

NHS Ayrshire & Arran



Meeting:	Ayrshire and Arran NHS Board
Meeting date:	Monday 28 March 2022
Title:	NHS Ayrshire & Arran Corporate Parenting Responsibilities, The Independent Care Review and The Promise
Responsible Director:	Jennifer Wilson, Interim Deputy Nurse Director
Report Author:	Laura Doherty, Public Health Project Manager for Infants Children and Young People Jayne Miller, Senior Manager Children's Health (SA HSCP) Kathleen Winter, Child Health Commissioner

1. Purpose

This is presented to the Board for:

- Awareness

This paper relates to:

- Legal requirement

This aligns to the following NHSScotland quality ambition(s):

- Safe
- Effective
- Person Centred

2. Report summary

2.1 Situation

The Children and Young People (Scotland) Act 2014 places a specific requirement on us to 'pay particular attention to groups of children and young people who do not have other adequate means by which they can make their views known'. In NHS Ayrshire & Arran (NHS AA), we recognise that this outlines a need to take on the role of a strong advocate for the rights and outcomes of Infants, Children and Young People (ICYP) in our population who face greater inequalities as they journey through life. This includes children who will come into contact with the care system.

As corporate parents, we have a duty to work in collaboration with our partners to provide, loving, safe, secure environments and the correct support at the right time, to prevent inequity and disparity in the health and social outcomes of our care experienced population as compared to others in our communities.

The Board is asked to take assurance from the arrangements that are in place within NHS AA to ensure that we are fulfilling our Corporate Parenting Responsibilities.

2.2 Background

2.2.1 Duty of Care of all Corporate Parents

The Children and Young People (Scotland) Act 2014ⁱ sets out the duties which organisations with Corporate Parenting Responsibilities must fulfil.

These ensure our organisation's performance of actions necessary to uphold the rights and secure the wellbeing of a looked after child or care leaver, and through which physical, emotional, spiritual, social and educational development is promoted, from infancy through to adulthood. (Scottish Government 2015).

This applies to all looked after children and care leavers up to age 26.

We must also plan, deliver and report back to Scottish Government, in collaboration with other partners, to ensure our duties are met. Further information on the expectations of corporate parents in relation to these duties can be found in **Appendix 2**.

2.2.2 Health Board Responsibilities - meeting the Physical Health, Mental Health and Wellbeing needs of Looked After and Care Experienced Infants Children and Young People

The Chief Executives Letter (CEL16) on Looked after Children (2009)ⁱⁱ, set out for NHS Board Chief Executives the recommendations arising from the Looked After Children and Young People: We Can and Must Do Better report (2007)ⁱⁱⁱ. It tasked Chief Executives to ensure recommendations to support Action 15 "We can and Must do better" (which concerned emotional, mental and physical needs of children) were implemented within set timescales (Further detail on the requirements of CEL16 can be found in **Appendix 2**).

2.2.3 The Care Review and the Promise

In October 2016 an independent Root and Branch review of the Care System in Scotland was commissioned by the First Minister. The review was completed in 2020 and driven by the voices of those who had lived experience of care in Scotland.

Seven reports were published in February 2020, the main output being published in "The Promise". It outlines that in order for ICYP to grow up feeling safe, loved and respected, there is a need for a redesign our system of care, transformational changes in how decisions are made and money is spent in supporting children and families so that our youngest citizens experience the childhood they deserve.

2.2.4 The Promise - Next Steps

Work to Keep The Promise between 2021 and 2030 is to be shaped by a series of three Plans, each lasting for three years and outlining the priorities and action across that period. Each Plan will build on the progress made by the one before it to drive transformational change across the priorities identified by the Care Review.

[The Plan 21-24](#) focuses on the period from 1 April 2021 until 31 March 2024. It outlines a set of outcomes that should be concluded by 2024.

“Change Programme One” will capture the work, as it happens, within the five priority areas outlined in Plan 21-24 nationally, recording change, monitoring progress and identifying gaps and areas of risk.

2.2.5 Support and Oversight

The Scottish Government have established an Independent “Promise Team” and a £4million investment in the “Promise Partnership Fund” that will help embed and scale-up holistic family support. They have established an Oversight Board to ensure Corporate Parents are held to account for the work required and there is an expectation for Corporate Parents across Community Planning Partnerships to work together to drive the transformational change required.

In NHS AA, we have excellent foundations on which to build as there are already strong links across the partnerships with regard to corporate parenting. There is strong NHS and Public Health representation on each of the local health and social care partnership corporate parenting strategic groups, and close working links with regard to champion’s boards and work around participation.

2.3 Assessment

The Covid-19 pandemic saw unprecedented additional pressures placed upon corporate parents and the infants, children and young people in our care. Within Ayrshire and Arran (AA) strong relationships exist across sectors and settings which allowed for strong collaborative ways of working to continue across our three Health and Social Care Partnership areas.

We continued to support each of our three Health and Social Care Partnership Corporate Parenting structures and used the Pan Ayrshire ICYP Transformational Change Programme Board as a vehicle to work closely and in collaboration to share and respond to emerging issues, extending its remit to explicitly consider vulnerable women, children and families during the pandemic.

Partners worked in brave and novel ways to ensure that the duty of care toward our looked after and care experienced children were met in the context of the pandemic.

Our statutory duty to report under the Children and Young People (Scotland) Act (2014) detailing the action we undertook to meet our corporate parenting responsibilities and other functions under part 9 was met (as demonstrated in **Appendix 3** NHS AA Corporate Parenting Survey – Scottish Government).

As we begin the next 3-year period as corporate parents, the NHS AA Strategic Corporate Parenting Group has been revitalised and a new overarching Strategic plan will be created. This will outline clearly our commitment to support the findings of The Promise. The strategic plan will embed the priorities of Plan 21-24^{iv} and may be amended in light of any risks or gaps highlighted in Change Programme 1^v. This will help us to drive the work of change demanded by the findings of the Independent Care Review.

The NHS AA Corporate Parenting Task Force has been formed with key decision makers as work stream leads, who have the ability to drive forward the Task Force Action Plan and ensure momentum is maintained despite the barriers which have emerged due to the pandemic.

- **Development of the NHS AA Strategic Corporate Parenting Group and the NHS AA Corporate Parenting Task Force**

The NHS AA Corporate Parenting Task Force was established as a group with the responsibility and means to drive forward improvement action. The group aims are to improve outcomes for, and fulfil our statutory health duties to, ICYP under the care of corporate parents in AA. Its work contributes to meeting overarching NHS AA Corporate Parenting Strategy aims. The actions within the Task Force Action Plan are in line with the principles of Getting it Right for Every Child (GIRFEC) and The Promise / The Plan 21-24. Its aims support the overarching vision of Caring for Ayrshire and the binding clauses of the United Nations Convention on the Rights of the Child (UNCRC), seeking to actively seek out and hear the voices of ICYP and embed them at the heart of everything we do.

This group provides a vehicle for Pan-Ayrshire collaboration across services in order to ensure that actions are considered and are progressed by key individuals with decision making responsibilities. The group meets as a whole to discuss and monitor progress and provide support bimonthly. Out with this meeting, work stream leads with responsibility for progressing individual actions from the Task Force Action Plan, convene their own working group meetings with appropriate individuals.

The core membership of the group is:

- Associate Nurse Director – lead responsible on behalf of Nurse Director
- (Board lead)
- Senior Managers North Ayrshire/South Ayrshire/East Ayrshire
- Consultant Paediatrician with responsibility for Care Experienced Children and Young People
- Child and Adolescent Mental Health Services Lead
- Primary Care Manager
- Children and Young People’s participation representative
- Public Health Project Manager for Infants Children and Young People

Additional membership and involvement is dependent on work stream requirements and has included a wide range of professionals including primary care representatives, health economist, Public Dental Health consultant, Allied Health Professionals and Social Work.

Figure 2 below details the 9 work stream areas which are the current focus of the task force. Each work stream is interlinked and the task force provides the platform for leads to ensure cohesive progress is being made in relation to each area and leads are aware of related work and how this affects the whole system.

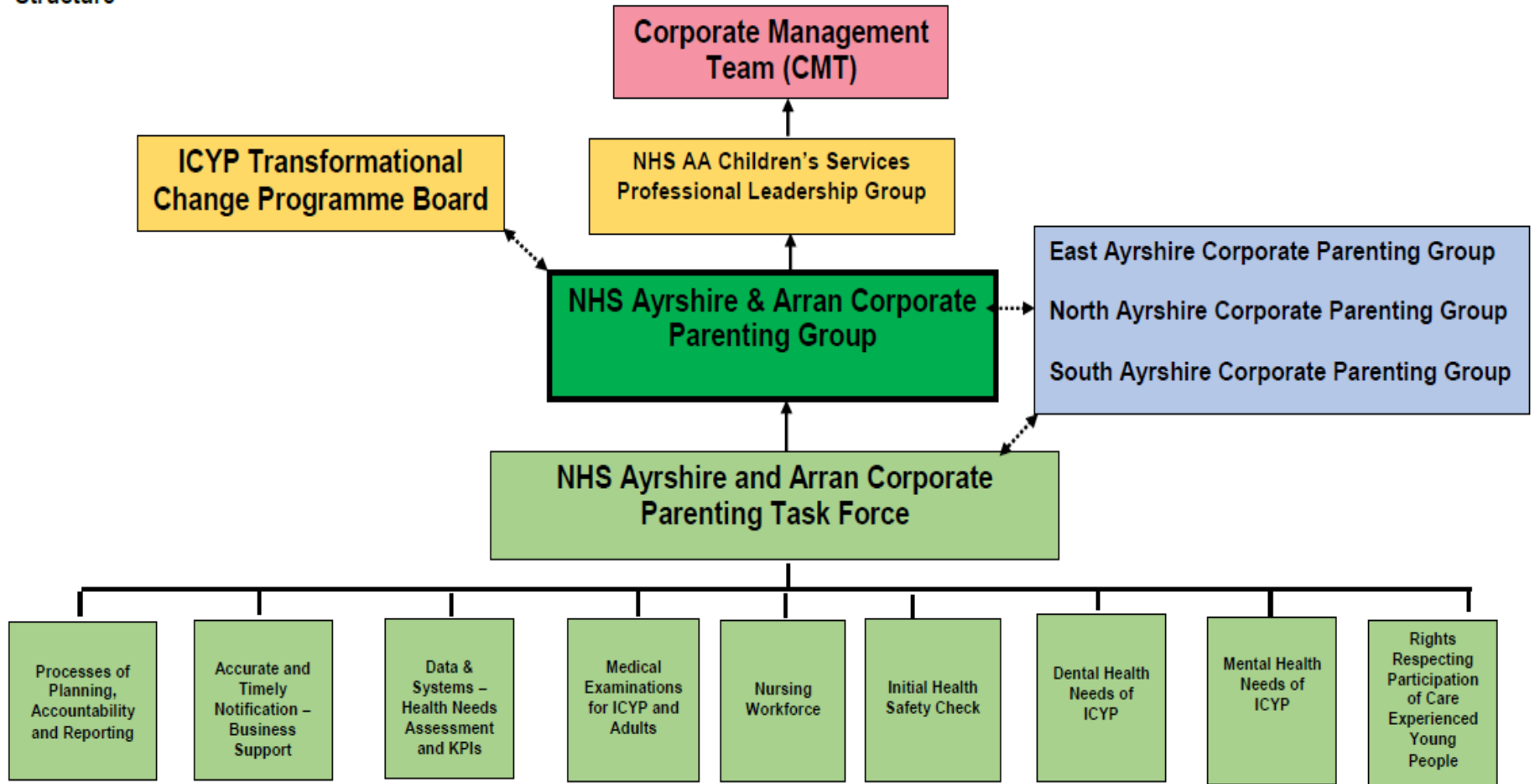
Each work stream considers a key area in which work is essential to:

- Meeting the statutory requirements of the Children and Young People Scotland Act
- Ensuring the organisation can meet the directions set out in CEL 16
- Supporting change required to “Keep the Promise”
- Support the rights respecting approach of the UNCRC.
- Tackling inequalities experienced by vulnerable population groups which will support the overall vision set out in Caring for Ayrshire.

AA has a higher than average rate of children under the care of corporate parents. We must keep the health and social outcomes of our care experienced population at the forefront of our considerations and ensure there is adequate resource to meet their needs, or we risk widening inequalities in multiple areas of their lives. It is predicted that any deterioration of outcomes will be compounded by the impact of the Covid-19 pandemic, as the data regarding the full and true impact on ICYP is still emerging. It is the responsibility of all corporate parents to ensure that we advocate for infants, children and young people who experience the care system and that we join the dots across systems and work collaboratively to drive change.

Figure 2 – Governance and Reporting Structure – NHS AA Corporate Parenting Task Force

NHS Ayrshire & Arran Corporate Parenting Groups - Structure



- **National recognition of the NHS AA Strategic Corporate Parenting Vision and the work of the Task Force**

On the 11 January 2022, the Health, Social Care and Sports Committee held its first session dedicated to gathering information for an inquiry about the health and wellbeing of infants, children and young people. NHS AA was the only health board in Scotland invited to attend alongside colleagues from Children 1st; Social Work; Barnardo's Scotland; Health Psychology and Royal College of Occupational Therapists. NHS AA had been recognised as a "beacon of good practice" and following a request for information on the work being progressed, our Executive Nurse Director shared details of the Corporate Parenting work being taken forward facilitated by strong links with our partners across AA.

This development has resulted in further interest and has allowed us to celebrate and share the work being progressed by the Task Force to operationalise the vision of the strategic Corporate Parenting Group.

As a result of this session, Who Cares Scotland are keen to feature the work of the Task Force in their May newsletter, which is distributed to all corporate parents, as an example of Promising Practice. This development provides AA with an additional platform to promote best practice at a national level across many sectors and settings, and to foster new working links, joining the dots in line with the Promise and Plan 21-24.

2.3.1 Quality/patient care

Children who receive the care of corporate parents require the same supports to grow up healthy and well as all of Scotland's children. It is our duty as a corporate parent to ensure that we intervene at the earliest opportunity to help "scaffold" where appropriate and meet the health and wellbeing needs of our ICYP when they require support. Our care system should set our children up for life and when we recognise and meet health needs early, our children should flourish. Children under the care of corporate parents today will grow into the care experienced adults of tomorrow and will require care and support from health services to address impacts of early adversity, if we do not provide the correct support when it is required. Prevention and early intervention across whole systems is required to build on and support the vision of Caring for Ayrshire.

2.3.2 Workforce

Current work is being undertaken within the existing complement of staff.

A dedicated work stream is being progressed by the NHS AA Corporate Parenting Task Force to ensure that we understand the demands on current workforce models and to ensure they best facilitate delivery of our statutory health duties as corporate parents.

Any resource implications will be considered via the appropriate governance and management structures.

Alongside this, it is essential that the NHS as a major employer across AA understands the role it has in creating opportunities for experience and employment for our care experienced population. Further exploration is planned as part of the work of the NHS AA Corporate Parenting Strategic Group.

2.3.3 Financial

It is expected that current work being undertaken will be carried out within the scope of existing resources.

Following conclusion of scoping exercises currently underway, financial considerations will be made and updates will be provided through designated governance structures at the appropriate juncture.

2.3.4 Risk assessment/management

If action is not taken in relation to meeting our duties as corporate parents and reducing health inequalities in our care experienced population, there will be a resulting impact on individuals, and our population of care experienced children as they grow into adults.

Failure to drive change and improvement will also impact on health services which will require to care for the lifetime health needs of a population vulnerable to poor outcomes if they do not receive the appropriate support.

2.3.5 Equality and diversity, including health inequalities

The Infant Children and Young People's Transformational Change Programme Board (ICYPTCPB), undertook a needs assessment using available national data regarding care experienced population outcomes. This was illuminated by qualitative research with individuals who had experienced the care system in AA. Alongside a review of the research literature, this reinforced that poor health and social outcomes are more likely to occur in our care experienced population than others.

This risk of compounded inequality is explicitly considered in the work of the NHS AA Corporate Parenting Strategic Group and Task Force. The core aim of the Fairer Scotland Duty as outlined in the Equality Act 2010 is that full account of socioeconomic disadvantage is taken when strategic decisions are made. Socioeconomic barriers are considered by the strategic NHS AA Corporate Parenting Group, the Task Force and as part of all work stream activity.

An impact assessment has not been completed in relation to this paper as the paper does not relate to any proposed process change, however the requirement for Equality Impact Assessment and Children's Rights Impact Assessment for each Task Force workstream are being considered by both the Strategic Group and Task Force.

2.3.6 Other impacts

1. Best value
2. Vision and Leadership
3. Effective Partnerships
4. Governance and accountability
5. Use of resources
6. Performance management

The work of the NHS Corporate Parenting Strategic Group and Task Force supports the vision and work across our 3 Health & Social Care Partnerships and is inextricably linked to agreed priorities within each of the respective Integrated Children Services plans.

2.3.7 Communication, involvement, engagement and consultation

The Board has carried out its duties to involve and engage external stakeholders where appropriate:

- Corporate Parenting is a central part of each respective Strategic Children's partnership meetings within North, South and East Ayrshire.
- The NHS AA Corporate Parenting Group and Task Force feeds into each respective HSCP area's Corporate Parenting Group and champions boards to ensure rights respecting participation of care experienced young people is a key factor in all we do.
- Vulnerable groups is a dedicated work stream within the Pan-Ayrshire Infant, Children and Young People's Transformational Change Programme Board.

2.3.8 Route to the meeting

As highlighted above, there are structures in place to drive forward this work and operational and strategic groups to ensure governance and accountability. The work detailed within this paper has been informed by Corporate Parenting strategic groups across Ayrshire. This paper has been developed following the establishment of the Children's Services Professional Leadership Group chaired by Interim Director of Nursing.

A version of this paper was presented to Healthcare Clinical Governance Committee on the 28 February 2022.

2.4 Recommendation

For awareness. This paper provides assurance to members on progress being made in fulfilling NHS AA Corporate Parenting Responsibilities. The Board is asked take assurance from the ongoing work highlighted.

3. List of appendices

The following appendices are included with this report:

- Appendix 1 - Who and Where are our Looked After Children? – Definitions and Data
- Appendix 2 - Our responsibilities as a Health Board and Corporate Parent as required by CEL16, and Children and Young People (Scotland) Act 2014
- Appendix 3 - NHS AA Corporate Parenting Survey – Scottish Government Return 2021
- Appendix 4 - List of Abbreviations and list of References within text

Who and Where are our Looked After Children? – Definitions and Data

Making Real World sense of Definitions - Who are “Looked After Children?”

In Scotland the term ‘looked after children’ is defined in law under the Children (Scotland) Act 1995, section 17(6)^{vi}.

Looked after children can be any of the below:

- Children for whom the local authority are providing accommodation under section 25 of this Act (a voluntary arrangement);
- Children who are subject to a compulsory supervision order or an interim compulsory supervision order (under the Children’s Hearings (Scotland) Act 2011^{vii}).
- Children who are subject to an order made in England, Wales or Northern Ireland which the Scottish Local Authority has responsibilities for by virtue of Regulation
- Children who are subject to a valid permanence order under section 80 of the Adoption and Children (Scotland) Act 2007^{viii}

ICYP can also be under the care of corporate parents whilst simultaneously remaining with parents at home or living with family members. There may be circumstances where the ICYP is unable to remain at home. These ICYP are sometimes referred to as “Looked After and Accommodated”.

Where can a Looked After Infant, Child or Young Person live?

The landscape is complex as ICYP who are looked after under each of the previous headings can live in a variety of different places with different requirements from corporate parents, dependant on their individual circumstances. They may have siblings, who may live with them or who may live separately in a different setting. The range and level of need of individual children is wide as the looked after population includes unaccompanied asylum-seeking children, children in kinship (friends / family) placements, those with foster carers, in residential placements and sometimes in secure care settings. Those children where the responsible agency has authority to place the child for adoption are also looked after until legal adoption processes are completed. It does not include those children / young people who have been permanently adopted or who are a court appointed guardian of the child.

Despite these differences and complexities of circumstance and setting they are all our children. It is the responsibility of corporate parents, a wide range of organisations (as set out in Part 9 Schedule 4 of the Children and Young People (Scotland) Act 2014^{ix}) to ensure that the needs of “Looked After Children” (as defined in law) are met.

NHS Ayrshire & Arran as a territorial health board, is a corporate parent. Every corporate parent is expected to fulfil the corporate parenting duties in their own way, consistent with their own purpose and functions.

Data and Statistics regarding children under the care of corporate parents in NHSAA

There were 1257 Ayrshire and Arran children under the care of corporate parents reported to Scottish Government in the most recently available statistics published in July 2020^x. The graphic below shows how our looked after children are distributed across Ayrshire and Arran.

Figure 1 – Number of children looked after in Ayrshire and Arran by area and % of the total population of AA Children looked after, by area (July 2020)



Across Ayrshire and Arran areas there is a consistently higher rate of the 0–17-year-old population looked after, compared to the Scottish average. This has been observed consistently year on year since 2012. North Ayrshire has the highest number of 0–17-year-olds in care and the rate is amongst the highest in Scotland.

Figure 2 – Children looked after in Ayrshire and Arran by setting and % of the total population of those looked after in each setting (July 2020)

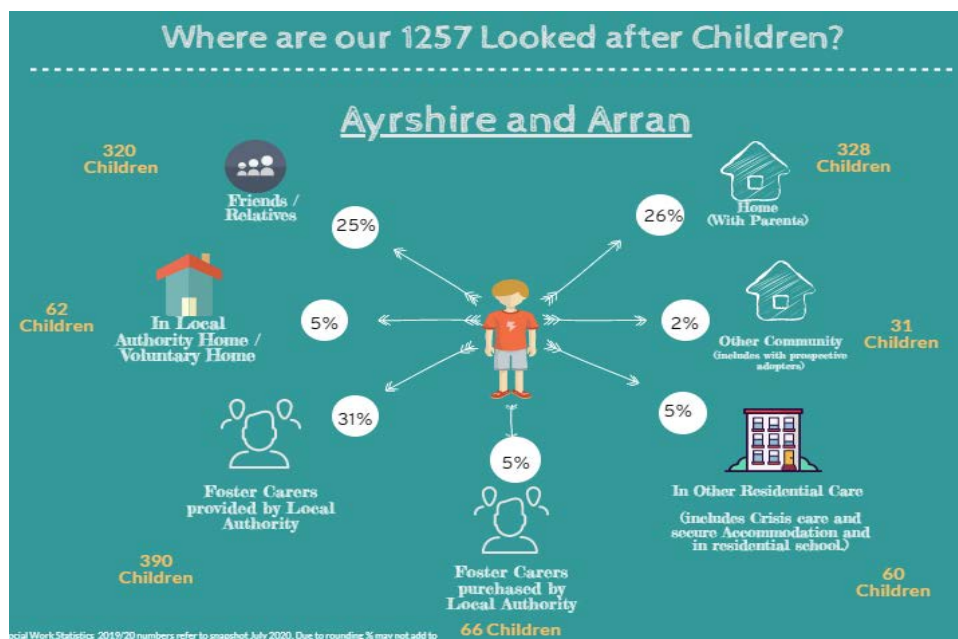
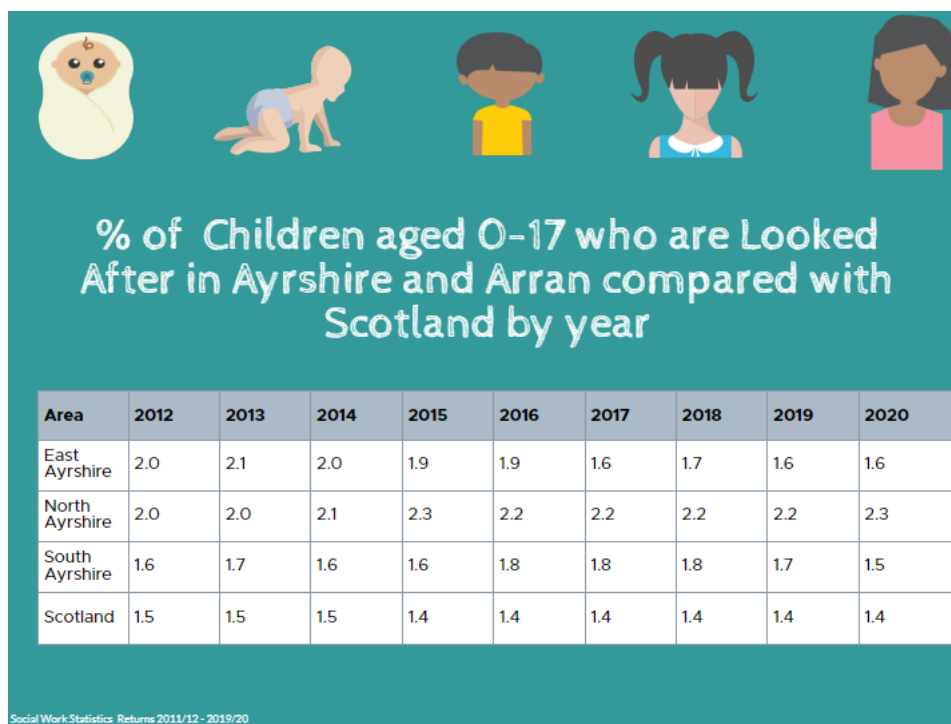


Figure 3 – Percentage of the 0–17-year-old population in care in Ayrshire and Arran compared to the Scotland Average across years (Social Work Statistics)



It must be noted that these figures hide the complexity of the picture that corporate parents in the health service require to understand locally to meet CEL16 responsibilities. Many children are placed outside of their home health board and local authority area. This can be due to factors that mean they have very complex needs. The receiving territorial health board are accountable for the healthcare responsibility for these children. This means that there are children resident in NHS Ayrshire and Arran that will not be represented in the figures above as the Placing Local Authority Social work department retains responsibility, whereas the receiving Territorial Health Board takes health responsibility.

The increase in private providers across Scotland has been highlighted as an area of national concern due to possible cross border placements and delays or lack of information sharing.

This complex landscape means that our duty of collaboration with other corporate parents is key to understanding the picture and meeting the holistic needs of Infants children and young people, regardless of their geographical locus or home setting.

The Promise, and opportunities for NHSAA as Corporate Parents

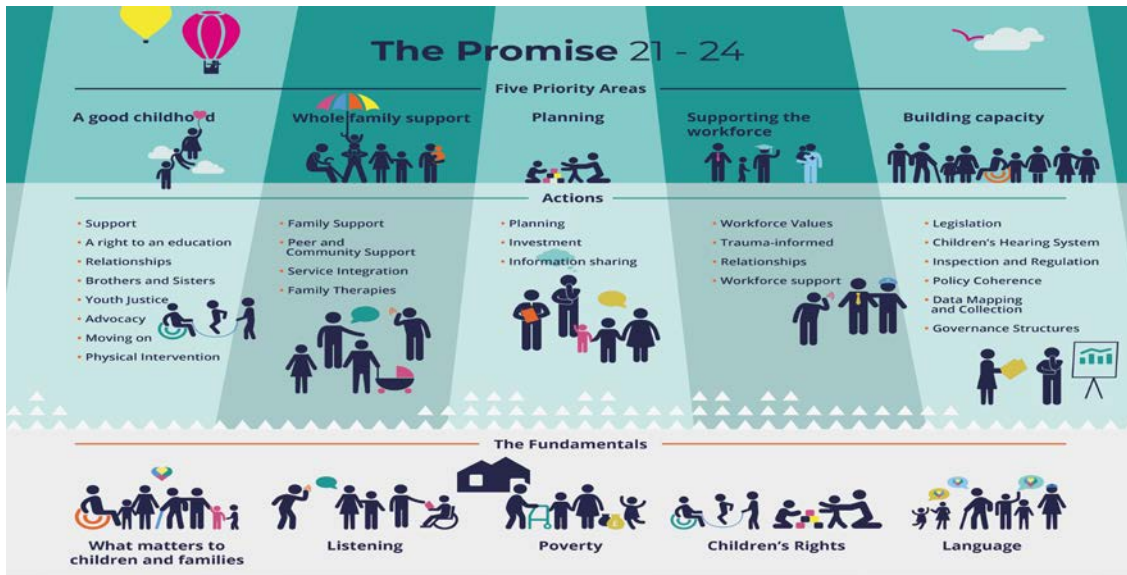
The Promise is built on 5 Foundations, which must be at the heart of a reorganisation of how we plan and prioritise for children and their families.

1. Voice: Children's voices must be heard and central to their care
2. Family: Children who are safe and feel loved in their families must be helped to stay
3. Care: Sibling relationships should be valued and nurtured where safe
4. People: Relationships between children and their communities and workforces should be nurtured
5. Scaffolding: Children, families and the workforce need ready and responsive support

The Care Review's conclusions, as detailed in The Promise across the five foundations, have been translated into five priority areas of change for Plan 21-24. These are

- A Good Childhood
- Whole Family Support
- Supporting the Workforce
- Planning
- Building Capacity

Figure 4 – Summary of priority areas outlined in Plan 21-24



In order to ensure focus and improvement work centres around these key areas, they will be the very foundations of the NHS AA Strategic Plan and be linked to each individual action in the work of the task force.

Our responsibilities as a Health Board and Corporate Parent. As required by CEL16, and Children and Young People (Scotland) Act 2014

We Can and Must Do Better Action 15, CEL16, Health board Responsibilities and Related Implications

Figure 5 – We can and Must Do better Action 15



CEL 16 places the following obligations on health boards:

1. Territorial Health Boards should nominate a Board Director with corporate responsibility for Looked After children and young people and care leavers.
2. This Director will have responsibility to ensure that Health Boards fulfil their statutory duties under the Looked After Children Regulations 1996^{xi} which concern care planning and ensuring adequate health records are available.
3. Point 2 above will support the Board, on the basis of information from local authority partners, to identify all Looked After children and young people and care leavers in their areas by 31 July 2009, including those who are Looked After at home and those placed from out with their Health Board areas.
4. The Director will be responsible for ensuring joint assessment and planning which takes into account the views of the young person and includes details of their particular health needs, including registration with a GP, dentist, regular health and dental checks, advice on sexual health, mental health and emotional wellbeing and access to any mental health services required.
5. The Director will ensure that the Board offers every new child or young person coming under the care of corporate parents, a health assessment within 4 weeks of notification to the Health Board.
6. The Director will ensure that the Board offers a mental health assessment to every Looked After child or young person







7. The Director will ensure that for every Looked After child or young person who has general and mental health needs identified as part of their health assessment, the person undertaking that health assessment takes responsibility for ensuring their care plan is delivered/coordinated as appropriate.
8. The Director will ensure, using existing systems, that the performance of the Board in carrying out general and mental health assessments for Looked After children and young people, and the health outcomes of those assessments, is reported annually to the Scottish Government.

As a major employer and corporate parent, NHS Ayrshire & Arran has the potential to be aspirational in what it can deliver with relation to its statutory duties and can consider a wide range of activities that will support children and young people. However, for the purpose of this paper we have focussed on the key purpose and function of NHS Ayrshire & Arran and the accountability for the provision of care for health and wellbeing of looked after and care experienced children and young people (LACECYP) resident in Ayrshire and Arran (AA).

The vision of NHS Ayrshire & Arran is: ‘working together to achieve the healthiest life possible for everyone in Ayrshire & Arran’. We want to make Ayrshire and Arran the best place in Scotland for children to grow up well.

Fulfilling our duty as a corporate parent needs to be achieved with this collaborative vision in mind and the United Nations Convention on the Rights of the Child (UNCRC) empowers us to achieve this overarching aim. Article 24^{xii} states that Parties “recognise the rights of a child to the enjoyment of the highest attainable standard of health; to facilities for the treatment of illness and rehabilitation of health; and strive to ensure that no child is deprived of his or her right of access to such healthcare services”.

Expectations of corporate parents as defined in Children and Young People (Scotland) Act^{xiii} 2014

<p>Be Alert: every corporate parent should be alert to matters which adversely affect the wellbeing of looked after children and care leavers;</p>	
<p>Assess: every corporate parent should assess the needs of those children and young people for the services and support they provide;</p>	
<p>Promote: every corporate parent should promote the interests of those children and young people;</p>	
<p>Seek Opportunities: seek to provide those children and young people with opportunities to participate in activities designed to promote their wellbeing;</p>	
<p>Facilitate Access: take such action to help children and young people access such opportunities and make use of the services and support provided;</p>	
<p>Improve: as an organisation review its performance as a corporate parent to help bring about improvements for children and young people.</p>	

Duties of Reporting and Collaboration for all Corporate Parents

The Act places a duty on corporate parents to report every three years to Scottish Ministers on how we have exercised our duties under section 58 (corporate parenting responsibilities^{xiv}) and how we have fulfilled our other functions under Part 9 (including planning, collaborative working and reporting).

It instructs corporate parents to collaborate both in planning corporate parenting activity (section 59^{xv}) and delivering corporate parenting actions (section 60^{xvi}).

Corporate Parenting Plan Survey 2021

ABOUT YOU AND YOUR ORGANISATION

Q1. What is the name of your organisation?	
Organisation name:	NHS Ayrshire and Arran

Q2. Name and contact information of individual completing this survey	
Full name:	NAMES REDACTED
Job title:	Public Health Principal/ Public Health Programme Manager /Public Health Project Manager
Organisation	NHS Ayrshire and Arran
Email address:	
Telephone Number:	

Q3. Does the individual completing this survey hold responsibility for Corporate Parenting within the organisation?	
Yes	
No	x
If 'no', please provide the contact information for the person who holds responsibility for this.	
Full name:	NAMES REDACTED
Job title:	Executive Nurse Director
Organisation:	NHS Ayrshire and Arran
Email address:	
Telephone Number:	

Q4. Please confirm you have shared a copy of your Corporate Parenting Plan(s) for 2018 to 2021?	
Yes , shared with SG Corporate Parenting Team	
No , we do have a Plan, but we have not shared it	
No , we don't have a Plan	We are currently finalising our action plan for 2021 onwards

Q5. Please confirm you have shared a copy of your Corporate Parenting Report(s) for 2018 to 2021?	
Yes , shared with SG Corporate Parenting Team	
No , we do have a Report, but we have not shared it	We have incorporated several informal reports on progress into our survey response
No , we don't have a Report	

Q6. Does your organisation have an alternative, child-friendly version of the plan for 2018 to 2021?	
Yes , we do have a child friendly plan, but we have chosen not to submit this for review	
No , we don't have a child friendly version of the plan	x

CORPORATE PARENTING DUTIES

<p>7. <u>ALERT</u>: it is the duty of every corporate parent to be alert to matters which, or which might, adversely affect the wellbeing of children and young people.</p> <p>A) Since 2018, please describe any changes your organisation has made or introduced as a corporate parent to ensure your organisation is alert to matters which have, or which might have, an adverse impact on the wellbeing of these children and young people?</p> <p>b) What difference have these changes or introductions had on your services or your organisation?</p> <p>c) What difference have these changes or introductions had on the lives, opportunities and experiences of children and young people?</p>
<p>a) The Infant, Children and Young People Transformational Change Programme Board meet on a regular basis with the purpose of raising any emerging issues of concern which may affect vulnerable infant's children or young people. An example of a change made to the format of this group was in response to the mitigation measures in place to address the risk posed by Covid-19. The group was extended to include issues which may face women and families as effects on women and families are inextricably linked to the outcomes of Children and Young People. This was in response to data available regarding vulnerable adults including factors such as the increased risk of violence within the home.</p> <p>b) The change to the format and area considered by this group allowed a wide range of multidisciplinary partners to consider a wider perspective and assess emerging issues which may affect vulnerable children and young people in order to facilitate multidisciplinary action and respond holistically to Children and young people's needs where required despite the challenges faced due to barriers such as reduced face to face interventions.</p> <p>c) The change has resulted in a wider range of data being considered at a time when there is a requirement to be more alert to the changing needs of Children and Young People in their dynamic environments. There is now</p>

assessment of need through a wider lens in the context of families and the landscape they now face. The Board has provided the mechanism for strengthening and widening partnerships. This has been crucial in recognising the ways in which inequalities have become wider for our most vulnerable (including those who are experiencing and have experienced the care system) and more universally, those who have not before been vulnerable to poor outcomes who may have become so.

8. ASSESS: it is the duty of every corporate parent to assess the needs of those children and young people for services and support it provides.

- a) Since 2018, what has your organisation done to assess and understand the needs of these children and young people?
- b) What changes, services or support has your organisation introduced to meet the assessed needs of these children and young people?
- c) What difference have these changes or introductions had on your services or your organisation?
- d) What difference have these changes or introductions had on the lives, opportunities and experiences of these children and young people?

a) Since the formation of the Infant Children and Young People's Transformational Change Programme Board it has been recognised that baseline measurements of the needs of Children and Young People must be measured. This is in order that the performance of all partners in relation to improving health and social outcomes for these Children and Young People is reported upon regularly to the board, that improvement is continuous that progress is assured. On a monthly basis, indicators are collated and reported upon which relate to the need and outcome for all children, and these are compared to populations of children which research shows are more vulnerable, including Looked after and Care Experienced populations.

b) In the interest of performing robust needs assessment, A multi-disciplinary data improvement working group was established to ensure that the principles of the Looked After Children Data Strategy 2015 were embedded within Ayrshire and Arran Practice and that in assessing need we were able to interrogate systems and obtain an accurate picture of need for the Looked After and Care Experienced Population.

c) The findings of this group resulted in changes in the Statutory Health Assessments carried out for Children becoming Looked After and the joining up of other agendas of work including questions related to substance use and FASD. It also highlighted the importance of the ongoing incorporation of the views of Children and Young people themselves. The Changes have resulted in more accurate and useful data reporting which informs better assessment of need for the Looked After Population.

9. PROMOTE: it is the duty of every corporate parent to promote the interests of those children and young people.

- a) Since 2018, how has your organisation promoted the interests of these children and young people (and provided them with an advantage or benefit)?

- b) What difference have these changes or introductions had on your services or your organisation?
c) What difference have these changes or introductions had on the lives, opportunities and experiences of these children and young people?

a) In all our work and across all the strategic and other groups attended by NHS staff, the rights and needs of children in care are promoted and highlighted. The findings from needs assessments are shared across partners and the inequalities across outcomes are shared with partners.

As part of our work looking at the effects of trauma across the life course, profiles which utilised proxy measures of trauma and its outcomes were created using nationally available data. These were broken down to local authority level and highlighted the higher than Scottish average rate of children in care in Ayrshire and Arran and the effects that this may have on the holistic outcomes for children who are care experienced if appropriate response measures are not available to respond to and support individuals throughout their lives.

An NHS Board Development Day was held where these data were presented alongside the voices of care experienced young people and a presentation on advocacy for the interests of Care Experienced children and Young People from Who Cares Scotland.

b) The availability of these data at local authority level alongside real life experiences has brought the statistics to life for board and a range of partners and has re-enforced the need for Looked After and Care Experienced Children to be considered as a vulnerable group who have a right to be involved and make decisions about any decisions which may affect them and their outcomes. This ignited and strengthened a commitment to improve outcomes for care experienced children and young people and care experienced adults both during the board day and at other sessions with diverse partners.

c) Advocacy for our Care Experienced population has allowed for consideration of outcomes affecting them and increased the inclusion of their voice in all policies and policy change, whilst keeping the passion to advocate for their interests current and strong.

OPPORTUNITIES: it is the duty of every corporate parent to seek to provide those children and young people with opportunities to participate in activities designed to promote their wellbeing,

a) Since 2018, what has your organisation done to identify and provide these children and young people with opportunities and activities to promote their wellbeing?

b) What difference have these changes or introductions made to your services or your organisation?

c) What difference have these changes or introductions had on the lives, opportunities and experiences of these children and young people?

a) As part of a comprehensive needs assessment, and in line with GIRFEC and the recognition that every children and young person has the right to have their voice heard when making decisions about their own health and social care, Public Health carried out a qualitative piece of work in which Children and Young People were asked about their experience of healthcare services

growing up under the care of corporate parents in Ayrshire and Arran. This included asking what was important in making individuals feel healthy and cared for, reflection on negative experiences of health and health care, and asking where changes could be made which would have had an impact.

b) The ongoing inclusion of the views of young people resulted in a different perspective than that which would have been gained by needs assessment looking at data only. This method highlighted the real impacts on how young people and services interact throughout their life course. Findings had close links with related agendas such as ACEs and trauma and linked to other work streams such as dental improvement pathway, where it became apparent that one traumatic experience in childhood had significant impacts on dental health in adulthood.

c) The consultation with Children and Young People had a direct impact on service improvement and development, starting with how data was collected and how partners shaped the new dental pathway for the care experienced population. It strengthened relationships between health and Champions Boards across areas which now have established links to ensure Children and Young people's voices are an integral part of services and service change, and that emerging issues can be responded to.

"I think he just cared. He cared about me and he genuinely cared about how I felt and what I was going through and he was there, he was brilliant" (Real voice of Care Experienced Young Person - NHS Ayrshire and Arran Health Needs Assessment 2018)

10. ACCESS: it is the duty of every corporate parent to take such action as it considers appropriate to help those children and young people to: access opportunities; make use of services, and access support, which it provides; and 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) Since 2018, what has your organisation done to help these children and young people access opportunities, services, and support?

b) What difference have these changes or introductions made to your services or your organisation?

c) What difference have these changes or introductions had on the lives, opportunities and experiences of these children and young people?

a) During the last 12 months the COVID-19 pandemic has provided significant challenges and as corporate parents we wanted to ensure we responded in a sensitive and timeous way. To meet the needs of young people within the children's residential houses in Ayrshire and Arran there was a residential Children's houses working group established. To address concerns regarding possible COVID-19 infection, the group developed a bespoke pathway whereby staff within the houses (with the consent and involvement of the young person) would collate the relevant history of possible COVID-19 symptoms and phone directly to the NHS A&A Health Protection team who would be able to provide immediate advice. This

pathway also involved arranging a PCR COVID-19 test to be carried out for the young person within the children's house to ensure it took place within an environment where the young person felt safe.

b) This pathway was informally evaluated to ensure needs of the organisation, staff and Children and young People were met. Findings showed that, once implemented, this supportive pathway reduced anxiety and provide a child centred approach to support the management of COVID-19.

c) The development of this bespoke pathway enabled the needs of a more vulnerable population of children and young people to be met in a holistic manner and in a very short amount of time, providing stability and seamless support in the form of a bespoke testing pathway which involved trusted and familiar adults, at a time which may have otherwise have felt chaotic and traumatising for children living In the houses. In addition, the working group has continued and are now established as a regular group meeting to respond to any queries or developments relating to changing guidelines or circumstances in the context of the pandemic and have evolved to include co-production of bespoke information guides for staff and children on mask wearing (at a time where national guidance has not been available), family contact time etc. This has helped to alleviate staff concerns with the aim of providing a stable and consistent environment for children and staff.

"It was so good to have somewhere to settle down ...when I went in the children's home I felt really great then. I had all the shower gel to look after myself and there was healthier food there too. I think that improved my health a lot and my mental health too because I was in a secure environment, I wasn't getting moved again at any point." (Real Voice of Care Experienced Young Person – NHS Ayrshire and Arran Health Needs Assessment 2018)

11. **IMPROVE**: how has your organisation reviewed its performance as a corporate parent (e.g. annual reporting, collection and monitoring of relevant measures and indicators, etc) to help bring about improvements for these children and young people? *Please describe how you reviewed and reported on your performance as a corporate parent.*

The organisation reviews its performance as a corporate parent through regular reporting to the Infant, Children & Young People's Transformational Change Programme Board. This is in the form of monthly highlight reports, which are also reported to the NHS Board, East, North and South Health and Social Care Integrated Joint Board and Strategic Groups. The NHS Ayrshire & Arran Corporate Parenting Plan actions are monitored through Pentana performance management system, as well as the key performance indicators. Trend analysis is undertaken to gauge improvements for these children and young people.

12. How has your organisation listened to, involved and included the voice and experience of children and young people in your response to the six **Section 58** duties?

Ayrshire and Arran have continued to improve and develop the way that children under the care of corporate parents have their health needs

assessed, not only during the statutory health assessment but also at the immediate point of becoming looked after. Most recently, a test of change has been introduced, with the aim of implementing a gold standard Ayrshire wide process of a health “safety check” at the point of placement. Every child who is placed or changes placement has an initial “health safety check” (the same day as being placed) to ensure there is no time critical health information which could result in harm to the child if unknown when the child is placed. This approach is being undertaken jointly with social work partners and is intended to alert all relevant partners to any unknown matters which may affect the wellbeing of the child being placed.

Alongside considering the immediate health needs and broad health assessment of Children and Young People in Care, specific work looking at areas which were deemed most important to young people themselves have been undertaken in response to their voices and views.

Earlier research through consultation and partnership with Children, Young People and Care Experienced Adults as part of an assessment of health needs had highlighted a strong theme regarding the importance of good oral health and healthcare interactions with trusted healthcare providers in feeling healthy and cared for. As a result of this, a bespoke piece of further research was undertaken by Young People in an Ayrshire and Arran Champions Board, led by Young People with experience of Care who advocate for their peers to dig deeper into this theme specifically, with the support of Public Health.

"We never went to the dentist every 6 months. Mum was very forgetful and would have issues with the dentist and stuff ...I'm still petrified to go to the dentist because of the past" (Real voice of Care Experienced Young Person – NHS Ayrshire and Arran Health Needs Assessment 2018)

Following this a dental working group was established with the aim of making dental health services easily accessible, non-intimidating and free for Children and Young People in Care. This pathway has been designed and in the context of Covid-19 is being refreshed to consider the pressure on and changes to dental services including childsmile.

**13. Under [Section 60](#) (duty to collaborate) of the Children and Young People (Scotland) Act 2014, how has your organisation worked with other corporate parents and organisations to support children and young people for whom your organisation has responsibilities to as their corporate parents?
(Maximum of 500 words)**

Examples of collaborative working might include sharing information, providing advice or assistance, co-ordinating activities, sharing responsibility for action, or funding activities jointly.

In Ayrshire and Arran there is regular mechanism for the collaboration and sharing of information and action across corporate parents by way of the Infant Children and Young People’s Transformational Change Programme Board. This has representation by most corporate parents in the area and the capability to call on other partners where and when required.

Collaboration in the interest of children and young people under the care of corporate parents is a key priority of the board.

Within the reporting period, Concerns had been raised by police, health and local authority colleagues regarding children who had been moved into private placements within Ayrshire and Arran’s health board area from

other local authority areas, some as cross border moves. Occasions had arisen whereby partners were not aware of their placement in private care providing establishments and the children and young people had required additional support. Due to this there was a recognition that imperative that all relevant parties are aware of their placement.

As per guidelines such children retained a social worker from their placing local authority but required their new placement health board to take responsibility for all health care. Ayrshire and Arran have a higher number of private care places than many other health boards, and some provide education, meaning there would be no notification or contact with our education colleagues.

Due to this a mapping exercise was undertaken with local authority and education colleagues to understand and develop processes of notification and to reduce duplication of efforts via a Pan Ayrshire approach. A notification form was developed to be used by all private providers at the point a child was placed with them. They would send the completed form to a single point of contact in the health board who would then notify local authority partners and ensure that the child's placement was known by all relevant partners with corporate parenting responsibility.

In order to unite all of the separate but related work streams being undertaken to improve outcomes for children under the care of corporate parents, a new Pan Ayrshire Group has been established in order to align, coordinate and share responsibilities for the outcomes of children in care across Ayrshire and Arran, regardless of care setting. The "Looked After and Care Experienced Children's Task Force" has established an action plan which will take forward and progress key priority areas.

REFLECTIONS OF THE LAST THREE YEARS

In this section we would like to understand the enablers and barriers you have encountered as Corporate Parents whilst fulfilling your responsibilities since 2018.

14. What has helped your organisation to progress your Corporate Parenting responsibilities, priorities, and activities since 2018?

Relationships have been crucial in progressing our corporate parenting responsibilities. By working together with Champion Boards and our 3 Local Authority partners we have developed a stronger shared vision to ensure we are working together as a corporate family.

The establishment of a 'Looked After and Care Experienced Children and Young People's Taskforce' has also provided a vehicle to ensure the needs of CEYP remains a high priority.

The work and priorities of this group feeds into the Pan-Ayrshire Infant Children and Young People's programme board enabling learning to be shared widely across Ayrshire to reduce inequity.

Robust data and research have been crucial to providing an insight of the health needs of care experienced young people. The presentation of this in an accessible and understandable language has supported a greater understanding across the corporate family of a dynamic and challenging

landscape. Crucially some of this data has been directly informed by young people giving it deeper perspective and additional value with the reality of living experience.

A workshop was provided to the NHS Board in April 2018 which focussed on Corporate Parenting and the duty and legislative requirements placed upon Corporate Parents. This was supported by the voices of young people who had experienced care to bring these responsibilities to life. It was attended by Who Cares Scotland who spoke about the importance of advocating for the rights of children and young people in care. This session alongside other work utilising lessons from living and lived experience provided the high-level commitment to drive forward the CEYP Taskforce.

"She [advocate] wrote down everything and she explained it all. So she was like is there anything that you want changed in your life and then she would put my words through her voice so that I definitely got a voice in there but I didn't have to talk myself." (Real Voice of Care Experienced Young Person (NHS Ayrshire and Arran Health Needs Assessment 2018)

15. What challenges or difficulties has your organisation had in progressing your Corporate Parenting responsibilities, priorities, and activities since 2018?

The most significant challenge faced by corporate parents has been the last 14 months and the COVID-19 pandemic. The virus itself and the effects of the mitigation measure introduced to control its impacts have led to unprecedented times. Uncertainty has become an everyday feature of life and anxiety has been experienced by whole populations. As a corporate parent our initial reaction has been to ensure the health and safety of our young people. As a result of this our relationships have been predominantly about health protection and ensuring systems are in place to support the corporate family to support our young people.

Previous research has shown that the softer side of health and social care and relationships in general is a key component which must exist for young people in care to feel healthy and cared for. This year has undoubtedly had an impact on the way corporate parents have been able to provide this essential side of human relationships and how we recover and build on this must be considered.

LOOKING AHEAD

In this section we would like to understand your future as a Corporate Parent.

16. What are, or do you expect to be, your organisation's priorities for improvement as a Corporate Parent for the next three-year period?

As we move forward to recovery and remobilisation as a corporate parent, we need to take cognisance of the different journey our young people will have experienced and the impact of the pandemic and resulting trauma induced. Existing inequalities will have widened and worsened for some.

A recognition that all current work streams now need to be viewed in this context is required.

Our priority will be to engage with the Champion Boards to learn from young people and ensure their voices are central to how we move forward.

Ayrshire and Arran will work with the corporate family to strengthen and uphold the five foundations on which the care review and "The Promise" found the work of change must be grounded

- **Voice (Including the voice of Children and Young People within all decisions affecting them including policies and changes)**
- **Family (Ensure that where possible and safe families are supported to stay together)**

"My relationship with my mum as much as we fought was really important. When you've got your mum in your life, you've got everything that you'll ever need. And it's not until I had my son that I realised, that's beneficial. Just having that extra family support" (Real Voice of Care Experienced Young Person – NHS Ayrshire and Arran Health Needs Assessment 2018)

- **Care – (Keeping Sibling Groups together where possible and ensuring children and young people belong to a loving family group)**
- **People- (Support to develop relationships with wider workforce and community)**
- **Scaffolding – Ready and responsive support for Children, families and the workforce where required**

"my key worker. He was fantastic. Me and him, he was good at bonding, he was good at engaging with me. So I look up to him a lot as a sort of father figure."

"I really loved it there, stayed for almost 10 years, an amazing relationship with my foster parents and still do to this day"

(Real Voices of Care Experienced Young Person – NHS Ayrshire and Arran Health Needs Assessment 2018)

Glossary and References

Abbreviation	Full Text
NHS AA	NHS Ayrshire & Arran
ICYP	Infants Children and Young People
CEL 16	Chief Executives Letter 16
AA	Ayrshire and Arran
UNCRC	United Nations Convention on the Rights of the Child
CEL 16	Chief Executives Letter 16
GIRFEC	Getting it Right for Every Child
ICYPTCPB	Infant Children and Young People's Transformational Change Programme Board

References Within Text

- ⁱ <https://www.legislation.gov.uk/asp/2014/8/contents/enacted>
- ⁱⁱ https://www.sehd.scot.nhs.uk/mels/cel2009_16.pdf
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