



Supporting Scotland to 
#KeepThePromise



FROM DUTY TO DELIVERY: NHS GRAMPIAN'S CORPORATE PARENTING ROLE

COMMITTED TO SUPPORTING
VULNERABLE CHILDREN AND YOUNG
PEOPLE



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NHS Grampian Corporate Parenting Report – 2025

1. Foreword

As a corporate parent, NHS Grampian is firmly committed to ensuring that care-experienced children and young people grow up loved, safe, respected, and able to thrive. This commitment is at the heart of our role as a health organisation and reflects our responsibility to provide not only high-quality clinical care, but also compassionate relationships, advocacy, and support that recognises the unique experiences and strengths of care-experienced children and young people. Our work continues to be shaped by listening to their voices, responding to what matters most to them, and challenging the barriers—structural and cultural—that can limit their opportunities.

This report reflects our alignment with the NHS Grampian Plan for the Future and our pledge to help Scotland #KeepThePromise by 2030, ensuring our services nurture and protect the relationships that matter to children, young people and families, and that our teams uphold the values of Voice, Family, Care, People and Scaffolding in all aspects of practice. These principles guide us as we continue to embed trauma-informed, rights-based and dignity-centred approaches across health visiting, school nursing, family nursing, community paediatrics, dental services, maternal and infant nutrition, health improvement and beyond.

Over the past year, we have seen meaningful progress. We have expanded participation and lived-experience influence in service design; improved the timeliness and quality of Initial Health Assessments (IHA's); strengthened trauma-informed practice; enhanced access to early years support and specialist care; and deepened cross-system collaboration, including for unaccompanied asylum-seeking children and young people. We have also delivered targeted improvements through SIMD-focused infant feeding work, flexible clinic models, enhanced peer support, and specialised health pathways to meet complex needs. These achievements demonstrate our commitment to continuous improvement and to reducing inequalities in experience and outcomes.

We recognise, however, that challenges remain. Variability in access across geographic areas, increasing levels of need among vulnerable children and families, and the impact of wider societal pressures all require sustained effort. As we move forward, our priorities include

strengthening participation, improving transitions between services, expanding trauma-informed learning, enhancing equity across health pathways for care-experienced children and young people, and continuing to embed The Promise across all spheres of practice.

NHS Grampian remains determined to meet its responsibilities as a corporate parent with ambition, compassion and accountability. We will continue to work alongside children, young people, families, partners and communities to ensure that our services not only meet statutory duties but contribute to meaningful, long-term improvements in health, wellbeing and life chances.

2. Introduction

2.1 Legislative Duties

NHS Grampian's role as a corporate parent is defined by the Children and Young People (Scotland) Act 2014, which sets out a clear set of statutory duties designed to ensure that care-experienced children and young people receive the support, protection and opportunities they are entitled to. NHS Grampian must uphold a set of core corporate parenting responsibilities, ensuring that services safeguard wellbeing, promote rights, and provide appropriate assistance whenever it is needed. Our organisation is required to; plan how these responsibilities will be fulfilled (embedding corporate parenting within strategic and operational priorities), collaborate with other corporate parents so that support is coordinated, effective and centred on the needs of children and young people, and finally, to report on how these duties have been exercised, including standards of performance and the outcomes achieved, ensuring transparency, accountability and continuous improvement across all corporate parenting activity.

2.2 NHS Grampian as a Corporate Parent

NHS Grampian fulfils its role as a corporate parent through a wide network of services that provide holistic, relationship-based support to care-experienced children, young people and families. This includes Health Visiting (HV), School Nursing (SN), the Family Nurse Partnership (FNP), Community Paediatrics, Dental and Childsmile services, Child Healthy Weight (CHW), Maternity and Infant Nutrition teams, Healthpoint, and the Health and Care Experience (HACE) Team, all of which contribute to meeting health needs across infancy, childhood and adolescence. These services operate with a shared commitment to trauma-informed, rights-based and stigma-free practice, ensuring that children and young people are listened to, treated with dignity and supported in ways that reflect their individual circumstances, strengths and experiences. This collective approach aligns with NHS Grampian's vision for children and reflects its responsibilities under The Promise to nurture relationships, uphold rights and ensure that care-experienced young people receive the same high-quality, compassionate care as any other child.

2.3 The Promise Alignment

NHS Grampian's corporate parenting approach is firmly aligned with The Promise, ensuring that the health system consistently places children, young people and families at the centre of decision-making and support. Our work is guided by the five foundations of The Promise—Voice, Family, Care, People and Scaffolding—which shape how services listen to and act upon what matters to care-experienced children, nurture and protect family relationships wherever safe, provide high-quality and compassionate care, develop a skilled and trauma-informed workforce, and build supportive systems that enable children to thrive. These foundations underpin NHS Grampian's commitment to creating environments where care-experienced young people feel heard, respected and included, and reflect our responsibility to help Scotland deliver on its pledge to keep The Promise by 2030.

3. Strategic Context

3.1 Children's Rights and Participation

NHS Grampian is committed to embedding children's rights and meaningful participation across all corporate parenting activity, ensuring that care-experienced children and young people are listened to, respected, and involved in shaping the support they receive. A wide range of evidence-gathering and participation tools are used to understand children's experiences and improve services, including the Voice of the Infant Tool used by Health Visitors, UNICEF infant feeding audits, the Grampian Infant Feeding Survey, and family interviews from the Infant Feeding and Beyond project, which provide rich insights into how families in SIMD 1 and 2 communities experience early-years. Structured participation is also central within the Family Nurse Partnership, where the SNAP survey and dedicated feedback points at recruitment, 36 weeks, one year and graduation capture the voices of care-experienced young parents and ensure their views influence programme delivery. In addition, NHS Grampian draws on Child Healthy Weight (CHW) service feedback, where children and young people contribute to goal-setting and service evaluations, ensuring interventions remain person-centred and responsive. The organisation also enhances professional learning through co-produced lived-experience films, which are used in staff training to strengthen understanding of rights, stigma, trauma and the realities faced by parents involved in the care system. Together, these approaches demonstrate NHS Grampian's commitment to rights-respecting practice and its determination to ensure that the voices and experiences of care-experienced children, young people and families actively shape service development and improvement.

3.2 Local Population Context

NHS Grampian serves a geographically diverse region that spans urban centres, remote rural communities and coastal areas, each with distinct patterns of inequality and service needs. Understanding this context is essential to fulfilling our corporate parenting responsibilities. While the Scottish Index of Multiple Deprivation (SIMD) is a key tool for identifying concentrated deprivation, its applicability in rural areas—where small pockets of disadvantage may be masked by larger geographic zones—requires careful interpretation. NHS Grampian therefore

supplements SIMD data with local service intelligence, referral patterns and practitioner insight to ensure that the needs of care-experienced children in rural, semi-rural and remote communities are not overlooked.

The region is also home to a diverse and changing population, including refugee and asylum-seeking children and young people, particularly Unaccompanied Children and Young People Seeking Asylum and Refuge (CYPSAR-U). NHS Grampian has developed tailored models of care to meet their needs, including monthly multidisciplinary Initial Health Assessment clinics in Aberdeen City and GP-supported pathways in Aberdeenshire and Moray. These approaches recognise the complex health, trauma and transition needs of young people who have arrived without family support.

Across the wider population, targeted support is provided for groups known to experience disproportionately higher health and social inequalities, including care-experienced young parents, children and young people with additional support needs (ASN), and birth parents in custodial settings. Family Nurse Partnership teams offer enhanced relational and developmental support to care-experienced young parents, while Childsmile, Oral Health Improvement, and specialist paediatric teams adapt care for children with ASN through flexible appointments, trauma-informed approaches and tailored communication strategies. Services also continue to support mothers in HMP Grampian and other justice-related contexts through trauma-informed group work and individual support.

By recognising the interplay between deprivation, rurality, migration, disability and care experience, NHS Grampian ensures that corporate parenting activity is grounded in local realities and that support is proactive, equitable and responsive to the diverse needs of the children and young people we serve.

4. Exercising Corporate Parenting Duties

NHS Grampian fulfils its statutory responsibilities under the Children and Young People (Scotland) Act 2014 by delivering services and supports that align with national corporate parenting outcomes. The organisation's activity over 2025 demonstrates a strong commitment to promoting wellbeing, safeguarding rights, and ensuring care-experienced children and young people receive the same high-quality, trauma-informed and person-centred care as their peers. The following subsections summarise NHS Grampian's work against each national outcome, drawing on evidence from across Health Visiting, School Nursing, Family Nursing, Community Paediatrics, Dental and Child Smile, CHW, Health Point, Maternity, and the Health and Care Experience (HACE) Team.

4.1 "Your voice will be heard" – Participation, Rights & Advocacy

NHS Grampian ensures children, young people and families are meaningfully involved in shaping their care. The voices of even our youngest citizens are captured through, for example, the Infant Voice Tool, UNICEF audits, the Grampian Infant Feeding Survey, structured interviews from the Infant Feeding and Beyond project, and routine feedback mechanisms within CHW interventions.

The Family Nurse Partnership (FNP) gathers the views of care-experienced young parents at key points—recruitment, 36 weeks, one year and graduation—supported through SNAP surveys, generating insights into preparedness and experiences of early parenthood.

Lived-experience films are used in staff education to deepen professional understanding of trauma, stigma, and rights. These have been developed with birth parents who have had children permanently removed from their care; many of whom are care experienced themselves, indicating a need to consider generation approaches to disrupting cycles of harm.

The HACE Team further adapts services based on participation feedback, such as revising clinic times for CYP SAR-U to improve attendance. Together, these approaches strengthen children's rights to express their views and be involved in decisions affecting them.

4.2 “When you are in our care, that care will be high quality” – Trauma-Informed Care & Support

Across NHS Grampian, services maintain high-quality, trauma-informed care designed around the needs of care-experienced children and young people. Trauma-informed group support is delivered consistently in community and custodial settings, supporting emotional regulation and reducing isolation for birth parents.

Dental teams embed trauma-informed practice and flexibility to support children with varied needs and past experiences of care.

The organisation has expanded 'Attend Anywhere' video consultations to improve accessibility for children who cannot attend face-to-face clinics, with ongoing monitoring of uptake.

FNP expanded eligibility to include care-experienced young parents up to age 25, with 38 young people supported to date, embedding early, compassionate and relationship-based care.

4.3 “When you need health care you will get it” – Access & Early Intervention

NHS Grampian has strengthened its ability to provide timely, comprehensive health assessments and interventions. A major service redesign now ensures that Initial Health Assessments (IHAs) for preschool and primary-aged children are jointly delivered by HVs, School Nurses, Family Nurses and Community Paediatricians, with 144 referrals received in 2025 and 111 seen by paediatricians.

Multidisciplinary clinics for Unaccompanied Asylum-Seeking Children (CYP SAR-U) were established in Aberdeen City and enhanced in 2025 with the addition of a doctor to improve assessment quality.

Reflections from professionals working in a CYP SAR –U clinic
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A number of unaccompanied adolescent boys have arrived in Scotland after long and complex journeys from sub-Saharan Africa and, in some cases, the Middle East. Their histories typically involve significant trauma, including exposure to violence, threats to their safety, separation from family, and prolonged periods of instability. Many began their journey at a very young age (some as young as 6), travelling alone through conflict-affected regions, often without adequate shelter, food or protection. During their journeys, several reported experiences of exploitation, forced labour and physical harm, contributing to both immediate and long-term health needs.

On arrival, some young people present with untreated physical injuries, such as stab wounds, burns or musculoskeletal problems linked to hazardous working conditions or unsafe travel environments. Most, however, display symptoms consistent with psychological trauma. Common presentations include disrupted sleep, intrusive memories, low mood, anxiety, social withdrawal, reduced appetite and weight loss—features often associated with complex post-traumatic stress. Language barriers, cultural differences and feelings of being ‘othered’ by peers can further compound isolation and hinder integration.

The specialist clinic provides a safe space to explore emotional wellbeing and to introduce young people to appropriate therapeutic and community supports. This case example highlights the significant unmet needs within this cohort and underscores the importance of coordinated, trauma-informed, rights-based support. Multi-agency working remains central to ensuring that unaccompanied young people seeking asylum are safe, heard, and able to access the services necessary to protect and promote their health and wellbeing.

School Nursing developed a standard operating procedure to ensure all Grampian children entering Linn Moor School receive timely assessment and support before transition.

4.4 “You will have a nurturing relationship with your baby” – Parenting Support & Early Attachment

Nurturing early relationships remains a core focus. FNP provides evidence-based relational support, strengthened by staff competence developed through Solihull parenting training, enabling Family Nurses to promote attachment and parental emotional wellbeing.

Specialist support is delivered through the Infant Feeding Team, including universal and SIMD-targeted antenatal infant feeding sessions, which supported 120 families in 2025.

4.5 “You will be treated with dignity and respect” – Culture, Rights & Respect

A culture of dignity, rights and respect is promoted across services. NHS Grampian ensures all Health Visitors, School Nurses and Family Nurses undertake mandatory trauma-informed Turas modules as part of induction.

Dental teams have strengthened awareness of corporate parenting responsibilities and use trauma-informed approaches to reduce fear and stigma for children.

The HACE team has provided complex support for children with exceptional health needs—for example, arranging training for respite carers supporting a child receiving home Total Parenteral Nutrition (TPN)—ensuring respect, safety and continuity of care. Parents report increased trust and feeling less judged in health settings, demonstrating the impact of these approaches.

4.6 Your wellbeing will improve

Across NHS Grampian, corporate parenting actions contribute to meaningful improvements in health, emotional wellbeing, and long-term outcomes. FNP participation has led to higher preparedness levels among care-experienced young parents—from 67% feeling prepared at 16 weeks' gestation to 87% at 36 weeks.

Child Smile and the Public Dental Service continue to reduce oral-health inequalities through flexible care, targeted prevention, and analysis of barriers to dental registration for 0–2-year-olds.

Peer support services delivered 653 hours of help to families across 1,505 contacts, underscoring their vital role in emotional wellbeing and sustained engagement. Together, these actions demonstrate NHS Grampian's sustained commitment to improving life chances and reducing inequalities for care-experienced children and young people.

5. Planning and Collaboration

5.1 Multi-Agency Planning

Planning is undertaken across a wide network of services to ensure that health and wellbeing pathways for care-experienced children are coherent, joined-up and grounded in shared priorities. NHS Grampian maintains close integration between Health Visiting (HV), School Nursing (SN), the Family Nurse Partnership (FNP), Community Paediatrics, Dental and Child Smile services, Child Healthy Weight (CHW), Health Point, and Maternity and Infant Nutrition teams, ensuring that care is seamless across the life-course from pregnancy through adolescence. This integrated planning enables consistent early identification of health needs, reduces duplication, and ensures that children and families experience coordinated support regardless of their entry point into services.

5.2 Workforce Planning & New Pathways

NHS Grampian has undertaken significant redesign of pathways and workforce approaches to better meet the needs of care-experienced children. A major development in recent years has been the redesign of the Initial Health Assessment (IHA) model. This new joint approach brings together Health Visitors, Family Nurses, School Nurses, and Community Paediatricians to complete assessments within the Scottish Government's expected timeframes, ensuring high-quality, comprehensive and timely health assessments.

In addition, NHS Grampian has redesigned the service model for Unaccompanied Asylum-Seeking Children and Young People (CYPSAR-U), introducing multidisciplinary clinics in Aberdeen City and securing additional medical staffing in 2025 to improve equity of care and clinical robustness. This CYPSAR-U model is now being audited against updated RCPCH guidance, with the aim of ensuring consistent standards across Aberdeen City, Aberdeenshire and Moray.

These developments demonstrate NHS Grampian's forward-looking approach to workforce planning, ensuring that clinical capacity, specialist skills and inter-agency coordination are aligned to the complex needs of care-experienced children.

5.3 Collaborative Service Development

Collaboration with partners remains central to NHS Grampian's corporate parenting role. A recent multi-agency Looked-After-Child-at-Home audit in Aberdeen City has generated actionable insights that are now informing service improvement and strengthening collective responsibilities across health, education and social work.

Family Nursing teams continue to work closely with sexual health services, establishing direct-entry referral pathways for long-acting contraception to support care-experienced young people in making informed reproductive health choices.

These collaborative developments strengthen system coherence, reduce barriers to timely care, and ensure that the support offered to care-experienced children is integrated, proactive and rooted in shared accountability.

6. Standards of Performance

6.1 Quality & Safety Standards

The service will meet agreed quality and safety expectations through timely, evidence-based delivery and routine performance monitoring.

- Initial Health Assessments (IHAs):
 - A minimum of 87.25% of IHAs completed within 4 weeks of referral.
 - Performance monitored monthly, with variance addressed through service improvement actions.
- Clinical governance:
 - All practice aligned with national and local clinical standards, guidance, and safeguarding requirements.
 - Adverse incidents, near misses, and learning themes reviewed through established governance processes

6.2 Participation & Rights Standards

Children, young people, and families will be supported to have an active voice in service design, delivery, and evaluation, in line with children's rights-based approaches.

- Service user feedback and participation mechanisms:
 - SNAP survey data used to capture experience and satisfaction.
 - Family Nurse Partnership (FNP) voice tracking to ensure ongoing engagement and reflective practice.
 - Dental service user surveys to inform service quality and accessibility.
- External assurance:
 - Participation in UNICEF audits, where applicable, to evidence adherence to children's rights and participation standards.
- Use of feedback:
 - Findings shared with teams and leadership, with clear actions identified and reviewed

6.3 Equity Standards

The service will actively reduce inequalities and ensure equitable access and outcomes for children and families, particularly those living in areas of deprivation.

- Access and equity monitoring:
 - Completion of a CYP SAR-U access audit to identify and address barriers to service access.
- Targeted improvement activity:
 - Analysis of SIMD-targeted Infant Feeding and Beyond outcomes to monitor reach, uptake, and impact among priority populations.
- Continuous improvement:
 - Findings used to inform targeted interventions, workforce focus, and partnership working to address identified inequalities.

6.4 Trauma-Informed Standards

The service will embed trauma-informed principles across all aspects of delivery to support safe, compassionate, and effective care.

- Workforce capability:
 - Completion of mandatory Turas trauma-informed modules by all relevant staff.
 - Training compliance monitored and reported through standard workforce governance routes.
- Trauma-informed practice delivery:
 - Integration of trauma-informed approaches within dental services.
 - Availability of peer support models that reflect trauma-informed principles and recovery-focused care.
- Cultural embedding:

- Ongoing reflective practice and supervision to support consistent trauma-informed behaviours across teams.

7. Outcomes Achieved

7.1 Improved Timeliness and Quality of Initial Health Assessments (IHAs)

- NHS Grampian has redesigned the Initial Health Assessment (IHA) model, introducing a joint, multidisciplinary approach involving Health Visiting, School Nursing, Family Nurse Partnership and Community Paediatrics.
- In 2025:
 - 144 referrals were received.
 - 87.25% of IHAs were completed within 4 weeks, meeting the agreed standard.
 - 111 children were seen by Community Paediatricians, ensuring clinical depth and continuity.
- Performance is now monitored monthly, with service improvement actions taken where variance is identified, embedding quality assurance rather than retrospective reporting.pdf).
- **Impact:**
Children and young people now receive earlier, more coordinated assessments, reducing duplication, delays and the risk of escalating unmet need.

7.2 Systematic Capture and Use of Children's and Families' Voices

NHS Grampian demonstrates measurable improvement in how participation informs service design:

- Family Nurse Partnership (FNP) uses structured feedback points (recruitment, 36 weeks, one year and graduation), supported by SNAP surveys, to shape service delivery.
 - Preparedness among care-experienced young parents increased from 67% at 16 weeks' gestation to 87% at 36 weeks, providing clear outcome evidence.pdf).
- Infant Feeding and Beyond work gathers qualitative feedback from families in SIMD 1 and 2, influencing targeted service adjustments and equity planning.
- Dental and Child Health services use routine service user surveys to identify access barriers and improve appointment flexibility and communication.
- Lived-experience films, co-produced with parents (many care experienced themselves), are embedded in workforce learning, strengthening rights-based, stigma-aware practice across services.pdf).

Impact:

Participation is not tokenistic; it is embedded, repeated and evidenced, directly shaping how services are delivered.

7.3 Tailored Models for Unaccompanied Asylum-Seeking Children (CYPSAR-U)

- NHS Grampian established monthly multidisciplinary CYPSAR-U clinics in Aberdeen City, alongside GP-supported pathways in Aberdeenshire and Moray.
- In 2025:
 - 23 unaccompanied young people were seen.
 - A doctor role was added to clinics to improve equity, clinical robustness and trauma-informed assessment.
- A CYPSAR-U access audit, aligned to updated RCPCH guidance, is underway to ensure consistent

Impact:

Young people arriving without parental support now experience structured, predictable and compassionate health assessment pathways, reducing health inequalities linked to migration and trauma.

7.4 SIMD-Targeted Early Years and Oral Health Improvement

- Infant Feeding and Beyond delivers targeted antenatal and postnatal support in deprived communities, reaching 120 families in 2025.
- Child Smile and Public Dental Service teams:
 - Offer flexible appointments.
 - Use trauma-informed approaches.
 - Analyse barriers to dental registration for 0–2-year-olds to reduce inequalities.
- Dental teams report improved engagement and reduced anxiety among care-experienced children, particularly those with additional support needs.pdf).

Impact:

Early, proportionate support is addressing inequality gradients, not simply improving average outcome

7.5 Workforce Capability and Cultural Change

- All Health Visitors, School Nurses and Family Nurses complete mandatory trauma-informed Turas training, with compliance monitored via workforce governance systems.
- Trauma-informed practice is explicitly embedded in:
 - Dental services, reducing fear, stigma and non-attendance.
 - Peer support models, delivering 653 hours of support across 1,505 contacts, particularly supporting emotional regulation and reducing isolation for families.pdf).

- Services operate reflective supervision and team learning approaches to sustain trauma-informed behaviours, aligned with national trauma training ambitions set out in The Promise guidance.pdf).

Impact:

Staff confidence, relational consistency and family trust have strengthened, with parents reporting feeling less judged and more respected in health settings.

7.6 Alignment with Strategic Direction and Future Assurance

The improvements evidenced above directly support the priorities set out in the Child Health Strategy 2026–2032, particularly:

- Earlier intervention and prevention.
- Reduction of child health inequities.
- Trauma-informed, relational practice.
- Improved transitions and continuity for care-experienced children and young people.

These actions demonstrate that NHS Grampian’s corporate parenting role is not operating in isolation but is integrated into whole-system planning, governance and accountability.

8. Future Priorities (2026–32)

Priority 1: Strengthen and Expand Lived-Experience Involvement

Intended Outcome

Care-experienced children, young people and families meaningfully influence workforce learning, service design, and improvement.

Key Improvement Actions

- Expand the use of lived-experience input within staff training, including induction, trauma-informed learning and reflective practice sessions.
- Co-produce additional training resources (e.g. films, case studies, narratives) with care-experienced young people and parents.
- Embed lived-experience perspectives into quality improvement and service redesign activity, not solely training.

How Progress Will Be Measured

- Number and type of training sessions incorporating lived-experience contributions.
- Staff feedback demonstrating increased confidence and understanding of corporate parenting responsibilities.
- Evidence of service changes linked directly to lived-experience insight.

Priority 2: Improve Equity and Consistency for Unaccompanied Asylum-Seeking Children (CYPSAR-U)

Intended Outcome

Equitable, trauma-informed health assessment and support regardless of local authority area.

Key Improvement Actions

- Complete and act on findings from the CYPSAR-U access and equity audit, aligned to national guidance.
- Strengthen consistency across the three local authority delivery models, while allowing local flexibility where appropriate.
- Improve data collection and reporting on outcomes, access, and follow-up.

How Progress Will Be Measured

- Audit findings and action plans reviewed annually.
- Reduction in unwarranted variation between local authority models.
- Improved timeliness and completeness of health assessments.

Priority 3: Improve Transitions Across the Child and Young Person Pathway

Intended Outcome

Smoother, safer transitions that prevent loss of support and disengagement.

Key Improvement Actions

- Strengthen planned transitions from Family Nurse Partnership (FNP) to Health Visiting, including joint visits and shared planning.
- Improve transitions from children's to adult services for young people with care experience, focusing on clarity of roles and continuity.
- Develop and apply shared transition principles across services.

How Progress Will Be Measured

- Service feedback indicating improved transition experiences.
- Reduction in missed appointments or disengagement at transition points.
- Evidence of jointly agreed transition plans in care pathways.

Priority 4: Maintain and Improve Timeliness of Initial Health Assessments

Intended Outcome

All care-experienced children receive timely, high-quality health assessments.

Key Improvement Actions

- Maintain current performance levels and drive continued improvement towards 100% IHA completion within 4 weeks.
- Use performance data to identify system pressures and implement targeted improvement actions.
- Continue multidisciplinary working to reduce duplication and delay.

How Progress Will Be Measured

- Monthly and annual IHA completion data.
- Sustained improvement year-on-year.
- Qualitative feedback from professionals and families on assessment experience.

Priority 5: Increase Awareness of Corporate Parenting Responsibilities Across the Workforce

Intended Outcome

All NHS Grampian staff understand their role as corporate parents and how this influences everyday practice.

Key Improvement Actions

- Embed corporate parenting responsibilities into induction, mandatory training and leadership development.
- Develop concise awareness materials outlining “what corporate parenting means for my role”.
- Strengthen leadership visibility and accountability for corporate parenting duties.

How Progress Will Be Measured

- Training uptake and awareness survey results.
- Increased staff confidence in identifying and responding to care-experience.
- Clear evidence of corporate parenting principles reflected in practice and decision-making.

9. Publishing Plan

Purpose

To ensure transparency, accountability, and shared ownership of NHS Grampian’s corporate parenting responsibilities.

Arrangements

- The Corporate Parenting Plan will be published on the NHS Grampian website and shared with:

- Community Planning Partners
- Local authority corporate parenting boards
- Staff via internal communication channels
- An easy-read summary will be developed to support accessibility for children, young people and families.

Review and Reporting

- Progress against identified priorities will be reviewed annually.
- Updates will be:
 - Reported through existing governance and assurance structures.
 - Reflected in future Corporate Parenting Reports and relevant strategic plans.
- The plan will be refreshed in line with statutory requirements and emerging needs.

10. Annexes

Annex A: Initial Health Assessment (IHA) Data – Care-Experienced Children

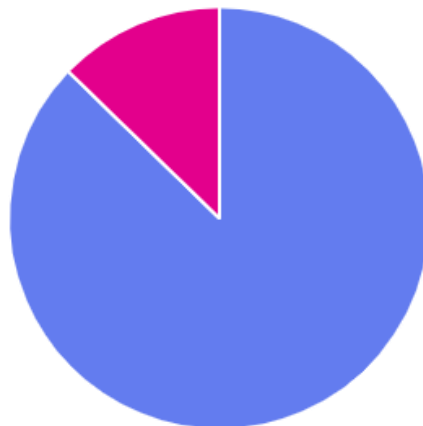
Data Source

- Child Health / Community Paediatrics performance dashboard

Key Evidence

- 144 IHA referrals received during the reporting period
- 87.25% completed within 4 weeks, demonstrating sustained improvement
- 111 children assessed by Community Paediatricians
- Monthly monitoring embedded within governance structures

IHA Timeliness (144 referrals)



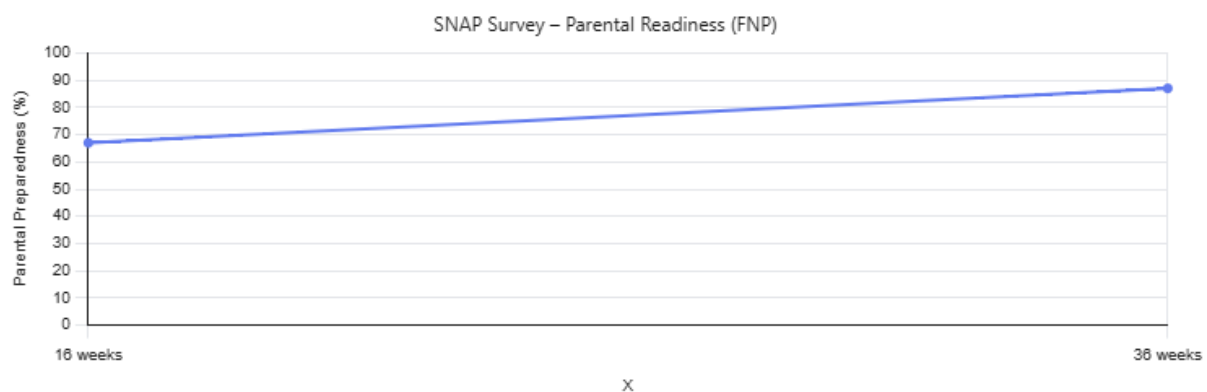
Annex B: SNAP Survey – Parental Readiness (Family Nurse Partnership)

Data Source

- SNAP survey data collected by Family Nurse Partnership

Key Evidence

- Preparedness among care-experienced young parents increased from:
 - 67% at 16 weeks' gestation
 - to 87% at 36 weeks' gestation



Practice Example

- Feedback used directly in reflective supervision
- Findings inform service intensity and relational approaches

Annex C: CYPSAR-U Models & Equity Audit Plan

Data Sources

- CYPSAR-U service pathway documentation
- RCPCH guidance on healthcare for unaccompanied asylum-seeking children

Current Grampian Models

Area	Model of Delivery	Key Features
Aberdeen City	Monthly MDT clinic	Dedicated CYPSAR-U clinic with clinical leadership
Aberdeenshire	GP-led pathway	Local access supported by CYPSAR-U guidance

Moray	GP-led pathway	Consistent standards, variable delivery content
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Evidence

- 23 young people assessed during reporting year
- Addition of doctor role to improve equity and trauma-informed assessment