



**Meeting:** Board Meeting  
**Meeting date:** 25 July 2023  
**Title:** Corporate Parenting  
**Responsible Executive/Non-Executive:** Dr Tim Allison, Director of Public Health and Policy  
**Report Author:** Dr Tim Allison, Director of Public Health and Policy

**1 Purpose**

**This is presented to the Board for:**

- Awareness

**This report relates to a:**

- Government policy/directive

**This report will align to the following NHS Scotland quality ambition(s):**

Safe, Effective and Person Centred

**This report relates to the following Strategic Outcome(s)**

Start Well	X	Thrive Well	X	Stay Well		Anchor Well	
Grow Well	X	Listen Well		Nurture Well		Plan Well	
Care Well	X	Live Well		Respond Well		Treat Well	
Journey Well		Age Well		End Well		Value Well	
Perform well	X	Progress well					

**2 Report summary**

**2.1 Situation**

The NHS Highland Board has corporate parenting responsibilities as detailed in the statutory guidance on Part 9 (Corporate Parenting) of the Children and Young People (Scotland) Act 2014 as applied to infants, children and young people to the age of 26 years. Oversight of corporate parenting is undertaken by Corporate Parenting Boards in Argyll and Bute and in Highland. The Highland Board has recently

been renamed the Promise Board in recognition of the promise made to care experienced children and young people in Scotland: “You will grow up loved, safe and respected. And by 2030, that promise must be kept.”

**2.2 Background**

Corporate parenting refers to an organisation’s performance of actions necessary to uphold the rights and secure the wellbeing of a looked after child or care leaver, and through which their physical, emotional, spiritual, social and educational development is promoted, from infancy though to adulthood. In other words, corporate parenting is about certain organisations listening to the needs, fears and wishes of children and young people, and being proactive and determined in their collective efforts to meet them .... It establishes a framework of duties and responsibilities for relevant public bodies, requiring them to be systematic and proactive in their efforts to meet the needs of looked after children and care leavers. (Scottish Government, 2015). In recent years the term “looked after” has been replaced by “care experienced” which better reflects the experiences of people and is believed to be less stigmatising.

**2.3 Assessment**

Arrangements for corporate parenting differ across the two parts of NHS Highland in light of the different governance arrangements and lead agency in the Highland HSCP area. Work is needed to develop NHS Highland’s corporate parenting activity especially within the Highland HSCP area and develop a comprehensive plan with appropriate consultation. This work will benefit from the forthcoming appointment to the Child Health Commissioner post. An improvement plan is attached as Appendix 1 to demonstrate current and planned activity.

**2.4 Proposed level of Assurance**

This report proposes the following level of assurance:

Substantial	<input type="checkbox"/>	Moderate	<input checked="" type="checkbox"/>
Limited	<input type="checkbox"/>	None	<input type="checkbox"/>

**Comment on the level of assurance**

The work outlined in the plan needs to be completed to ensure a higher level of assurance.

**3 Impact Analysis**

**3.1 Quality/ Patient Care**

Addressing the needs of care experienced children and young people will improve the quality of care.

**3.2 Workforce**

Two areas of importance with respect to corporate parenting are ensuring that staff are aware of the needs and circumstances of care experienced children and young people and the development of opportunities for employing those who are care experienced.

**3.3 Financial**

There are no specific financial implications in this paper, although as with all areas meetings needs and demand has implications for resources.

**3.4 Risk Assessment/Management**

Risks assessment needs to be developed further following self-assessment of duties and responsibilities in line with NHS Highland processes.

**3.5 Data Protection**

There are no specific data protection implications.

**3.6 Equality and Diversity, including health inequalities**

Addressing the needs of care experienced children and young people will help reduce health inequalities.

**3.7 Other impacts**

There are no other specific implications.

**3.8 Communication, involvement, engagement and consultation**

NHS Highland is represented on the corporate parenting boards and representatives are engaged in their work. Further plan development will require wide engagement.

**3.9 Route to the Meeting**

The plans have been developed through individual meetings and further governance arrangements will be confirmed for future reports.

**4 Recommendation**

Board members are asked to note and comment on this report

- **Awareness** – For Members’ information only.

**4.1 List of appendices**

The following appendices are included with this report:

- Appendix No 1, NHS Highland Corporate Parenting Improvement Plan

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2023 – 2024

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## NHS Highland Corporate Parenting Improvement Plan 2023 – 2024

The NHS Highland Board has corporate parenting responsibilities as detailed in the statutory guidance on Part 9 (Corporate Parenting) of the Children and Young People (Scotland) Act 2014 as applied to infants, children and young people to the age of 26 years.

(<https://www.gov.scot/publications/statutory-guidance-part-9-corporate-parenting-children-young-people-scotland/>)

“Corporate parenting refers to an organisation’s performance of actions necessary to uphold the rights and secure the wellbeing of a looked after child or care leaver, and through which their physical, emotional, spiritual, social and educational development is promoted, from infancy through to adulthood. In other words, corporate parenting is about certain organisations listening to the needs, fears and wishes of children and young people, and being proactive and determined in their collective efforts to meet them .... It establishes a framework of duties and responsibilities for relevant public bodies, requiring them to be systematic and proactive in their efforts to meet the needs of looked after children and care leavers. (Scottish Government, 2015).” ([CELCIS | Corporate parenting](#))

### **The six duties are as follows:**

1. To be alert to matters which, or which might, adversely affect the wellbeing of looked after children and care leavers.
2. To assess the needs of those children and young people for services and support it provides.
3. To promote the interests of those children and young people.
4. To seek to provide looked after children and care leavers with opportunities to participate in activities designed to promote their wellbeing.
5. To take action to help looked after children and care leavers access the opportunities being provided (as per number 4 above) and to make use of the services, and access the support, which they provide.
6. To take any other action it considers appropriate for the purpose of improving the way in which it exercises its functions in relation to looked after children and care leavers.

**To note:**

1. In the past, the term “looked after children” was used and this is still present in some documents. This phrasing has now been replaced by the term “Care Experienced” which is understood to be less stigmatising as a term of phrase. Similarly, the term corporate parenting may be seen as not ideal and in Highland the Corporate Parenting Board has been renamed the Promise Board.
2. In this report the use of children, also includes/references infants and young people to the age of 26 years.

Care experience may involve a range of formal and informal measures and options, as determined through the Scottish Children Reporter Administration, from fostering and, or, adoption, to supervision while living at home, or measures to be in under the care of the local authority in a residential setting. This might be on a voluntary or compulsory basis. In 2019/20 the number of infants, children and young people in the care system in Argyll and Bute was 162, and in the north Highland partnership, 450. (<https://www.gov.scot/publications/childrens-social-work-statistics-2019-20/>)

NHS Highland Board has oversight and responsibilities for the health and health services for Care Experienced children across the Argyll and Bute Health and Social Care Partnership, the Highland Health and Social Care Partnership and commissioned health services in Highland Council as part of the Lead Agency model for integrated services. The Board ensures participation and representation on the Argyll and Bute and Highland integrated Corporate Planning Boards by the involvement of Chief Officers, Director of Public Health and the Board Nurse Director supported by the Child Health Commissioner.

The NHS Highland approach to Corporate Parenting is underpinned by the wider drivers to work preventively to best meet the health and health care needs of all children as follows:

- A rights respecting approach reflects the aspirations and expectations of The United Nations Convention on Rights of the Child.
- A trauma informed and responsive approach infused across leadership, management, systems, services and practice, reflecting the primacy of experiencing safety that lends to trust, collaboration, choice and empowerment.
- A system of care approach that reflects the understanding that the health and wellbeing of infants children and young people is heavily influenced by parental relationships and family life, the support and services they can access and the wider structural and community environments in which they grow and develop.
- Delivering on The Promise as a framework to meet the needs of all infants, children and young people to reduce the need and likelihood of requiring formal care measures.

Children who become Care Experienced, or are at risk of becoming so, along with their families, are some of the most vulnerable citizens in our society. Children may become looked after for a number of reasons, involving a range of adversity and trauma from pre-birth or subsequent to events as they grow and develop, often aligned to troubling family experiences and circumstances.

The Board's Corporate Parenting Plan will be reviewed during the year as a new longer-term plan is drawn up.

### **Theme One: Governance and Accountability Duties 1-6**

#### **Improvement priority:**

- 1.1 The NHS Highland Board will ensure awareness, understanding and action regarding its Corporate Parenting responsibilities and duties.**
- 1.2 The Board will work with senior leaders to ensure operational managers and professional/clinical leads are creating cultures that demonstrate an understanding of the needs of Care experienced children and to develop a workforce who are qualified, skilled, capable and confident to meet their needs.**
- 1.3 The Board will ensure the voices of Care Experienced children and their families are heard and are seen to be shaping the understanding of health and health care needs and the design and delivery of health improvement and health care.**

#### **Policy Drivers**

Statutory guidance on Part 9 (Corporate Parenting) of the Children and Young People (Scotland) Act 2014 [Statutory guidance on Part 9 \(Corporate Parenting\) of the Children and Young People \(Scotland\) Act 2014 - gov.scot \(www.gov.scot\)](#)

The Promise (2020) <sup>1</sup> [Home - The Promise](#)

UNCRC [Incorporation of the UN Convention on the Rights of the Child | Together Scotland](#)

[UNCRC | The UN Convention on the Rights of the Child - The Children and Young People's Commissioner Scotland \(cypcs.org.uk\)](#)

#### **Rationale for action**

- The NHS Board has duties and responsibilities to ensure the needs of Care Experienced children are understood and met across health services and with integrated service planning partners and Corporate Parenting Boards in the Argyll and Bute and north Highland Partnerships.
- Successful corporate parenting requires passion, commitment, partnership working and engagement across all agencies. This requires everyone, from Chief Officers to the heads of services, managers and front-line practitioners, to understand the circumstances in which a child may become care experienced and to take a non-judgmental, proactive approach to understanding and responding to the needs of families and children in the context of the communities in which they live.

<ul style="list-style-type: none"> <li>The UNCRC and The Promise demonstrate the commitment for the voices of care experienced children and their families to be at the forefront of service consultation and engagement and the design and delivery of health care.</li> </ul>				
<b>Actions</b>	<b>Measures / evaluation</b>	<b>Timescale</b>	<b>Lead</b>	<b>RAG</b>
Undertake a self-assessment of how duties and responsibilities for the Board are currently being met and identify improvement priorities for 2023/24.	Completed self-assessment	October 2023	Child Health Commissioner once in post	
Ensure training for Board members and Senior Leaders on Corporate Parenting responsibilities every two years.	Board training last delivered in October 2022	September 2024	Director of Public Health	
Ensure the NHS is represented on Corporate Parenting Board in Argyll and Bute and Promise Board in Highland.	Evidence of participation in the respective Boards.	August 2023	Director of Public Health and Child Health Commissioner.	
Explore options for Care Experienced young people to gain employment opportunities within NHS Highland	Scoping of options	September 2023	Director of Culture and People	
Current arrangements and options for service consultation and engagement by children and their families, and their involvement in service design and delivery will be explored in Argyll and Bute and north Highland and further action as indicated will be identified and undertaken.	A review of current processes and options for health services to ensure the voices of children and young people are co-producing opportunities health resources and health care pathways and to identify opportunities for 2024	December 2023	Child Health Commissioner and Chief Officers	

<p><b>Theme Two: Understanding the health and health care needs of Care Experienced Infants Children and Young People through a Whole System Approach Duties 1, 2 and 5.</b></p> <p><b>Improvement priority:</b>  <b>NHS Highland will work with senior leaders, operational managers, professional leads and clinicians to ensure services understand the physical, social and mental health needs of care experienced children.</b></p> <p><b>Policy drivers</b>  The Looked After Children (Regulations)(Scotland) 2009  Guidance on health assessments for Looked After Children (Scottish Government) 2015 <a href="https://www.gov.scot/publications/guidance/2015/06/01/guidance-on-health-assessments-for-looked-after-children-in-scotland-2015-06-01/pages/1-10.aspx">Guidance on Health Assessments for Looked After Children in Scotland - gov.scot (www.gov.scot)</a></p>
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The Children and Young Peoples (Scotland) Act 2014  
 Chief Executive Letter 16, 2008 [Guidance on Health Assessments for Looked After Children in Scotland - gov.scot \(www.gov.scot\)](http://www.gov.scot)  
 Highland Interagency Child Protection Guidance. 2020  
 Argyll and Bute Corporate Parenting Plan 2021-24  
 Highland Looked After Children Policy. 2015  
 The Independent Care Review: [Independent Care Review – The root and branch review of Scotland's care system.](https://www.independentcare.org.uk)  
 The Promise 2020 <https://thepromise.scot/>  
 UNCRC [Incorporation of the UN Convention on the Rights of the Child | Together Scotland](https://www.un.org/children/scotland)  
[UNCRC | The UN Convention on the Rights of the Child - The Children and Young People's Commissioner Scotland \(cypcs.org.uk\)](https://www.cypcs.org.uk)

**Rationale for action**

Care Experienced children are recognised as a population group who are likely to have experiences of adversity and trauma that have impacted on their growth and development and experiences of wellbeing. An understanding of the role of toxic stress on growth and development presents opportunities to design health care that understands the physiological impacts and how these influence physical and mental health needs and behaviours as children grow and develop. Relationships, age and developmentally appropriate focused care is recognised to be route to address and offset the adverse consequences of adversity, with support for families being key, even as exceptional circumstances may require the child not to live with their parent/s. Shifting cultures and practice from “What is wrong with you?” to “What happened to you?” presents opportunities for empathy and compassion in supporting parents and understanding their difficulties and helping them to develop their capabilities and capacities to parent well.

Health is impacted by problematic experiences of family life and exacerbated by experiences of poverty, troubled parental relationships, substance and alcohol use, parental mental health needs and vulnerabilities and wider challenges from insecure/low family income, housing and food insecurity and disadvantaged communities lacking in green space and leisure options. A whole systems approach helps understanding of the issues and what responses are required while evidencing the need for an integrated approach across organisations with Corporate Parent responsibilities. Such approaches create opportunities to interrupt intergenerational adversity and poorer outcomes across the life course.

Understanding health and health care needs requires the recording and communication that a child is Care Experienced and associated actions to assess need and risks be this universal health contacts, uptake of immunisations and timely access to dental care.

Activity	Measures / evaluation	Timescale	Lead	RAG
Children who are Care Experienced will have this recorded in their universal health record and clinicians will be advised of a child being Care Experienced in referrals on to secondary and tertiary care.	Care Experience will be recorded in the Child Health Surveillance System at core contacts c/o Quarterly Data Completeness Reports	Reported annually. March 2024	Lead Nurse Highland Council and A+B HSCP	

	<p>Balanced Score Card CYP 05: 6–8-week Child Health Surveillance contact uptake between the general population and Looked After Children</p> <p>Sample audit of referral letters to Acute Paediatric clinicians and practitioners to understand if care experience is reflected in the communication</p> <p>SAERs/DATIX are monitored for actions and themes</p>	<p>Reported annually March 2024</p> <p>Reported annually March 2024</p> <p>Reported annually March 2024</p>	<p>Public Health Intelligence Team</p> <p>Head of Operations Acute Services Women and Children's Directorate and Head of Children and Families Argyll and Bute HSCP</p> <p>Head of Operations Acute Services, Women's and Children's Directorate Head of Children and Families Argyll and Bute HSCP</p>	
Children who become Care Experienced will have a health assessment within 8 weeks and this will be reflected in the Child Plan/GIRFEC Assessment	Performance as per Balanced Score Card CYP 21:	Reported Annually March 2024	Head of Health Highland Council and Lead Nurse Children's Services Argyll and Bute	
A whole system approach to the health and health care needs of care experienced children in Argyll and Bute and north Highland will detail the opportunities to understand health needs and responses across a continuum of primary secondary and tertiary prevention approaches with related detailing of the responsibilities of health care clinicians in	<p>Completion of whole system pathway summary and guidance</p> <p>Sample case record audit of pathway uptake</p>	November 2023	Lead Nurse Children's Services Argyll and Bute and Lead Nurse Highland Council.	

assessing needs and referring on from pre-birth to 26 years. This will be informed by the principles detailed in The Promise				
Highland and Argyll and Bute will demonstrate knowledge of the health care needs and risks for the Care Experienced population of children in their services.	Annual report with overview of health and health care needs for Argyll and Bute and north Highland with consideration of related performance reporting data and improvement plan activity, where indicated <ul style="list-style-type: none"> <li>Percentage of statutory health assessments done within 4 weeks of becoming looked after</li> <li>New Performance Measures CYPs</li> <li>Uptake of primary immunisation schedule</li> <li>Uptake of MMR</li> <li>Access and uptake of dental services by case record review</li> </ul>	Annual Report March 2024	Head of Health Highland Council/Head of Children and Families Services, Argyll and Bute	
Needs of Care Experienced infants, children and young people will be raised with Community Planning Partners presenting opportunities for wider preventive approaches to support family and community wellbeing.	Annual review of discussions with Community Planning Partnerships with regard to care experienced children.	March 2024	Head of Health Highland Council and Head of Children and Families Argyll and Bute HSCP	
Board Executives, Senior Leaders and Heads of services, clinical service managers and front-line practitioners in children's services will undertake Trauma training to a minimum of Level One and ideally Level 2	Completion of NES Trauma Training modules	Annual reporting March 2024	Head of Health Highland Council and Head of Children and Families Argyll and Bute HSCP	

**Theme Three: Access to physical and mental health care Duties 1,3 and 5.**

**Improvement priority:**

**NHS Highland will work with Argyll and Bute and north Highland health colleagues operational managers and professional leads to ensure Care Experienced Children and access physical and mental health care across a continuum of need from universal to more specialist health care services.**

**Policy Drivers**

The Promise (2020) <sup>1</sup> [Home - The Promise](#)  
 Child and Adolescent Mental Health Services (CAMHS) NHS Scotland National Service Specification (2020)  
 Neurodevelopmental Services Scotland National Service Specification (2021)  
 School nursing – transformation programme  
 Whole systems mental health approach  
 Developing a Trauma Informed Workforce (NES/ Scottish Government)

**Rationale for action**

- A range of sources consistently indicate that Care Experienced children are at risk of poor health across their lives and access health care later than their peers. The Promise (2020) <sup>1</sup> [Home - The Promise UNCRC and Corporate Parenting - Useful Resources](#)
- Around half of mental health problems (excluding dementia) start before 15 years of age and 75% before 18. Nine out of 10 children who have suffered early trauma or adverse experience and been abused or neglected at a young age, will develop a mental health problem by the age of 18. <https://www.iriss.org.uk/resources/esss-outlines/care-experienced-children-and-young-peoples-mental-health>
- Measures of the emotional and behavioural health of looked after children using the Strengths and Difficulties Questionnaire (SDQ) found that 37% had scores considered a cause for concern, compared to 12% of children in the general population ([Alliance For Children In Care And Care Leavers, 2017](#)).
- Access to health care in a timely manner can be compromised by multiple placements moves delaying assessments, treatment and access to support. For children who are placed out with NHS Highland it can be more challenging to fully understand and meet their health care needs.
- Care experienced children across NHS Highland feature in the deaths over recent years of young people from suicide and drug related deaths.

Actions	Measures / evaluation	Timescale	Lead	RAG
There will be a stock take /status report of the current work to provide specialist CAMHS input to foster and residential care in north Highland and Children’s Houses in Argyll and Bute with related consideration of resources into CAMHS to ensure the mental health needs of Care Experienced	Review/status report Outcomes from CAMHS investment	Annual March 2024	Head of Health Highland Council and Head of	

<p>Children are understood and reflected in investment decisions with related consideration of the assessment of neurodevelopmental needs and conditions to 26 years.</p>			<p>Children's and Families Argyll and Bute HSCP</p>	
<p>Partnership working with social care partners in Argyll and Bute and north Highland will seek to reduce the need for placements out with NHS Highland and where this is required, systems will be established and maintained to ensure children's health care needs are assessed and action taken to ensure they are met in a timely manner.</p>	<p>Sample audit of child plans where a care experienced child is placed out with NHS Highland to understand health care needs and how these were assessed and met</p>	<p>Annual March 2024</p>	<p>Head of Health Highland Council and Head of Children and Families Argyll and Bute HSCP.</p>	