied asylum seeking children (UASC) have journeyed to the UK unaccompanied by a parent or legal guardian. They are automatically children who are looked after, under the care of the Local Authority. They are entitled to the same rights as other care experienced children and young people. A formal health assessment is part of the statutory duties and this is undertaken for each child and young person.

In 2022 NHS Grampian received requests for 22 Initial Health Assessments (IHA) for UASC and so far in 2023 NHS Grampian has received requests for 66. These are currently being completed by various health professionals across the region, including GP's and School Nurses, using the same IHA that is used for local children.

However, this cohort of children are particularly vulnerable and are likely to have complex physical and mental health, and social needs. They may have grown up in poverty; have been exposed to conflict and disruption of infrastructure; experienced long and dangerous journeys; experienced abuse; and often separation from family members. On arrival to the UK, they may face barriers of language, culture, finance, stigma and limitations of access to healthcare and education.

The NHSG Team for Care Experienced Infants, Children and Young People have produced a health assessment document that better suits the needs of this unique cohort of children. In particular the new document includes more appropriate screening for infectious diseases, sexually transmitted diseases and mental health illness. The Team is working closely with other agencies and a colleague within NHSG Public Health to meet the health needs and improve the health outcomes for UASC.

5. Priorities for 2023/2024

- Data and monitoring so we have a good understanding of our CECYP population
- Respond to/ reflect on Promise self-evaluation
- Unaccompanied Asylum Seeking Children – what do we need to know, what do we need to do, how do we highlight new need (additional demand on capacity)?
- Respond to older CEYP feedback – mental health, postnatal support, access to information
- Engagement across NHSG to develop Trauma-Informed Care as an approach across all services

