

Children's Rights and Corporate Parenting joint report

2020-2023

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Foreword

Healthcare Improvement Scotland is a proud corporate parent and supporter of children's rights. We are delighted to present our first ever joint Corporate Parenting and Children's Rights report. This report also includes Healthcare Improvement Scotland's third Corporate Parenting Action Plan.

Being a corporate parent is not easy, but we feel we have come some way in our understanding and practice. We thank our staff for their commitment to improving outcomes for care experienced people, and to our extended family of care experienced people, and organisations that represent their interests, for providing ongoing support to help us on this learning journey.

Under the UN Convention of the Rights of the Child (UNCRC), all children have a right to the highest possible standard of health but we know that health inequalities persist and that in particular outcomes continue to be poorer for care experienced people than those without experience of care. As a national organisation committed to advancing equality and making care better for all, we have a significant role to play. This begins with ensuring that everyone in our organisation understands and acts on their responsibilities.

While the COVID 19 Pandemic has had an impact on some of the work we planned to take forward in our Corporate Parenting Action Plan, much progress has still been made.

We hope that our commitment to furthering children's rights and improving services for care experienced people is evident from our plans for the next three years.

Carole Wilkinson

Healthcare Improvement Scotland Chair

Introduction

About this report

Healthcare Improvement Scotland is committed to ensuring we meet our legal duties set out under the [Children and Young People \(Scotland\) act 2014](#) Part 1 to report on progress against the [United Nations Convention on the Rights of the Child \(UNCRC\)](#) every three years.

Healthcare Improvement Scotland is also named as a [Corporate Parent](#) under part 9 of the act and has a duty to report on progress against our action plan within the same timescale. As Corporate Parents, Healthcare Improvement Scotland has a duty to uphold and promote the rights and wellbeing of care experienced people up to the age of 26.

This report combines both our Children's Rights report and our Corporate Parenting Report. In the report we will aim to highlight the work done over the last three years to promote, support and implement Children's Rights and Corporate Parenting in our work.

The report is centred around the eight clusters set out in the Scottish Government's Framework for reporting on Children's Rights. Each of these sections will include relevant updates from our 2020 – 2023 Corporate Parenting action plan ([Appendix 1](#)).

The eight clusters

The Scottish Government has set out eight clusters for public bodies to report on in relation to their Children's Rights duties. These clusters each cover several of the [articles](#) set out in the UNCRC. The clusters are:

- General Measures of Implementation (Article 4),
- General Principles of the UNCRC (Articles 2, 3, 6 and 12),
- Civil Rights and Freedoms (Articles 7, 8, 13, 15, 16, 17, 28, 37 and 39),
- Violence against children (Articles 19, 28, 37 and 39),
- Family environment and alternative care (Articles 5, 9, 10, 11, 18, 19, 20, 21, 25, 27 and 39),
- Basic health and welfare (Articles 6, 18, 23, 24, 26, 27 and 33),
- Education, leisure and culture (Articles 28, 29, 30 and 31), and
- Special protection measures (Articles 20, 30, 32, 33, 34, 35, 36, 37, 38, 39 and 40)

Progress on Corporate Parenting will be reported separately, linked to each of these clusters.

Who is a child?

In Scotland, the definition of a child varies in different legal contexts, but statutory guidance which supports the [Children and Young People \(Scotland\) Act 2014](#), includes all children and young people up to the age of 18. UNCRC also defines a child up to the age of 18.

General Measures of Implementation

What are the General Measures of Implementation?

This cluster focuses on what the government is expected to do to implement the UNCRC through law, policy and decisions which impact on children. From Healthcare Improvement Scotland's perspective this impacts on the systems and supports that we implement to ensure we meet our own legal duties.

Aligning our Corporate Parenting action plan with the UNCRC and the Promise

In 2021 a decision was taken by our Children and Young People Working Group to align our Corporate Parenting action plan with the UNCRC and the [Promise](#). This enabled us to:

- Be more aware of where our duty to uphold children's rights meets our duty as corporate parents,
- Consider the priorities and fundamentals from [Plan 21-24](#) in our work, and
- Collect evidence on progress together in one place.

As a result our corporate parenting actions now take greater consideration of a wider range of factors and support colleagues to make decisions based on children's rights and experiences of services.

Children and Young People Working Group

Our Children and Young People Working Group monitors our progress against Corporate Parenting and Children's Rights. This group meets quarterly and ensures that actions are taken to learn from practice and share knowledge and experience with Healthcare Improvement Scotland colleagues. The working group reports back to the Healthcare Improvement Scotland board via our established governance procedures and is chaired by one of our Directors. The working group has:

- Overseen progress on our Corporate Parenting action plan,
- Set up a new Children and Young People Key Delivery Area Network to bring together colleagues responsible for delivering work with a full or partial focus on children and young people,
- Supported the development of key areas of work where the views and experiences of Children and Young People are vital, and
- Created a programme of learning and development with a focus on the UNCRC.

The Children and Young People Working group is made up of colleagues from across Healthcare Improvement Scotland and is vital to ensuring that we meet our Corporate Parenting and Children's Rights duties.

This work links to [Theme 1](#), [Theme 2](#) and [Theme 3](#) from our Corporate Parenting Plan 2020-23.

Corporate Parenting eLearning

Corporate Parenting eLearning was originally made available to all Healthcare Improvement Scotland colleagues in October 2020. An updated version has been created and published early in 2023. The Corporate Parenting eLearning module was made mandatory learning for all staff at the end of 2022. This signifies the importance that Healthcare Improvement Scotland places on children's rights and the wellbeing of care experienced children and young people. The new Corporate Parenting eLearning seeks to:

- Increase colleagues understanding of children's rights,
- Ensure colleagues consider the impact their work will have on care experienced children and young People, and
- Support colleagues to make the best decisions with the needs of care experienced children and young people at the heart of those decisions.

The Corporate Parenting eLearning module was developed with materials provided by Who Cares? Scotland and includes video case studies exploring real experiences of care experienced young people. The eLearning is supplemented by recent data gathered from research and work carried out by Healthcare Improvement Scotland and has been tailored to meet the needs of our organisation.

This work links to [Theme 1](#), [Theme 2](#) and [Theme 3](#) from our Corporate Parenting Plan 2020-23.

General Principles of UNCRC

What are the General Principles of the UNCRC?

This cluster, the general principles, are non-discrimination (Article 2), best interests of the child (Article 3), survival and development (Article 6) and respect for the views of the child (Article 12). These principles ensure that decision making is made with children and young people and with the best possible outcome for them in mind. To Healthcare Improvement Scotland this means that our work is evidence and experience based, taking account of the views of children and young people.

Children and Young People Key Delivery Area Network

Our Children and Young People Key Delivery Area Network was formed in November 2021. The Network was established to bring together colleagues from across Healthcare Improvement Scotland who have responsibility for delivering work that has a full or partial focus on children and young people. Through more effective connections across our different work in this area we are better able to maximise opportunities to positively impact children and young people's experiences and outcomes.

The Network meets once every two months to share experiences and learning. The Network has:

- Organised a development session, led by a colleague from Together Scotland, to learn more about the UNCRC,
- Carried out a literature review ([Appendix 3](#)) to identify key areas of concern with regards to the healthcare outcomes for care experienced children and young people,
- Decided on a priority to focus on the Promise Plan (21-24) and the UNCRC in 2023/24,
- Raised awareness of a rights based approach and the UNCRC at all staff huddles,
- Conducted a UNCRC Healthcare Improvement Scotland staff awareness survey in December which will be analysed and reported early 2023,
- Collated UNCRC case studies reflecting examples where Healthcare Improvement Scotland staff have placed children's rights at the core of their work, and
- Carried out work to develop a training and learning package accessible to all Healthcare Improvement Scotland staff.

The Children and Young People Key Delivery Area Network are planning an extensive campaign of awareness raising activities for 2023. This will include the development of a short awareness raising session which will be offered to all teams at Healthcare Improvement Scotland.

This work links to [Theme 1](#), [Theme 2](#) and [Theme 3](#) from our Corporate Parenting Plan 2020-23.

Children's Rights and Wellbeing Impact Assessments

In 2021 Healthcare Improvement Scotland produced an internal template for colleagues to use when completing a Children's Rights and Wellbeing Impact Assessment. With an additional question added to the standard Equality Impact Assessment template the two documents are now clearly connected to support colleagues to take the correct steps when starting a new project. The new template includes:

- A Children's Rights checklist to help identify relevant articles,
- Space to include any relevant evidence, and
- Useful Third Sector contacts if further support is required.

Several projects have already undertaken an assessment and are adjusting the work they plan to carry out based on the results.

This work links to [Theme 1](#) and [Theme 2](#) from our Corporate Parenting Plan 2020-23.

Getting it Right for Every Child

In September 2019, the Deputy First Minister made a commitment to the Scottish Parliament to repeal Parts 4 and 5 of the [Children and Young People \(Scotland\) Act 2014](#) and to develop refreshed [Getting it Right for Every Child guidance](#). Following three years of national multi-agency and collaborative working and public engagement refreshed guidance was published on the 30th September 2022. Healthcare Improvement Scotland was part of the national group refreshing "Assessment of Wellbeing" principles. The key changes are:

- A focus on children's rights as an underpinning principle of Getting it Right for Every Child, ensuring policy and practice protects, respects and fulfils the rights of all children and young people,
- Alignment to key policy areas, for example: The Promise and a continued commitment to eradicate child poverty,
- A commitment to ongoing participation of children and young people to ensure that they fully understand, and are involved in, all areas of Getting it Right for Every Child,
- The role of named person does not create any additional authority to obtain information, however, some practitioners who fulfil the role of named person may have an existing role in relation to a child or young person (e.g. health visitor or head teacher) and in that capacity may have a lawful basis to process information, and
- This guidance provides more clarity on information sharing for third sector organisations, and takes into account smaller, voluntary and community organisations that play a valuable role in sharing information to support a child or young person's wellbeing.

The links to the refreshed principles are below:

[Getting it right for every child – Practice Guidance 1 – Using the National Practice Model – 2022](#)

[Getting it right for every child – Practice Guidance 2 – Role of the named person – 2022](#)

[Getting it right for every child – Practice Guidance 3 – Role of the lead professional – 2022](#)

[Getting it right for every child – Practice Guidance 4 – Information Sharing – 2022](#)

[Getting it right for every child – Statutory Guidance - Assessment of Wellbeing 2022 – Part 18 \(section 96\) of the Children and Young People \(Scotland\) Act 2014](#)

[Getting it right for every child – Information Sharing Charter – Parents and Carers – 2022](#)

[Getting it right for every child – Information Sharing Charter – Children and Young People – 2022](#)

Civil rights and freedoms

What are civil rights and freedoms?

This cluster is primarily focused on children's rights to move freely in public spaces, meet with others, think and believe what they like, access information, speak their minds as long as it is not harmful to others, keep personal matters and communication private and their right to be protected from inhumane or degrading treatment. For Healthcare Improvement Scotland this means that information we produce should be accessible to children and young people, that we treat them with respect and that we respect their rights to privacy.

Accessible information project

During 2022 Healthcare Improvement Scotland's Community Engagement directorate undertook a project to develop guidance for colleagues to use in making the information we produce more accessible to all.

A group of Easy Read Champions have undertaken training which will enable them to support colleagues from across Healthcare Improvement Scotland to make information more accessible. They can support colleagues to think about the information they are producing and make suggestions as to how that information could be made more accessible. The Easy Read Champions have access to software to support the development of easy read materials where this is appropriate.

These resources will be particularly helpful when we are developing information aimed at:

- Younger children,
- Children and young people with learning disabilities,
- Children and young people with hearing loss or visual impairment, and
- Children and young people who speak a minority language.

The resources have been piloted with the Community Engagement directorate and will be rolled out across Healthcare Improvement Scotland.

This work links to [Theme 2](#) from our Corporate Parenting Plan 2020-23.

Protecting Personal Data

Healthcare Improvement Scotland is fully committed to protecting people's personal information and data and adhering to relevant legislation. Any child or young person taking part in our work will be clearly told what we will do with any data we receive from them and how it will be stored. Anyone providing us with data or feedback has the right to withdraw

from participation at any time. To adhere to data protection Healthcare Improvement Scotland uses:

- Consent forms accompanied by a participation information sheet, and
- Audio visual consent forms when taking pictures or making audio or video recordings.

Healthcare Improvement Scotland aims to be fully transparent and clear about why we collect data and what we will use it for.

This work links to [Theme 2](#) from our Corporate Parenting Plan 2020-23.

Violence against children

What is violence against children?

This cluster focuses on situations where children experience violence in any of its forms. This includes physical and emotional violence, abuse, neglect, maltreatment and exploitation including sexual abuse. Healthcare Improvement Scotland is committed to safeguarding, promoting and supporting the wellbeing of children, young people and adults including those who are most vulnerable. This supports the vision of the Scottish Government that children and young people have the right to be cared for, protected from harm and grow up in a safe environment in which their wellbeing, rights and needs are respected; and all adults have the right to self-determination and to live their lives free from harm and those identified to be at risk of harm are appropriately supported and protected.

Healthcare Improvement Scotland has a duty to co-operate with local authorities when they are making enquiries to protect children, young people and adults. Healthcare Improvement Scotland employees have a duty to take appropriate action when we are concerned that a child (including an unborn child), young person or an adult is at risk of harm, abuse or neglect.

The Chief Executives of Health Boards have responsibility to ensure that all staff are competent to recognise and respond to public protection concerns and that they are fully aware of their individual and corporate responsibilities, [Scottish Government \(2021\)](#) and [Scottish Government \(2022\)](#).

A trauma informed workforce

The importance of having a trauma informed and responsive workforce is highlighted in multiple key policy developments such as [Mental Health Strategy](#), [The Promise Plan 21-24](#), [Child Protection National Guidance](#), [Equally Safe](#) and the revised [Adult Support and Protection Code of Practice](#). Furthermore the published [NHS Public Protection Accountability and Assurance Framework \(Scottish Government 2022\)](#) directs “All NHS employees and contractors are trained to the appropriate level, dependant on their role, in line with the [Transforming Psychological Trauma Knowledge and Skills Framework](#), using guidance in the [Scottish Psychological Trauma Training Plan](#).”

In July 2022, our Executive team approved plans to develop a trauma informed workforce across Healthcare Improvement Scotland and a Trauma Implementation Practice Steering Group was convened. Terms of Reference were established and monthly meetings have taken place since October 2022. Healthcare Improvement Scotland also submitted a [leadership pledge](#) of support, essentially meaning pledging our ongoing commitment to embedding trauma informed principles and practice in Scotland to support anyone affected by psychological trauma.

Health Boards were also asked to nominate a local Trauma Champion. The Public Protection and Child Health Lead has assumed this position within Healthcare Improvement Scotland and chairs our Trauma Implementation Practice Steering group. Our Trauma Champion is responsible for overseeing, encouraging and raising awareness of trauma informed and trauma responsive practice across all services within Healthcare Improvement Scotland. As an organisation we will take forward any required cultural and system change to embed the five key drivers of Trauma Informed Practice. The five key drivers are:

- Value the contribution of people with lived experience
- Show courageous leadership and ‘walk the talk’
- Support workforce training and implementation of trauma informed practice
- Prioritise staff wellbeing, and
- Monitor, evaluate and improve.

The seven-minute briefing Trauma Informed Practice ([Appendix 4](#)) was also disseminated across the organisation.

Practice Level one TIP was given mandatory status for all Healthcare Improvement Scotland colleagues at the Mandatory Training Review Panel Meeting on the 14th November.

This work links to [Theme 1](#), [Theme 2](#) and [Theme 3](#) from our Corporate Parenting Plan 2020-23.

Child Protection eLearning Suite

In partnership with NHS Education for Scotland (NES) four Public Protection eLearning education resources (2 x informed levels & 2 x skilled levels) were developed and launched in September 2022. The resources have a significant focus on children’s rights and support a national “Once for Scotland” approach. This development has not only helped alleviate some pressure on health board resources but also improved accessibility to high quality learning and consistency in practice across Scotland. Informed level modules are designed for the entire health workforce, whether employed or volunteers and skilled level for those with more direct contact with children, young people and their families and adults. The level one modules are mandatory for all Healthcare Improvement Scotland staff.

It is vitally important that all Healthcare Improvement Scotland staff, regardless of their role, be aware of their duty to protect children and young people and take appropriate action when they feel they may be at risk. The resources are available on [Turas Learn](#), an online learning system.

Family environment and alternative care

What is family environment and alternative care?

This cluster focuses on the role of parents and the support they should have to bring up their children. It also focuses on the right of children not to be separated from their parents unless it is in their best interests. Additionally it covers the right of children to be well cared for when they are apart from their parents, to maintain contact with their parents if it is in their best interests and to have a say when decisions are made about where they live. Again while this cluster is less likely to impact directly on the work of Healthcare Improvement Scotland, it is still relevant to some of our work as it is key that we work with frontline service providers to ensure these rights are upheld.

National Hub for Reviewing and Learning from the Deaths of Children and Young People

Scotland has a higher mortality rate for under-18s than most other Western European countries, with over 300 children and young people dying each year. According to the [National Records of Scotland](#) in August 2020 when the [scoping exercise](#) was carried out, around a quarter of those deaths could be prevented.

Healthcare Improvement Scotland, in collaboration with the Care Inspectorate, co-host the National Hub for Reviewing and Learning from the Deaths of Children and Young People.

We use a multidisciplinary and multi-agency approach, focused on using evidence to deliver change, and will ultimately aim to reduce deaths and harm to children and young people. We want to ensure the death of every child and young person is reviewed to an agreed minimum standard.

Reviews will be conducted into the deaths of all live born children up to the date of their 18th birthday, or 26th birthday for care experienced young people.

Work was carried out to engage with stakeholders in developing national guidance. This guidance was published in October 2021 and is available on our [website](#).

The National Hub produced a family and carer survey in collaboration with third sector colleagues; Child Bereavement UK, Children's Hospices Across Scotland (CHAS) and Sands, the stillbirth and neonatal death charity. Our third sector colleagues distributed the survey to families and carers who had experienced a bereavement and asked them to share their experiences with us. A report was produced from the responses we received. The report outlines what we have learned from families and carers who have experienced the loss of a child and what recommendations need to be put in place to improve the experience for families and carers in the future. We made 8 recommendations to NHS boards, local authorities and public protection committees, third sector organisations and the National Hub

in order to make sure that families' experience will improve. Following the survey findings, we are developing a national leaflet for families and carers. The leaflet will set out the process following the death of their loved one and the role of the National Hub.

Although we did not have a survey specialist in our group, the survey was developed in collaboration with third sector colleagues, all of whom have produced surveys in the past. Their knowledge and guidance was invaluable. During the initial stages of developing the survey, we shared a draft version with a small number of bereaved families and carers to ensure the questions asked were appropriate, sensitive to the subject matter and easy for families and carers to understand. The feedback we received was valuable and helped inform the final survey.

Basic health and welfare

What is basic health and welfare?

This cluster focuses on the health and welfare of all children and particularly upholding the rights of disabled children. For Healthcare Improvement Scotland this means that we must consider the views and experiences of children and young people when developing standards for the NHS in Scotland. It means that standards must be based on the best available evidence.

Sexual Health Standards

In early 2019, Healthcare Improvement Scotland carried out a scoping exercise to determine the ongoing validity of the 2008 standards for sexual health services. The view from stakeholders was that the standards needed to be updated in line with changes in local and national policy and current clinical best practice. In February 2019, Healthcare Improvement Scotland withdrew the 2008 standards for sexual health services and convened a multidisciplinary standards development group to refresh the standards for sexual health.

The new draft sexual health standards were published in March 2021 and following their publication a 15 week long consultation exercise took place. Members of the public including young people, healthcare professionals and colleagues working in the third sector were asked to take part. As a result of the consultation:

- Several changes were made to the wording of certain criterion, and
- A consultation report was produced setting out the changes made.

The updated sexual health standards and a copy of the consultation report are available from the Healthcare Improvement Scotland [website](#).

This work links to [Theme 1](#) and [Theme 3](#) from our Corporate Parenting Plan 2020-23.

SIGN Guideline for Epilepsies in Children and Young people: Investigative procedures and management

SIGN guidelines provide a review of evidence and research findings and make recommendations for best practice. The recommendations are produced following consideration of the evidence by a group of multidisciplinary healthcare professionals and people with lived experience. In May 2021 [SIGN 159](#) was published and provides evidence based recommendations on the investigation and management of epilepsies in children and young people. Children and young people were involved in developing the guideline in a number of ways:

- A facilitated engagement session was held with members from Epilepsy Scotland's youth group to discuss their priorities. Their views and preferences were then presented to and considered by the guideline development group,
- Two young people joined the team to contribute to setting key clinical questions to be addressed in the guideline, present to the national open meeting and help write parts of the guideline,
- Quotes from young people were used in the published guideline to illustrate key aspects of care that matters to them, and
- A [video](#) was produced about young people's experiences of epilepsy services.

The guidelines were developed with children and young people and their families. Booklets for children and young people and their families were also created as part of the development of the guidelines. Positive feedback has been received from people that work with children and young people with epilepsy, families, healthcare professionals and most importantly, children and young people.

Development of this guideline also led to the identification of areas outwith the scope of this work in which further research could be carried out to help inform best practice.

SIGN Guideline on Eating Disorders

In January 2022 SIGN published a [guideline on eating disorders](#), including anorexia nervosa, bulimia nervosa, binge eating disorders and misuse of insulin in type 1 diabetes. The guideline covered children, young people and adults.

Symptoms of eating disorders are first recognised in people under the age of 16 in approximately 60 % of cases. Prevalence of eating disorders in teenage girls is as high as 12 %. Adolescents have higher rates of full recovery and lower mortality than adults (mean mortality 2 % vs 5 %). With treatment, around 50 % of people with anorexia nervosa achieve full functional recovery.

Having an eating disorder can lead to severe disruption in education and subsequently employment. There is a risk of a break in care when young people have to transfer from paediatric to adult services, or between health boards (for example if moving house or going away to university).

We worked with eating disorders organisations such as Beat to identify the areas of most concern for children and young people and identified equality considerations through an equality impact assessment. As a result we included research questions to address the specific needs of children and young people, and a question on how best to manage transitions between services. The guideline also includes research on the needs of people who identify as lesbian, gay, bisexual, trans, queer, or non-binary and/or have a minority ethnic background, to encourage individual needs and preferences to be taken into account

when offering support and treatment. Recommendations on how to support families and carers of someone with an eating disorder are also included.

The SIGN guideline is aimed at healthcare professionals. We considered how best to translate and present the research findings and recommendations to children and young people, and their parents or carers, to help them have informed discussions about their care. People with eating disorders continue with treatment and find it more effective if they have had a choice in what treatment they receive. Having the opportunity to choose treatment was an issue raised by people with lived experience of eating disorders during workshop discussions about the remit of the guideline.

We invited workshop participants to share their views on which formats of information would be helpful for children and young people. Their preference was video format which they suggested would be more accessible for children and young people than written booklets. Research also suggests that children and young people have a preference for digital health information so we produced a series of animated videos on treatment options and what works best for children and young people with anorexia nervosa, bulimia nervosa, and binge eating disorder and a video on transitions between healthcare services.

The videos for children and young people provide an opportunity for them to understand what care might be best for them, what happens during treatment and to hear the experiences of others.

Pre-term Perinatal Wellbeing Package

In 2019 the Maternity & Children's Quality Improvement Collaborative, as part of the Scottish Patient Safety Programme, launched the pre-term perinatal wellbeing package. This is a group of multidisciplinary interventions which reduce illness and mortality, resulting in improved outcomes for babies born before 34 weeks gestation. The pre-term perinatal wellbeing package was launched across all maternity and neonatal units in Scotland along with supporting resources. Since launch, this has contributed to improvements in the delivery of these treatments, including:

- An increase in the administration of magnesium sulphate, which can reduce the risk of cerebral palsy by up to 30%
- An increase in the administration of pre-birth steroids to the mother, which can reduce mortality by up to 32%
- An improvement in deferred umbilical cord clamping, which reduces brain haemorrhage and the need for blood transfusions

Details of these interventions and their effects, as well as the others in the package, can be found [here](#).

Subsequently, in January 2023 the Scottish Patient Safety Programme began piloting a new tool, the pre-term passport, which is based on the interventions in the pre-term perinatal wellbeing package. The preterm passport will be introduced for women in preterm labour or having a planned preterm birth, and will follow them through their entire journey. The passport prompts the treatments that need to be given before, during and after the birth of premature babies. It also prompts communication and reflection among the teams looking after them. The passport aims to be a truly person centred document involving all maternity and neonatal teams as well as a communication aid and prompt to standardise care, all of which is underpinned by our Scottish Patient Safety Programme Essentials of Safe Care work ([Essentials of Safe Care - ihub](#)).

All of the available pre-term perinatal wellbeing package resources can be found [here](#).

Education, leisure and culture

What is education, leisure and culture?

This cluster focuses on the right of all children to access education which helps them to reach their full potential without discrimination. While it does not directly relate to Healthcare Improvement Scotland's outcomes, we can still support the delivery of this cluster and should continually seek to do so.

Career ready mentoring

The Career Ready Mentoring Programme is all about linking young people with working people and workplaces to develop their understanding of careers and the attitudes, behaviours and professional skills needed to gain employment.

Young people attending high schools in areas of deprivation or regeneration areas in Scotland are offered the opportunity to take part.

Young people nearing the end of their high school journey are paired up with mentors who support them to:

- Develop skills that they will find useful in the workplace, and
- Think about their potential future career and any further education they may require.

Participants in the scheme meet with their mentors and discuss their goals and objectives. Summer internships are made available to participants to help them get a taste of working life. The internship can include many different tasks including attending meetings punctually, managing deadlines and even managing a busy email inbox.

Young people involved in the scheme can expect support and guidance throughout from their mentor. Participants can also gain from advice and support from other colleagues that may work with the mentor. Ultimately it is hoped that this scheme can support young people to develop their career goals, build a foundation for their working lives and find a place in further education if this is what they desire.

Three young people completed the program with Healthcare Improvement Scotland ending with their summer internship in 2022.

Special protection measures

What are special protection measures?

This cluster focuses on protecting the rights of vulnerable and marginalised children, children who are most at risk of having their rights ignored or infringed upon. This includes asylum seeking and refugee children, child victims of trafficking or exploitation and children in trouble with the law. For Healthcare Improvement Scotland this means learning from the experiences of children and considering the impact our work could potentially have on them.

Healthcare within justice – mental health service provision for young people

Healthcare Improvement Scotland contributed to the expert review of provision of mental health services at [HMP Young Offenders Institute Polmont in 2019](#). The review resulted in the introduction of mobile phones for prisoners in custody. It also influenced a decision made by the Scottish Government to commit to not having children under the age of 18 serving a prison sentence, they would go to a place of safety instead. In July 2022 we carried out follow up work to identify the impact the changes have had on the mental health and wellbeing of young people at HMP Young Offenders Institute Polmont. We did this by:

- Supporting the review of the recommendations made in the initial review, and
- Holding focus groups with young people.

Feedback has shown that the changes have had a positive impact on young people in custody. The focus groups have also given us key areas to examine in future inspections of custody facilities, ensuring that we remain focused on what is important to people who have lived experience of being in custody.

This work links to [Theme 1](#) and [Theme 3](#) from our Corporate Parenting Plan 2020-23.

Joint inspection of children's services

Healthcare Improvement Scotland works collaboratively with the Care Inspectorate, His Majesty's Inspectorate of Constabulary in Scotland and Education Scotland to jointly carry out inspections of services for children and young people at risk of harm. Trained young inspection volunteers are also involved, to support the inspection team, through their lived experiences.

Some of the children and young people may be at risk of harm from abuse or neglect or may require additional support to make sure their needs are met. The regulation of Children's Services aims to reduce risks associated with harm and promote positive outcomes for all children, young people, families and carers. The inspection model considers the effectiveness of services; what works well and what could be improved. This process takes into account the

experiences of and outcomes for children and young people. Inspectors also assess how care is delivered by the people providing that service. This involves speaking to the staff and children, young people and their families. The operational management and strategic leadership that supports the planning, delivery and evaluation of the service is also assessed. Where necessary, inspectors make recommendations based on the findings of the inspection. This aims to promote positive outcomes for children and young people.

Inspection reports are published on [the Care Inspectorate's website](#). Health and Social Care Partnerships are expected to act on any recommendations for improvement.

This work links to [Theme 1](#) and [Theme 3](#) from our Corporate Parenting Plan 2020-23.

Development of Bairns' Hoose standards

Healthcare Improvement Scotland has worked with children and young people, third sector colleagues and other partners to develop the Bairns' Hoose standards which are based on the Barnahus model. The first Barnahus or 'Child's House' was established in Iceland in 1998 to improve the statutory response to child sexual abuse. Inspired by the Child Advocacy Center model from the United States, the Barnahus model is explicitly underpinned by the United Nations Convention on the Rights of the Child and is internationally recognised as an evidence-based model for children and families who are victims and witnesses of abuse and violence.

In December 2021, before the formation of the Bairns' Hoose Standards Development Group, children and young people across Scotland were asked one key question: 'what would you like to see in the standards?' This built on the work of the Glasgow Initiative for Facilitation Therapy who, in partnership with the Moira Anderson Foundation, made a series of recommendations to the Standards Development Group. The Standards Development Group were presented with this feedback at the beginning of the process. From February 2022, participation and rights workers from six organisations have supported children to play an active role throughout the six months standards development period. Through creative sessions, play, videos, group work and one-on-one sessions, children input their ideas into the standards and fed back on their experiences to the Standards Development Group at every meeting. A children's version was published for the consultation and organisations were offered up to £500 to run sessions or workshops with young people across Scotland.

From February 2023, children and young people will work with our communications team to create an alternative format children's standards document which meets their needs. We will also work with children's rights organisations to pay children and young people a Living Wage to give their thoughts on the applications for pathfinder sites— this means that children and young people will be a central part of the plans to test and implement the standards as the first phase of rolling out a national Bairns' Hoose model begins.

This work links to [Theme 1](#) and [Theme 3](#) from our Corporate Parenting Plan 2020-23.

Appendix 1: Corporate Parenting Plan 2020-23

The United Nations Convention on the Rights of the Child (UNCRC) and the Promise

The following articles from the UNCRC relate to our Corporate Parenting Plan:

- Article 2 (non-discrimination)
- Article 3 (best interests of the child)
- Article 6 (life, survival and development)
- Article 12 (respect for the views of the child)
- Article 13 (Freedom of expression)
- Article 28 (right to education)

More detail on these can be found in Appendix 1

The following Fundamentals from the Promise relate to our Corporate Parenting Plan:

- What matters to children and families
- Listening

The following Priorities from the Promise relate to our Corporate Parenting Plan:

- A good Childhood
- Supporting the Workforce
- Building Capacity

More detail on these can be found in Appendix 2

Number	Theme	Action	Outcome	Indicative Timeline	Owner	Update
1	We understand the issues that care experienced people face and assess their needs	a) 'Care experience' to be included in Equality Impact Assessments and treated as a protected characteristic	We explicitly consider the impact of our work on care experienced people and take action to minimise or remove any negative impacts Relates to: Article 3 (best interests of the child) from UNCRC	December 2021	Equality and Diversity Advisor	Care experience has been built into our Equality Impact Assessment templates and guidance. We will regularly review Equality Impact Assessment actions and learning during the period of our next plan and continue to improve guidance for colleagues. Completed
		b) Explore the sharing of current relevant learning/literature with staff through flash reports and intranet pages	We are aware of issues affecting care experienced people Relates to: Article 2 (non-discrimination) from UNCRC Fundamental 'Listening' from the Promise	Ongoing	Children and Young People Working Group	Updates from Children and Young People Working Group have been shared via staff huddles and articles on the Source staff intranet for Care Day and Care Experienced Week. For example, Twitter and the Source staff intranet activity carried out for CareDay22 on 18 February 2022. Completed
		c) Raise awareness of corporate parenting responsibilities by launching corporate parenting e-learning module for all staff, and exploring other methods, e.g. face-to-face training	We understand our corporate parenting duties and how it applies to our work Relates to: Priority 'Supporting the Workforce' from the Promise	February 2021	Organisational Development and Learning Corporate parenting lead Public Protection and Children's	Corporate parenting e-learning module was shared with staff in October 2020 during Care Experienced Week. Content updated and moving to new platform. Old platform no longer supported.

					Health Service Lead	Corporate parenting e-learning module to be made mandatory training for all. Completed
		d) Promote opportunities for staff, particularly programme leads and managers, to reflect on where they can have a positive impact in respect of our corporate parenting duties, identify actions and take them forward	We understand the opportunities that exist in our organisation to promote the wellbeing of care experienced people Relates to: Article 13 (Freedom of expression) from UNCRC Priority 'Building Capacity' from the Promise	March 2023	Public Involvement Advisor Programme leads	CYPWG provided opportunities for staff to reflect. 2 June 2020 session allowed opportunity to consider HIS contribution to Scotland fulfilling The Promise. Children and Young People Key Delivery Area Network was launched in November 2021 for colleagues to share practice, learn from experts and each other. Rapid Review into the Health and Wellbeing of Care Experienced Children and Young People was carried out in January 2022. The evidence was discussed at the January 2022 meeting of the CYP KDA Network and is being used to inform our work. Completed
		e) Seek views and experiences of care experienced people with a view to exploring scope for 'care-proofing' recruitment/staff policies	We understand the issues care experienced people face when accessing employment opportunities	July 2021	People and Workplace Team	This action was significantly delayed due to the pandemic. Conversations are being held with People and Workplace to discuss carrying this activity forward to the next Corporate Parenting Plan for 2023-26.

			<p>Relates to: Article 2 (non-discrimination) from UNCRC</p> <p>Fundamental ‘Listening’ from the Promise</p>			<p>Carried forward to item 1. e) in 2023-2026 Plan</p>
		f) Share learning from the Independent Care Review with our staff, including non-executive members	<p>We understand the health issues that care experienced people face</p> <p>Relates to: Article 12 (respect for the views of the child) from UNCRC</p> <p>Fundamental ‘Listening’ from the Promise</p>	April 2020	Community Engagement Director/Public Involvement Advisor	<p>A scheduled in –person awareness raising and information session for HIS colleagues was postponed due to COVID-19 restrictions.</p> <p>Awareness raising about the Promise work has started through sharing video and resources. This activity to carry forward to next Corporate Parenting Plan 2024-26.</p> <p>Carried forward to item 1. f) in 2023-2026 Plan</p>
		g) Maintain corporate parenting awareness among non-executive members by offering ongoing learning opportunities	<p>Our board members are committed to corporate parenting and encourage our staff to demonstrate this</p> <p>Relates to: Priority ‘Supporting the Workforce’ from the Promise</p>	Ongoing	Public Involvement Advisor	<p>E-learning module was made available at end of October 2020.</p> <p>Same e-learning module as described at action 1. c) will be used.</p> <p>Progress made, ongoing activity to be carried forward to item 1. f) in 2023-2026 Plan</p>
Number	Theme	Activity			Who should be involved?	
2	We promote the interests of care experienced people and provide them with opportunities	a) Develop relationships between our local engagement offices and regional Champions Boards to support them to have their voice heard in shaping health and care	Champions Boards are equipped to have their voice heard in health and care	October 2022	Community Engagement local offices	<p>Delayed due to pandemic.</p> <p>This action will be carried forward to our Corporate Parenting Plan for 2023-26</p>

		services, and our improvement activity	<p>Champions Boards have opportunities to become engaged in our work</p> <p>Relates to: Fundamentals ‘what matters to children and families’ and ‘Listening’ from the Promise</p>			Carried forward to item 2. a) in 2023-2026 Plan
		b) Use data collected regarding the number of care experienced people who have participated in our community engagement activities to make informed decisions about targeted recruitment for future engagement activities	<p>Care experienced people are well represented in our engagement activities</p> <p>Our decisions are informed by the views and experiences of care experienced people</p> <p>Relates to: Article 12 (respect for the views of the child)</p> <p>Fundamental ‘Listening’ from the Promise</p>	Ongoing	<p>Public Involvement Advisor</p> <p>Engagement Programme Managers</p>	<p>Community engagement activity restricted due to the pandemic. No data collected in 2020-21 and limited data during 2021-23 associated with Gathering Views exercises.</p> <p>Revised equalities monitoring forms include a care experience question.</p> <p>Completed</p>
		c) Explore how line managers can best support care experienced members of staff and other care experienced people we work with.	<p>Staff with line management responsibilities are aware of how to best support care experienced people involved in our work</p> <p>Relates to: Article 6 (life, survival and development) from UNCRC</p>	March 2021	Organisational Development and Learning Team	<p>Action delayed due to the pandemic.</p> <p>This action will be carried forward into our Corporate Parenting Plan for 2023-26</p> <p>Carried forward and integrated into item 2. c) in 2023-2026 Plan</p>

Number	Theme	Activity			Who should be involved?	
			Priority 'supporting the workforce' from the Promise			
		d) Explore the introduction of NHS work experience tasters for care experienced and disadvantaged people	<p>Care experienced young people have opportunities to gain work experience in the NHS</p> <p>Relates to: Article 28 (right to education) from UNCRC</p> <p>Priority 'A good childhood' from the Promise</p>	October 2020	<p>Corporate parenting lead</p> <p>Organisational Development and Learning Team</p> <p>Other NHS health boards</p>	<p>Delayed due to physical distancing measures/ homeworking.</p> <p>Focus changed as a result of home and hybrid working to HIS supporting a programme of career ready mentoring for young people from areas of multiple deprivation.</p> <p>Carried forward to item 2. d) in 2023-2026 Plan</p>
		e) Explore opportunities to promote Modern Apprenticeships to care experienced people	<p>Care experienced people have opportunities to gain employment in the NHS and develop their skills</p> <p>Relates to: Article 28 (right to education) from UNCRC</p>	July 2022	People and Workplace Team	<p>Delayed due to physical distancing measures/ homeworking.</p> <p>Focus changed as a result of home and hybrid working to HIS supporting a programme of career ready mentoring for young people.</p> <p>Opportunities to promote Modern Apprenticeships to care experienced people will be considered over the next action plan period.</p> <p>Carried forward to item 2. e) in 2023-2026 Plan</p>

3	We collaborate with other corporate parents and improve the way we work with care experienced people	a) Be active participants in corporate parenting collaboration groups, e.g. the national Corporate Parents Collaboration Group	<p>We are aware of how others corporate parents are meeting their duties and we apply relevant learning to improve how we are meeting our duties</p> <p>We share our learning with other corporate parents to inform the practice of other corporate parents</p> <p>We identify opportunities for collaboration where it will add value and avoid duplication of effort</p> <p>Relates to: Priority 'Building Capacity' from the Promise</p>	July 2020	<p>Corporate parenting lead</p> <p>Children and Young People Working Group</p>	<p>Joined the Corporate Parents Collaboration Group in 2020 but this group was halted during the pandemic. HIS continues to participate in online meetings and actively explores opportunities for potential collaboration with other corporate parents.</p> <p>Carried forward to item 3. a) in 2023-2026 Plan</p>
		b) Explore HIS having a convening and co-ordinating role in establishing good practice in health relating to our corporate parenting duties	<p>We collaborate with NHSScotland colleagues to meet shared aims, while maximising what we can achieve within our own gift</p> <p>Relates to: Priority 'Building Capacity' from the Promise</p>	March 2021	Corporate parenting lead	<p>Delayed due to the pandemic.</p> <p>A revised version of this action will be carried forward to the Corporate Parenting Plan for 2023-26</p> <p>Carried forward to item 3. b) in 2023-2026 Plan</p>
		c) Share learning from joint inspections of children's services with other corporate parents	Our learning of what is working well for children in need of care and protection is used to inform work of other corporate parents	Ongoing	Clinical Expert, Quality Assurance Directorate	The HIS Clinical Expert in Joint Inspection's for Children's Services attends Children and Young People Working Group meetings and can advise and support

			Relates to: Priority 'Building Capacity' from the Promise			options for sharing learning more widely. Progress made, ongoing activity to be carried forward to item 3. c) in 2023-2026 Plan
		d) Learn from corporate parents across sectors who are involving care experienced people in what they do, e.g. explore how the Care Inspectorate support their young inspectors	We apply learning from other corporate parents to improve how we involve care experienced people in our work Relates to: Priority 'Building Capacity' from the Promise	Ongoing	Public Partnership Co-ordinator	Actively seeking learning regarding the involvement of care experience people during the pandemic. We shared an Engaging Differently case study about the Lockdown Lowdown study initiated by YouthLink Scotland and partners, which involved care experienced young people. Progress made, ongoing activity to be carried forward to item 3. d) in 2023-2026 Plan

Monitoring and Reporting

We will continue to monitor progress with our commitments through our Children and Young People Working Group which meets three times a year and will report annually to the Scottish Health Council Committee.

Appendix 1

The United Nations Convention on the Rights of the Child (UNCRC)

A summary of the related articles available below:

- **Article 2** (non-discrimination) The Convention applies to every child without discrimination, whatever their ethnicity, sex, religion, language, abilities or any other status, whatever they think or say, whatever their family background.
- **Article 3** (best interests of the child) The best interests of the child must be a top priority in all decisions and actions that affect children.
- **Article 6** (life, survival and development) Every child has the right to life. Governments must do all they can to ensure that children survive and develop to their full potential.
- **Article 12** (respect for the views of the child) Every child has the right to express their views, feelings and wishes in all matters affecting them, and to have their views considered and taken seriously. This right applies at all times, for example during immigration proceedings, housing decisions or the child's day-to-day home life.
- **Article 13** (freedom of expression) Every child must be free to express their thoughts and opinions and to access all kinds of information, as long as it is within the law.
- **Article 28** (right to education) Every child has the right to an education. Primary education must be free and different forms of secondary education must be available to every child. Discipline in schools must respect children's dignity and their rights. Richer countries must help poorer countries achieve this.

A summary of all articles can be found [here](#).

Appendix 2

The Promise

A summary of the related fundamentals and principles from The Promise can be found below:

Fundamentals:

- **What matters to children and families:** At all stages in the process of change, what matters to children and families must be the focus. Organisations will be able to demonstrate that they are operating from their perspective rather than the perspective internal to the 'system'.
- **Listening:** Organisations that have responsibilities towards care experienced children and families, and those on the edge of care will be able to demonstrate that they are embedding what they have heard from children and families into the work that they are doing to #KeepThePromise.

Priorities:

- **A Good Childhood:** Secure attachments, based on loving, consistent relationships, must be the bedrock of every decision made about children. This principle must not operate only at a strategic level but be part of the everyday practice of the workforce and family-based carers.
- **Supporting the Workforce:** Scotland must place trust in its workforce to develop and nurture relationships, enable their capacity to care and love and provide support to make this part of daily life.
- **Building Capacity:** Children, families and the workforce must be supported by a system that is there when it is needed. The scaffolding of help, support and accountability must be ready and responsive when it is required.

The Plan 21-24 contains more detail and is available [here](#).

Appendix 2: Corporate Parenting Plan 2023-26

The United Nations Convention on the Rights of the Child (UNCRC) and the Promise

The following articles from the UNCRC relate to our Corporate Parenting Plan:

- Article 2 (non-discrimination)
- Article 3 (best interests of the child)
- Article 6 (life, survival and development)
- Article 12 (respect for the views of the child)
- Article 13 (freedom of expression)
- Article 28 (right to education)

More detail on these can be found in [Appendix 1](#)

The following Fundamentals from the Promise relate to our Corporate Parenting Plan:

- What matters to children and families
- Listening

The following Priorities from the Promise relate to our Corporate Parenting Plan:

- A Good Childhood
- Supporting the Workforce
- Building Capacity

More detail on these can be found in [Appendix 2](#)

As corporate parents named in the [Children and Young People \(Scotland\) Act 2014](#), we have a responsibility to perform the actions necessary to uphold the rights and safeguard the wellbeing of care experienced children and young people.

Our duties as a corporate parent are to:

- (a) **be alert** to matters which, or which might, adversely affect the wellbeing of children and young people
- (b) **assess the needs** of those children and young people for services and support it provides
- (c) **promote the interests** of those children and young people
- (d) seek to **provide** those children and young people with **opportunities** to participate in activities designed to promote their wellbeing
- (e) take such action as we consider appropriate to **help those children and young people to:**
 - (i) **access opportunities** we provide in pursuance of (d)
 - (ii) **make use of services**, and **access support**, which we provide, and
- (f) take such other action as we consider appropriate for the purposes of **improving the way in which we exercise our functions** in relation to children and young people.

These duties have been linked to the three themes in our Corporate Parenting Plan below.

Number	Theme	Action	Outcome	Indicative Timeline	Owner	Update
1	<p>We understand the issues that care experienced people face and assess their needs</p> <p>Our Duty: Be Alert and Assess Needs</p>	<p>a) Regularly review completed Equality Impact Assessments and Children’s Rights and Wellbeing Impact Assessments and highlight relevant learning. Learning could be highlighted using a seven minute briefing, flash report or another format. Learning opportunities in the future will be available through the Healthcare Improvement Scotland Campus which aims to bring key learning together in one place for all Healthcare Improvement Scotland colleagues.</p>	<p>We explicitly consider the impact of our work on care experienced people and take action to minimise or remove any negative impacts</p> <p>Relates to: Article 3 (best interests of the child) from UNCRC</p>	<p>Once every six months with first report due in September 2023</p>	<p>Public Involvement Advisor</p> <p>Equality and Diversity Advisor</p> <p>Children and Young People Key Delivery Area Network</p>	
		<p>b) Create a care experience communications/awareness calendar to support the sharing of current relevant learning/literature/research with colleagues e.g. through flash reports and intranet pages. The calendar will link with awareness raising dates such as mental health, sexual health, pregnancy and maternity and other relevant topics</p>	<p>We are aware of issues affecting care experienced people</p> <p>Relates to: Article 2 (non-discrimination) from UNCRC</p> <p>Fundamental ‘Listening’ from the Promise</p>	<p>Ongoing to be reviewed annually</p>	<p>Children and Young People Working Group (CYPWG)</p> <p>Children and Young People Key Delivery Area Network (CYPKDN)</p>	
		<p>c) Build on the updated corporate parenting e-learning module, which was made mandatory for all staff in the previous reporting period, by supporting the content with facilitated learning</p>	<p>We understand our corporate parenting duties and how it applies to our work</p>	<p>Ongoing to be reviewed annually</p>	<p>Public Involvement Advisor</p> <p>Public Protection and Children’s</p>	

		sessions and ongoing promotion of the module.	Relates to: Priority 'Supporting the Workforce' from the Promise		Health Service Lead	
		d) Create specific opportunities for staff, particularly programme leads and managers, to reflect on where they can have a positive impact in respect of our corporate parenting duties, identify actions and take them forward. For example with facilitated sessions, through the Children and Young People Key Delivery Area Network and by providing access and signposting to additional resources.	We understand the opportunities that exist in our organisation to promote the wellbeing of care experienced people Relates to: Article 13 (Freedom of expression) from UNCRC Priority 'Building Capacity' from the Promise	Ongoing to be reviewed annually	Public Involvement Advisor Programme leads Children and Young People Key Delivery Area Network	
		e) Develop a programme of awareness raising/ learning opportunities for all staff to increase understanding of and encourage proactive initiatives to support Healthcare Improvement Scotland's role as a Corporate Parent, including exploration of: potential Healthcare Improvement Scotland to consider care experience as being as important as the recognised protected characteristics and how that	We understand the issues care experienced people face when accessing employment opportunities Relates to: Article 2 (non-discrimination) from UNCRC Article 12 (respect for the views of the child) from	December 2025	Healthcare Improvement Scotland Executive Team Public Involvement Team People and Workplace Team	

		<p>would be applied in the widest sense</p> <p>how Directorates are including consideration of care experience in their work</p> <p>evolution of organisational practice in relation to employability, recruitment and the policy framework</p> <p>As part of this work we will look to learn from what works well in these areas for other corporate parents.</p>	<p>Fundamental 'Listening' from the Promise</p>			
	f)	<p>Maintain corporate parenting awareness among non-executive members by offering ongoing learning opportunities. We will do this by holding a board development session, running an awareness session as part of the Masterclass programme for our non-executive board members and providing regular updates to the SHC committee and Board as required.</p>	<p>Our board members are committed to corporate parenting and encourage our staff to demonstrate this</p> <p>Relates to: Priority 'Supporting the Workforce' from the Promise</p>	<p>Ongoing to be reviewed annually</p>	<p>Public Involvement Advisor</p>	
	g)	<p>Using data from the Rapid Evidence Review on Health and social outcomes in care experienced children and young people carried out in 2022, support relevant projects to engage with key groups of care experienced people to fill any</p>	<p>Our colleagues have the information they require to consider the impact of their work on care experienced people and are supported to fill any gaps in knowledge</p> <p>Relates to:</p>	<p>Ongoing to be reviewed annually</p>	<p>Public Involvement Advisor</p> <p>Corporate Parenting Lead</p> <p>Children and Young People Key</p>	

		potential gaps in our work such as maternity and mental health	Article 2 (non-discrimination), Article 3 (best interests of the child) and Article 12 (respect for the views of the child) from the UNCRC Priority 'Supporting the Workforce' from the Promise		Delivery Area Network	
Number	Theme	Activity			Who should be involved?	
2	We promote the interests of care experienced people and provide them with opportunities Our duty: Promote Interests and Provide Opportunities	a) Develop relationships between our local engagement offices and regional Champions Boards to support them to have their voice heard in shaping health and care services, and our improvement activity	Champions Boards are equipped to have their voice heard in health and care Champions Boards have opportunities to become engaged in our work Relates to: Article 3 (best interests of the child) from UNCRC Fundamentals 'what matters to children and families' and 'Listening' from the Promise	October 2024	Community Engagement local office staff Community Engagement Area Managers Public Involvement Advisor	
		b) Use data collected regarding the number of care experienced people who have participated in	Care experienced people are well	Ongoing to be reviewed annually	Public Involvement Advisor	

		our community engagement activities to make informed decisions about targeted recruitment for future engagement activities	<p>represented in our engagement activities</p> <p>Our decisions are informed by the views and experiences of care experienced people</p> <p>Relates to: Article 12 (respect for the views of the child)</p> <p>Fundamental 'Listening' from the Promise</p>		Engagement Programme Managers	
	c)	Build on and create learning opportunities to explore how all staff can best support care experienced people we work with.	<p>Staff are aware of how to best support care experienced people involved in our work</p> <p>Relates to: Article 6 (life, survival and development) from UNCRC</p> <p>Priority 'supporting the workforce' from the Promise</p>	March 2024	<p>Public Involvement Advisor</p> <p>Child Protection lead</p> <p>Organisational Development and Learning Team</p>	
	d)	Work with NHS Scotland Employability and Apprenticeships Network to explore opportunities to offer NHS work experience tasters for care experienced people to support them to build on their	Care experienced young people have opportunities to gain work experience in the NHS	October 2025	<p>Corporate parenting lead</p> <p>Organisational Development and Learning Team</p>	

		strengths and prepare for the workplace.	Relates to: Article 28 (right to education) from UNCRC Priority 'A good childhood' from the Promise		People and Workplace Other NHS health boards	
		e) Promote Modern Apprenticeships to care experienced people	Care experienced people have opportunities to gain employment in the NHS and develop their skills Relates to: Article 28 (right to education) from UNCRC	July 2024	People and Workplace Team	
Number	Theme	Activity			Who should be involved?	
3	We collaborate with other corporate parents and improve the way we work with care experienced people Our Duties: Easy to Access and Constantly Improving	a) Create opportunities for HIS representatives on local Champions Boards to network and share learning (links to action 2. A)	We are aware of how others corporate parents are meeting their duties and we apply relevant learning to improve how we are meeting our duties We share our learning with other corporate parents to inform the practice of other corporate parents	Ongoing to be reviewed annually	Corporate parenting lead CYPKDA Engagement Office staff	

			<p>We identify opportunities for collaboration where it will add value and avoid duplication of effort</p> <p>Relates to: Priority 'Building Capacity' from the Promise</p>			
		b) Explore HIS having a convening and co-ordinating role in establishing good practice in health relating to our corporate parenting duties	<p>We collaborate with NHS Scotland colleagues to meet shared aims, while maximising what we can achieve within our own gift</p> <p>Relates to: Priority 'Building Capacity' from the Promise</p>	March 2024	Corporate parenting lead	.
		c) Share learning from our work with children and young people with other corporate parents	<p>Our learning of what is working well for children in need of care and protection is used to inform work of other corporate parents</p> <p>Relates to: Priority 'Building Capacity' from the Promise</p>	Ongoing to be reviewed annually	<p>Clinical Expert, Quality Assurance Directorate</p> <p>Relevant programme leads</p>	
		d) Learn from corporate parents across sectors who are involving care experienced people in what they do, e.g. explore how the Care Inspectorate support their young inspectors	<p>We apply learning from other corporate parents to improve how we involve care experienced people in our work</p>	Ongoing to be reviewed annually	Public Partnership Co-ordinator	

			Relates to: Priority 'Building Capacity' from the Promise			
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Monitoring and Reporting

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Appendix 1

The United Nations Convention on the Rights of the Child (UNCRC)

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- **Article 6** (life, survival and development) Every child has the right to life. Governments must do all they can to ensure that children survive and develop to their full potential.
- **Article 12** (respect for the views of the child) Every child has the right to express their views, feelings and wishes in all matters affecting them, and to have their views considered and taken seriously. This right applies at all times, for example during immigration proceedings, housing decisions or the child's day-to-day home life.
- **Article 13** (freedom of expression) Every child must be free to express their thoughts and opinions and to access all kinds of information, as long as it is within the law.
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Appendix 2

The Promise

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Fundamentals:

- **What matters to children and families:** At all stages in the process of change, what matters to children and families must be the focus. Organisations will be able to demonstrate that they are operating from their perspective rather than the perspective internal to the 'system'.
- **Listening:** Organisations that have responsibilities towards care experienced children and families, and those on the edge of care will be able to demonstrate that they are embedding what they have heard from children and families into the work that they are doing to #KeepThePromise.

Priorities:

- **A Good Childhood:** Secure attachments, based on loving, consistent relationships, must be the bedrock of every decision made about children. This principle must not operate only at a strategic level but be part of the everyday practice of the workforce and family-based carers.
- **Supporting the Workforce:** Scotland must place trust in its workforce to develop and nurture relationships, enable their capacity to care and love and provide support to make this part of daily life.
- **Building Capacity:** Children, families and the workforce must be supported by a system that is there when it is needed. The scaffolding of help, support and accountability must be ready and responsive when it is required.

The Plan 21-24 contains more detail and is available [here](#).

Appendix 3



Evidence
Advice, guidance
and intelligence



Rapid Response

Health and social outcomes in care experienced children and young people

Rapid Responses are brief summaries of the best available evidence prepared to inform time-sensitive decision-making. Rapid Responses are not peer reviewed, are current only at time of publication, and do not constitute recommendations. They should be considered alongside existing guidance applicable to NHS Scotland.

For further information on our Rapid Response process and previous Rapid Response outputs, please visit our website

Topic	Health and social outcomes in care experienced children and young people
Date of search	20-21 December 2021
Referrer	Maureen Scott, Public Protection and Child Health Lead, HIS
Author	Jenny Harbour

HIS Evidence Conclusions

- Statistics from Scotland and England show that care experienced children and young people have poorer health and social outcomes than their non-care experienced peers.
- Evidence on physical and mental health outcomes in care experienced children and young people show higher rates of mortality, pregnancy-related hospital admissions, mental illness, visits to accident and emergency, and dental care needs.
- Deaths among care experienced children and young people are more likely to be due to unnatural causes, including suicide, misadventure (for example car accidents or drowning), risk-taking behaviours (such as drug abuse), and assaults.
- Care experienced children and young people are more likely than their non-care experienced peers to be imprisoned and one quarter of prison inmates in Scotland state they were in care as a child or adolescent.
- Care experienced children and young people tend to leave school earlier, with lower qualifications and literacy levels than their non-care experienced peers. Fewer care experienced children and young people go on to higher or further education, and their employment opportunities may be restricted by their qualifications.

What were we asked to look at?

In Scotland, the term 'care experienced' is used to refer to looked after children and young people (children in care), and young people who have previously been in care up to the age of 26.¹ We were asked to identify and summarise statistics from the last 5 years on the health and social outcomes of care experienced children and young people compared with the general population. In the past, health and social outcomes have been poorer in care experienced children and young people.²

On 31 July 2020 there were 14,458 children currently in care in Scotland.³ This represents less than 2% of all children in Scotland at that time.

Overview of the evidence

It is possible that some of the statistics described below are subject to confounding from socioeconomic factors affecting outcomes in care experienced children and young people. It is also likely that there are interactions between some of the outcomes described below, for example poor mental health has previously been linked with lower levels of educational achievement.

Physical health outcomes

A cohort study (Children's Health in Care in Scotland, CHiCS) reported longitudinal data comparing outcomes from two cohorts of children between 2009 and 2016: care experienced school-age children, recorded in the Scottish Governments' Children Looked After data, and children who did not have experience of care but were listed in the national Pupil Census.⁴ Children who did not attend school or who attended an independent school were not included. The cohort consisted of 663,602 children aged 4 to 19 in 2009, of which 13,831 were care experienced. The study reported higher rates of mortality, pregnancy-related hospital admissions, mental illness, and visits to accident and emergency in care experienced children (*Table 1*).

Another cohort study used similar methods to investigate dental health outcomes in care experienced children compared with the general school-age population in Scotland.⁵ This study used the Pupil Census and the Children Looked After data from 2007 to 2013. Children who were in care in the 12 months prior to July 2012, and children in care in 2007 to 2008, were collectively used as the care experienced cohort. The total cohort consisted of 633,204 children aged 4 to 17 years old, of which 10,924 were classed as care experienced. Care experienced children had greater dental treatment needs and poorer access to dental services, including preventive dental care, compared with children in the general population. This continued to be true after adjusting for age, sex and socioeconomic status of the children:

- a lower proportion of care experienced children regularly attended dental services: 51% versus 63%, adjusted odds ratio (OR) 0.55, 95% confidence interval (CI) 0.53 to 0.58
- a greater proportion of care experienced children had recent dental extractions under anaesthesia: 9% versus 5%, OR 1.91, 95% CI 1.78 to 2.04.

Table 1: Health outcomes in two Scottish cohorts of children aged 4 to 19 in 2009⁴

Outcome	n general population	% general population	n care experienced	% care experienced	Ratio of rates (experienced: general)
Deaths	746	0.1	78	0.6	5.48
Outpatient visit	382,590	58.9	9,427	68.2	1.57
General or acute inpatient and day case	179,551	27.6	5,404	39.1	1.60
Pregnancy-related inpatient and day case	12,268	4.5	1,302	20.8	4.33
Mental health inpatient and day case	2,197	0.3	323	2.3	5.15
Visits to accident and emergency	434,528	66.9	10,826	78.3	2.09

Mental health outcomes

The rate of mental illness and psychiatric disorders in care experienced children aged 5 to 15 years in the UK is estimated at 45% (rising to 72% in residential care) compared with 10% in the general population of the same age.^{2, 6}

A survey in 2008 found that, in the UK, 72% of children aged 5 to 15 years had an emotional or behavioural problem on entering care.⁷ In Northern Ireland in 2015, 40% of care experienced children had been diagnosed with behavioural problems, 35% with emotional issues, and 21% with depression or anxiety.²

In Scotland, results from the Strengths and Difficulties Questionnaire were considered 'cause for concern' in 37% of care experienced children compared with 12% of children in the general population.⁷

Mortality

Care experienced children and young people are between four and five times more likely to attempt suicide compared with the same age group in the general population.⁷

Sixty-one deaths of care experienced young people were reported to the Care Inspectorate in Scotland between 2012 and 2018.¹ Of these deaths, 42 occurred in children and young people currently in care, and 19 in young people receiving continuing or aftercare. Of the deaths occurring in care, the children or young people ranged in age from less than 1 year to 17 years old. Deaths

were twice as common in boys compared with girls. In young people receiving continuing or aftercare, 15 deaths were in young men and four in young women. The Care Inspectorate report states that it is not currently clear whether care experienced young people are more likely to die than young people in the general population, because of the way data are gathered in the two groups. However, the 42 deaths recorded in care experienced children represents 1.9% of all children who died in the same period (n=2,187).

Deaths among care experienced children and young people fell into three categories: anticipated deaths caused by life shortening conditions or terminal illness; unexpected deaths caused by misadventure or unexplained deaths; and deaths resulting from risk-taking behaviours. Between 2012 and 2018, 16 care experienced children died because of life shortening conditions or terminal illness. Twelve children died from misadventure (for example road traffic accidents or drowning) or in unexplained circumstances. The majority of children in the latter category were aged under 5 years, seven of them under 1 year (sudden infant death). Fourteen deaths occurred because of risk-taking behaviours. Children in this category were aged 13 to 17 years and typically died as a result of substance misuse, self-harm or suicide.

In England, care experienced children and young people were more likely to die prematurely from unnatural causes, such as suicide, drug overdose, alcoholism, car accidents and assaults.⁸ Premature mortality in care experienced young people was 62% higher than in children with no care experience. This excess risk of premature death increased to 212% if comparing children cared for in a residential home with the general population. The excess risk was 27% for children cared for in a relative's home or in a foster family, compared with the general population.

Prison and the justice system

Statistics suggest that care experienced children and young people are four times more likely to be convicted, or subject to a final warning or reprimand, compared with the general population (4% versus 1%).⁹ In 2015, a Youth Justice Board found that care experienced young people reoffend at approximately twice the rate of young people with no care experience.

The 2019 Scottish Prison Survey reported that 25% of prison inhabitants had care experience, with six out of ten people who had been in care having been in care at the age of 16.¹⁰ Care experienced young men were particularly over-represented in the adult prison population, with 49% of young male offenders stating they had care experience.⁹ Of the prisoners reporting they had been in care, 64% were cared for in a residential home, 33% spent time in a secure unit, 30% were cared for by a foster family, and 16% were cared for by a family member.¹⁰ Evidence also suggests that young people in prisons are more likely to use drugs, have a methadone prescription, have poor mental health or have poor literacy skills.

In Scotland, care experienced young people make up an estimated 33% of young offenders, despite only constituting an estimated 0.5% of the population.¹¹ In 2015 to 2016, approximately 37% of people in young offender institutions had spent time in care.⁹

Education

The Scottish Government collates annual statistics on education outcomes for care experienced children and young people.¹² The 2019 to 2020 edition of these statistics collated data on children and young people who experienced care at any point between August 2019 and July 2020, who had a Scottish Candidate Number, and who left school during that period. Children cared for at an earlier period in their life were not captured in this data. In 2019 to 2020, there were an estimated 943 care experienced young people who left school after being in care within the preceding 12 month period. This represents 2% of the 47,454 school leavers in the same year.

Care experienced children and young people tend to leave school earlier than the general population. Forty-three percent of Scottish care experienced children left school at the end of fourth year or earlier, compared with approximately 10% of the general school population.¹² Care experienced children were less likely to have at least one Higher or Advanced Higher qualification on leaving school: 14% compared with 64% of all school leavers. Fewer care experienced young people went on to further education within 3 months of leaving school: 56% versus 72% of all school leavers. In the year 2018 to 2019, 19% of care experienced school leavers did not go on to further education, employment, training, voluntary work or a learning programme, compared with 5% of all school leavers.²

Care experienced children and young people in Scotland were considerably more likely to be excluded from school compared with their peers: 152 per 1,000 pupils versus 22 per 1,000 pupils in 2018 to 2019.³ In England, care experienced children and young people were five times more likely to be excluded from school than their peers.⁹

In England, 25% of care experienced school children meet the expected standard of reading, writing and mathematics compared with 55% of the general population.⁹ Only 6% of care leavers were in further education in England in 2015.

In 2019, in England, 27% of care experienced children had an additional or special educational need compared with 3.1% of children in the general population.²

In 2016 to 2017, only 1% of students in higher education in England were care experienced.¹³ In 2018 to 2019, 13% of care experienced young people were in higher education by age 19 compared with 43% of all school students. Care experienced young people who do go into further education are approximately 38% more likely to drop out of university compared with their non-care experienced peers.⁹ Care experienced students in England are also less likely to achieve a first or upper second

class degree compared with their non-care experienced peers: 68.2% versus 80.3% in 2018 to 2019.¹³

The impact of differential education attainment in care experienced young people is unclear. Some reports state that care experienced young people are restricted in their choice of employment because of their qualifications.¹² Other reports suggest that care experienced graduates of higher education have comparable employment outcomes to their non-care experienced peers.¹³

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Appendix: literature search

Due to the nature of the enquiry the normal list of resources used to fulfil a rapid response were not appropriate. Searches of the internet were conducted using Google, limited to the UK or Scotland and to PDF files.

Search concepts used: care experienced; looked after; children in care; health outcomes.

Appendix 4



“7 Minute Briefing”

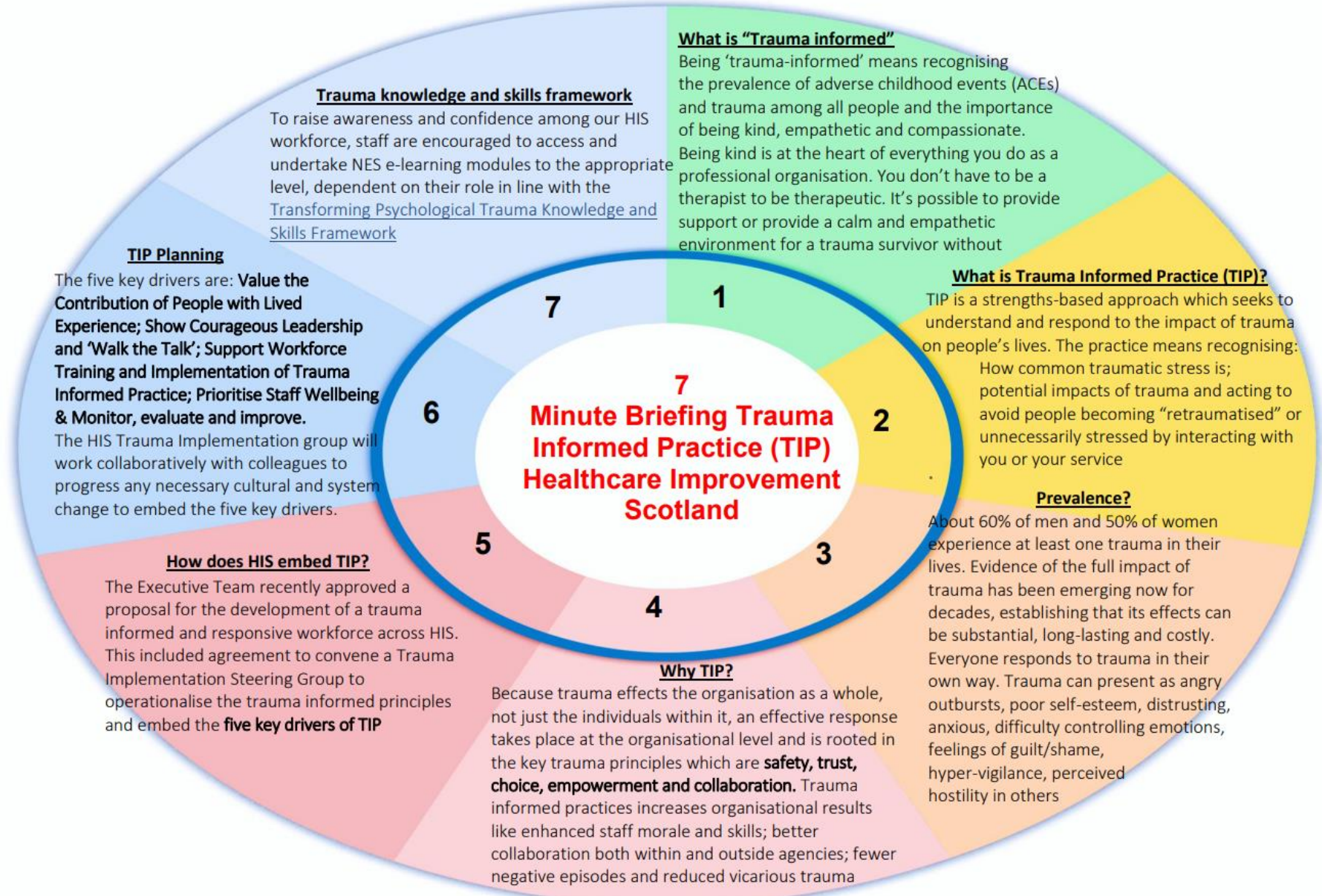
Development of Trauma Informed Practice across Healthcare Improvement Scotland

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