

NHS Grampian

Corporate Parenting

Annual Report

2023 / 2024

Board Meeting
06.02.25
Open Session
Item 7

Why corporate parenting matters?

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

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

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

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

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October 2024

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1. Introduction

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

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

This applies:

- a) to every child who is looked after, regardless of their age, gender, location or placement type
- b) equally to all care leavers, up to their 26th birthday
- c) to any child or young person who has ever been looked after in any setting (care experienced)

Responsibilities

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

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

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

A note on language –

*‘For a long time, people talked about “looked after” children and young people. But that phrase puts the focus on the people taking care of them. **Care experienced** conveys it’s what happens to a child that matters, because what matters is the child themselves¹.*

¹ [Care experienced people](#)

Within this report we will use the term Care Experienced as outlined in The Promise, however, the term 'looked after' is still a legal definition and as such is used in this report in the context of the national and local statistics.

1. Governance and Assurance

1.1 NHS Grampian's Children's Board

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

The Board has strategic and tactical oversight of child health priorities and leads and directs delivery of children services to ensure they are well-coordinated, efficient and collaborative to achieve optimum outcomes for children and young people. As such the NHSG Corporate Parenting Group reports to the Children's Board.

1.2 NHS Grampian's Integrated Families Portfolio (IFP) Strategic Board

Focusing on the needs and strengths of women, children and families, the overall aim of the IFP Strategic Board is to improve wellbeing and health outcomes.

With the following purpose:

- To align the strategic aim, objectives and outcomes of the NHS Grampian's Plan for the Future and the Integrated Family (IF) Oversight Board (Tier 1) to the Grampian Children's and Women's Board (Tier 2) to services, teams and staff.
- To have strategic oversight of child, women and families health priorities across the whole system, lead and direct delivery of services to ensure they are well-coordinated, efficient and collaborative to achieve optimum outcomes for women, children and families
- Provides assurance and governance to the Chief Executive Team and Board Committees in the decision making, prioritisation and the management of performance, risks and dependencies across Business as Usual operational issues and all strategic change activities including projects, programmes, care pathways and other developmental work (locally, regionally and nationally).
- Sharing the complex issues to jointly developing the solutions arising from Tier 2 Boards reporting into the IF Portfolio Oversight Board.

During the planning of the agenda for the IFP Strategic Board there are 'Deep Dive' meetings on a quarterly basis that focus on a topic of interest/concern to the IFP. During March 2024

a 'Deep Dive' into The Promise was undertaken a commitment made by attendees to focus on Trauma-informed-care. A follow up session is planned for 2025.

2. Scotland's Strategic Framework

The Promise² was published in October 2020 and is responsible for driving the work of change demanded by the findings of the Independent Care Review³.



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

3. Current statistics in Grampian

Within Scotland, as at 31 July 2023, there were 12,206 looked after children; there has been a continuing decline in numbers across Scotland, falling from a peak of 16,248 in 2012. Grampian continues to follow that trend.

Table 1: Numbers of looked after children and young people by council area and placement type for 2023 (2022)

Council	2023 (2022)	In the community⁴	In residential accommodation⁵
Aberdeen City	500 (480)	435 (87%)	65
Aberdeenshire	381 (378)	308 (81%)	73
Moray	170 (165)	128 (75%)	42
Grampian TOTAL	1051 (1,023)		

Available from: [Children's Social Work Statistics 2022-23 – Looked After Children - gov.scot](https://www.gov.scot/publications/children-social-work-statistics-2022-23-looked-after-children/pages/10.aspx) (published 30th April 2024)

Across Grampian the majority of children and young people are looked after in the community; by foster carers, with friends or family, or are looked after home (with parents); with an average of 18% of placements within residential care.

² Further info available from [KeepThePromise-Oct-2020.pdf](#)

³ Further info available from [Care Review reports – Independent Care Review](#)

⁴ Children can be looked after at home with parents; with friends/relatives or with foster carers.

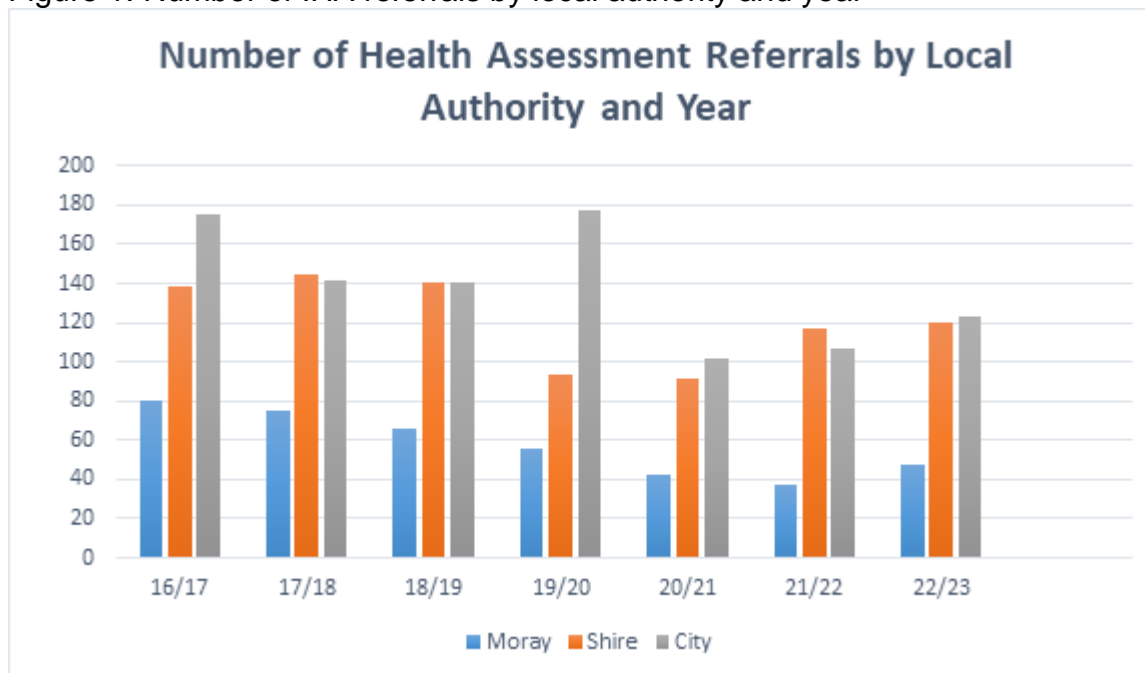
⁵ Children can be looked after in a local authority/voluntary home or other type of residential care (may be out with the council area).

4. What have we achieved?

4.1 Initial Health Assessments (IHAs)

Initial Health Assessments (IHAs) are offered to all children and young people as they become legally looked after⁶.

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

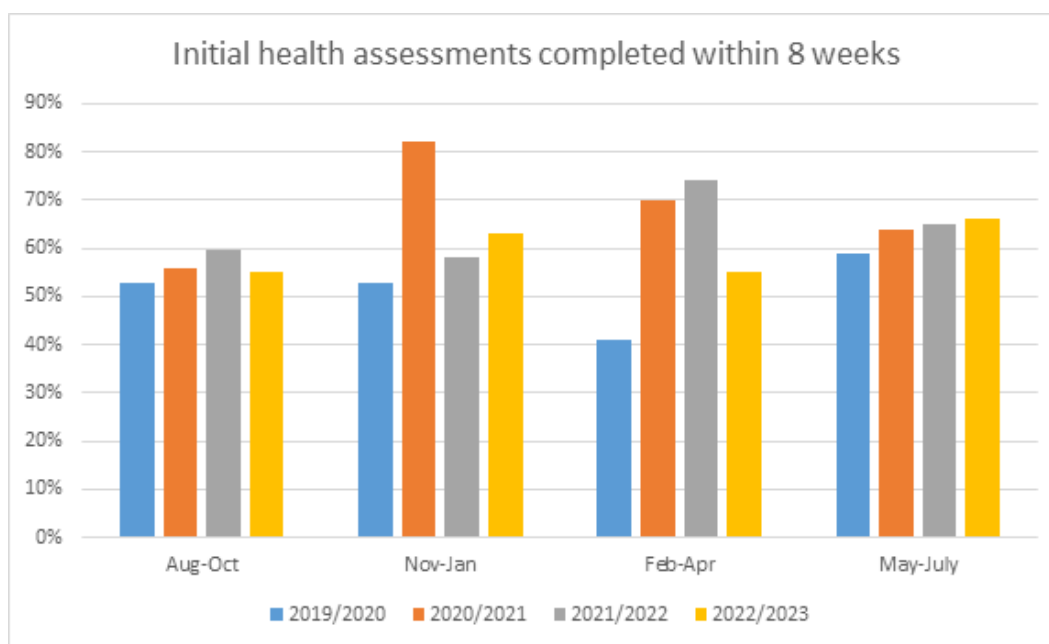


Since 2015 the number of referrals for initial health assessments had been gradually falling in line with the decreasing number of children and young people who are looked after. This was a national trend with an increasing trend of looked after children achieving permanent placement. However, since April 2021 there has been a slight increase year on year in the requests for initial health assessments, across all three local authorities, the reason for this is unclear but may reflect the rise in numbers of unaccompanied asylum seeking children.

The target timescale for completion of initial health assessments is 4 weeks. This remains challenging for NHSG to achieve however, work has been carried out to improve the compliance with the timescale. The target of 8 weeks has been used as an interim measure to support the ongoing improvement, and this measure remains in place.

⁶ NHSG statistics are displayed up to 22/23 only as this reflects the latest national statistics this allows for local and national benchmarking.

Figure 2: IHAs completed within 8 weeks



4.2 Unaccompanied Asylum-Seeking Children

Unaccompanied asylum-seeking children (UASC) have journeyed to the UK unaccompanied by a parent or legal guardian. They are automatically a Looked After Child, under the care of the Local Authority. They are entitled to the same rights as other Looked After Children and young people. A formal health assessment is part of the statutory duties for Looked After Children.

The care experienced health team have received requests for IHA for 31 unaccompanied asylum seekers across the three local authority areas to date for 2024. For those attending school IHA's have been completed by School Nurses. When GP input has been requested as part of the IHA, these are not being returned consistently to the care experienced team and therefore NHS Grampian does not currently have a picture of the UASC young person's current physical, developmental and emotional health needs.

For unaccompanied asylum-seeking young people in Aberdeen City not attending school, the care experienced nurses have been holding a nurse led clinic at the health village at Fredrick Street to carry out initial health assessments. 22 young people have had initial health assessments completed at this clinic. This number exceeds the number of unaccompanied young people we were aware came to Aberdeen city in 2024. However, this number includes young people who came to Aberdeen City in 2023 where an IHA was still outstanding. The young people are supported to attend the appointment, either by their allocated social worker or support worker. The plan would be to open this clinic to Aberdeenshire and Moray if required once an audit of the clinic has been completed at the end of December.

The care experienced health team have used the health assessment document developed last year within the team which includes the appropriate screening questionnaires. The information gathered informs more appropriate onward referrals when required.

4.3 Medical assessments

Scottish Health Boards are required by the Scottish Government (CEL16, 2009) to provide all children who become 'looked after' with a health assessment within 4 weeks of notification. Prior to the Covid-19 Pandemic Initial Health Assessments (IHA's) were completed jointly by Health Visitors/Family Nurses/School Nurses (HV/FN/SN) along with a physical examination by the child's/young person's GP. Given the ongoing pressures within Primary Care, most GP practices are no longer able to offer this service. A proposal of how the IHA's could be completed within the Community Child Health service was approved by the Protecting Children's Strategic Group in April 2024. From September 2024, IHA's for all pre-school and primary aged children (where there is consent) will be completed jointly by HV/FN/SN and the Community Paediatrician in the locality where the child is being cared for. The HV/FN/SN will continue to complete their part of the assessment within a 4 week timescale and shared with the Nurse for Care Experienced Children and Young People. The child will also be seen by the local Community Paediatrician to complete the physical assessment. The information from this assessment will also be shared with the Nurse for Care Experienced Children and Young People, so that the summary (Part C) of the IHA can be updated as required. IHA's for secondary school aged Young People (12-18 year olds) will continue to be completed by the School Nurse with a request for a physical assessment by the GP, as per collaborative arrangements, only if requested on an individual basis by the Nurse for Care Experienced Children/Young People.

4.4 UNCRC Children's Rights

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

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

4.5 Family Nurse Partnership Expansion

The Family Nurse Partnership (FNP) is an evidence-based programme that provides intensive support to young first-time parents aged 19 and under. In June 2023, the service expanded to include offering the programme to care-experienced young pregnant persons aged 25 and under. This development acknowledges the specific challenges faced by care-experienced individuals during pregnancy and early parenthood.

As part of the expansion, FNP has worked closely with midwifery services to ensure that eligible care-experienced first-time mothers are identified early in pregnancy and enrolled in

the programme as soon as possible. This collaborative approach helps to maximise the positive outcomes of the intervention.

The FNP programme adopts a strengths-based approach, which emphasises the abilities and aspirations of young parents. It supports participants in recognising their strengths and working toward their goals for themselves and their children. For care-experienced young people, this means addressing the specific barriers they may face, such as trauma, social isolation, or a lack of family support, while offering intensive, tailored care.

By expanding to include care-experienced young mothers, FNP Grampian ensure that a vulnerable group receives the comprehensive, compassionate care they need. This early engagement and targeted support reflect a commitment to improving health outcomes and fostering a supportive environment for young families in Grampian.

4.6 Aberdeenshire

The corporate parenting plan for Aberdeenshire was created following consultation with children and young people. The Brights Spots survey, conducted between January and March 2022, the Young People's Organising and Campaigning Group, the children's rights service, and staff engagement with children and young people have influenced the plan. Aberdeenshire's priority is that children and young people voice's will be heard. Their rights will be respected and their opinions considered. To make sure this occurs, children and young people will have access to advocacy and other services. In health, a tool has been developed and tested across Health Visiting and School Nursing teams to support practitioners with what to consider capturing the voice and views of children and young people and ensuring they are clear in record keeping and report writing.

Health in Aberdeenshire have also taken part in workshops with Association of Fostering, Kinship Care and Adoption (AFKA) Scotland. This project aimed to support the health and education workforce in Aberdeenshire to be informed and confident in supporting children and young people through transitions to permanence and beyond following the development of the staying connected toolkit for social workers and the recognition that other multiagency partners would benefit from this.

Five key objectives were identified for these workshops:

1. To develop relationships with and between key workers in health, education, and social work in Aberdeenshire.
 2. To explore, with health and education colleagues, current practices including the levels of understanding and involvement they have concerning transitions to permanence for children, young people, and families; and the systems in place to support these.
 3. In collaboration with the workforce, identify practice- or system-led gaps or process 'pain points' and co-produce potential solutions to these.
 4. To develop and test some of these potential solutions in Aberdeenshire.
 5. To capture learning from this project to share within and beyond Aberdeenshire to assist workers and services across health and education in Scotland to keep the Promise in relation to supporting good transitions for care experienced children & young people.
- A report has been generated from these sessions with recommended best practice steps to be developed within health and education.

4.7 Moray

Moray's corporate parenting plan is incorporated within their Children Services Plan. There are a few areas which have a specific focus for health, these include-

The completion of Initial health assessments (IHA) – Within Moray in April 2023, 47% of children were receiving their initial health assessment within the Scottish Government 4-week time scale and 75% within 8 weeks. A Key performance indicator (KPI) of 65% for the 4-week timescale was set and Moray looked to achieve this by March 2024.

To achieve the KPI, a series of actions were taken; the introduction of a single point of contact for School Nurse referrals; a return by date being specified upon initial request; a series of training and learning events facilitated by the Specialist Nurse for care experienced children (SNCEC) and the introduction of an IHA Standing operating procedure.

Despite the KPI not being achieved by March 2024 the number of children receiving their IHA has risen within Moray to 56% (↑ 8%). The KPI remains at 65% for 2024, with early indication show this is more likely to be achieved.

Completion of Strengths & Difficulties Questionnaires (SDQ) – The completion and return of SDQ's to the SNCEC could be much better. In April 2023 the return was 33%. SDQ is a brief behavioural screening questionnaire for children, designed to assess behaviours, emotions and relationships. Within NHS Grampian the SDQ score provides a strong base for onward referrals to specialist services for children who are care-experienced.

Work has been carried out to explain the rationale for the use of SDQ's and a series of actions have been taken over 2023/2024 to improve the return. This has included the introduction of a SOP, training delivered by the SNCEC, Support for staff in the use of electronic scoring, improved links to the Moray mental health and wellbeing GIRFEC subgroup. It is yet to be established what impact this has had but Moray will continue to monitor this.

Moray have introduced promise keepers – The role of the Promise Keeper is to be a link between the Promise and the agency represented. There were five Health staff identified as fulfilling this role within Moray, some have subsequently retired from their posts, but this will continue to be promoted.

4.8 Aberdeen

In Aberdeen City, NHS Grampian and Children's Social Work (CSW) are engaging with our Care Experienced Community regarding their wellbeing experiences. This project is intended to improve health access for those leaving the care system and moving on to live independently, often with complex health needs, intrinsic to trauma they may have experienced in early childhood. Our services are working together towards an equitable access pathway which is improving supports available to our care experienced community in terms of their health and wellbeing needs. Communication has continued between NHSG with CSW throughcare/ aftercare/ residential services to include people over age of 16. This process has incorporated consideration given to the transition process from children to adult health services, which is acknowledged as an area where issues can occur for multiple reasons. Young people move to other areas, gaps in health care history may

transpire at this juncture, transfer of information issues and other mitigating factors and characteristics unique to those with care experience.

NHSG are also leading on the Supporting Birth Parents Project, now in year two, in partnership with Aberdeen City Council CSW. Vastly increased self-awareness, self-confidence and future aspirations have been observed and recorded through work undertaken with the Mothers and Fathers involved. Parents have reported that their involvement with the project has been “life changing”. Two Films have been created in co-production with birth parents for training and awareness raising purposes. The first film features parents sharing their lived experience which was captured in year one. The second film is animated with voice overs of parents explaining how the recommendations from the findings from year one can be used to improve services. The project has attracted interest from multiple agencies and has had widespread coverage in media platforms.

Support is being delivered individually and in groups, including peer support from parents who have been involved with the project since the start. Counselling sessions are being offered to birth parents in Grampian prison and Intensive trauma informed weekly sessions are being delivered to mothers in prison whose children have been permanently removed from their care. The work of the project has demonstrated partnership and multi-agency communication linking in with 3rd sector services to support some of those involved on an ongoing basis, building skills and capacity in various areas. The project has continued to report to ACC Corporate Parent group sharing findings and material produced which will contribute to future training across the partnership, embedding learning into practice and creating the conditions for culture change that is required in this respect.

Film 1 <https://youtu.be/g2QnqyTwYhg>

Film 2 <https://youtu.be/s5mGtQSb6Wg>

Link to News article. [Project offering support and breaking stigma facing birth parents](#)






5. Priorities for 2024/2025

These priorities are for the period 2024-2027 as per the revised action plan.

- We will design our services to address inequalities and inequity within the local setting and improve outcomes for children and young people
- We will ensure children and young people will have a positive experience when accessing our services
- We will deliver services that “Get It Right For Every Child”



Appendix 1 - NHSG Corporate Parenting Action Plan 24-27

NHSG Vision	Re-purposing NHS Grampian to become a partner in our residents' health & wellbeing				
NHSG Strategic Priorities	Build a single PH System across the NE	Put the workforce centre stage	Reshape relationships between NHS, partners and communities	Utilise NHS assets to make a step change on inequalities and population health	Embed and accelerate digital changes
IFP Aim	Focusing on the needs and strengths of women, children and families, we will work together to improve wellbeing and health outcomes. Informed by what women, children and families tell us, we will develop and deliver services that begin and end at home in partnership with the wider community.				
Children's Board Aim	We will improve health, wellbeing and future outcomes for children and young people by delivering high quality care that is shaped through their participation.				
UNITED NATIONS CONVENTION ON THE RIGHTS OF THE CHILD					
The Promise	 C&YP must be listened to.	 Where C&YP are safe in their families and feel loved, they must stay.	 C&YP must belong to a loving home, with their brothers and sisters if it is safe, and stay there for as long as they need to.	 Our workforce must be supported to listen and be compassionate in their decision making.	 C, YP & F, and the workforce must be supported by a system that is there when it is needed.
Children's Board Strategy Map	CYP3, CYP4	CYP1, C1, C3, R1	CYP1, CYP3, C3	L1, L2, L3, L4	CYP1, CYP2, C2, C3, C4, R1, R2, R3, R4
Priorities	<ul style="list-style-type: none"> Enabling engagement, participation, co-production and the voice of C,YP & F 	<ul style="list-style-type: none"> Tackling child poverty Improving the mental health and wellbeing of C&YP Supporting C&YP with disabilities and ASN Strengthening Whole Family Support 	<ul style="list-style-type: none"> Keeping C&YP safe Improving outcomes for CECYP 	<ul style="list-style-type: none"> Supporting, enabling and caring for the workforce 	<ul style="list-style-type: none"> Delivering within a system of clear and robust governance and strategic leadership

Improving outcomes for Care Experienced Children and Young People	We will design our services to address inequalities and inequity within the local setting and improve outcomes for children and young people	<ol style="list-style-type: none"> 1. We will embed systems and processes that allow for the ongoing monitoring of support to Care Experienced children and young people. 2. We will develop and implement plans to improve positive destinations for care experienced and looked after young people. 3. We will understand what barriers there are for unaccompanied asylum seeking children and young people with regards health within their community. 4. We will support the workforce to adopt a trauma informed, rights-based approach when responding to children and young people in distress. 5. We will evaluate the impact of the Family Nurse Partnership Programme on parents who have experienced care. 6. We will ensure that care experienced expectant parents aged 26 and under are aware of and have access to ante-natal programmes. 7. We will reflect on The Promise self-evaluation and report on strengths & gaps to further develop our actions. 8. We will continue to engage with CECYP in order for them to influence services and support 	National NHS LD LG/KE CC FM LC TD TD
	We will ensure children and young people will have a positive experience when accessing our services	<ol style="list-style-type: none"> 1. We will identify the challenges and barriers to care experienced young people accessing health services and work to overcome these. 2. We will ensure mental well-being needs are identified early, a range of support (up to age 26 and beyond) is accessible and outcomes monitored. 	TD CAMHS lead
	We will deliver services that "Get It Right For Every Child"	<ol style="list-style-type: none"> 1. We will better understand and overcome barriers to consistent completion of Initial Health Assessments within agreed timescales. We will ensure that Initial Health Assessments meet the needs of individual children and young people. 2. We will review best practice around Strength and Difficulties Questionnaires (SDQ) and how they support onward referral to CAMH services where required. 3. We will develop principles of good transitions so that all children and young people transitioning to adult services, and their families, have the best experience possible. 	LG CAMHS Lead TD