

Children's Rights Report 2020 – 2023

Contents

| | |
|--|----|
| Foreword | 3 |
| Progress, innovation and working practices 2020 – 2023 | 4 |
| General Measures of implementation | 5 |
| General principles of the UNCRC | 8 |
| Civil rights and freedoms | 10 |
| Violence against children | 13 |
| Family environment and alternative care | 15 |
| Basic care and welfare | 19 |
| Education, leisure and culture | 23 |
| Special protection measures | 24 |
| Action Plan 2023 – 2026 | 25 |

Foreword



Our second Children’s Rights Report (2020 – 2023) sets out our approach to putting Grampian’s children and young people at the heart of our services for them. We do this, not because we have an obligation to, but because it is the right thing to do.

The report of the independent care review sets out the compelling need to transform the care system for children and young people in Scotland. The review reinforces our collective role in delivering the vision that all children grow up ‘loved, safe and respected so as to realise their full potential’. We must keep The Promise that has been made to Scotland’s children and we believe that the commitments we have made in our Plan for the Future will help us to do that.

We will make sure that children, young people and their families can continue to count on NHS Grampian to deliver health and wellbeing services that meet their needs. Throughout this report you will see examples of children, young people and families helping us to make the changes that are important to them – from the small things to the really big things. Their voice has been central to better working practices, innovation, the development of our workforce and our future strategic direction. Much of the activity of the past three years relates to, or is in response to, COVID-19 and the significant impact that this has had on children’s rights. We see this as an opportunity to put children and young people in the spotlight, to make them a priority, in order for them to grow up safe, healthy and able to reach their full potential.

The ambitions set out in The Promise cannot be achieved by one agency alone so we work closely with key partners, supporting formal and informal networks, to deliver health and care to children, young people and families in Grampian. Looking forward, we will continue to make sure that our workforce recognises the challenges that children and young people face and the experiences that they have had, so as to ensure that our services contribute to improving outcomes.

As we continue to prepare for UNCRC (Incorporation) 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 and this is reflected in our children’s rights action plan.

We welcome your feedback on our approach and your thoughts on how we can further improve services for children and young people in Grampian.

Professor Caroline Hiscox, Chief Executive NHS Grampian

1. Progress, innovation and working practices 2020 – 2023

The past three years have given us more opportunities to talk about children’s rights within our system than ever before. Upholding and further effecting children’s rights is at the forefront of our minds as we continue to work to fully understand the impact of the pandemic, the cost of living crisis and other world events on children and their families. We know that their experiences help to shape the right response in order to achieve the greatest outcomes for them. That is why it has been so important to engage with them in developing our strategic plans, to inform service development and to identify the greatest priorities for them. Within this report we describe examples of progress, achievements, innovation and working practices in regard to children’s rights over the past three years.

Importantly we want to make sure that our workforce have the confidence, knowledge and skills to support children and young people to claim their rights. We know that a number of our colleagues have taken the opportunity to attend Children’s Rights training delivered by UNICEF but we want to do more to understand how many of our workforce these opportunities are reaching, and to identify different options and opportunities for them to learn about children’s rights. We also need to ensure that the training options are providing staff with the confidence and competence that they need. These will be actions that we will take moving forward.

1.1. Children’s Rights and Participation Workshop for Professionals

What methods and mechanisms do we have to enable children and young people to influence continuous improvement in NHS Grampian?

- Children and young people developing their own terms of reference and boundaries for engagement work
- The right information to enable informed views
- Technology (including social media)
- Events and festivals
- Volunteering opportunities

What would excellence in meaningful engagement look like for your service/team?

- Open and transparent communication
- Feedback
- Children and young people want to be involved, demonstrating trust and confidence
- Evidence based practice
- Listening and doing

What opportunities exist to embed engagement into partnership working at early stages?

- Reduce complexity and silo working
- Broader scope and longer term vision
- Empowering frontline staff
- Closely aligned frameworks and a ‘whole system’ approach

2. General Measures of Implementation

I have the right to have my rights made a reality (Article 4)

NHS Grampian, with our community planning partners, are responsible for planning and delivering health and care services to the population of the North East. That's a population of over 587,000 people, of which, over 100,000 are children and young people.

We have recently published our strategic plan 2022 - 2028; Plan for the Future. Children are a priority within our strategic plan. We know that by paying particular attention to children, young people and their families we can enable healthier and happier future generations.



The commitment that we have made is to:

- Work with people as partners in their own care.
- Ensure we hear a wide range of voices and truly listen.
- Use language that focuses on strengths, resilience and assets, and reduce the use of jargon.
- Be clear about our priorities and what we will do.
- Enable staff, patients and public to take a leading role in how care is delivered. Provide them with the tools and support they need.
- Use trusted voices from our organisation and communities to increase the number of people we reach
- Demonstrate the difference this approach makes in a range of ways to build trust and momentum.

We want to focus on children and their families to enable healthier and happier future generations.

A promise has been made to Scotland's children and young people that they will grow up loved, safe and respected. In order to #KeepThePromise by 2030, we must be able to demonstrate that our focus is 'what matters to children, young people and families' and that we have made changes within our health and care system to reflect this. We must nurture and protect the relationships that are important to them. We must actively support families to remain together wherever it is safe to do so. Most importantly, we must listen to children, young people and families, respect their views and involve them in every decision that affects them.

Most children and young people get the help and support they need from their families, peers and wider communities but there may be times when extra help is needed. Getting it Right for Every Child (GIRFEC) makes sure that the right support is available, delivered by the right person, at the time that it is needed. GIRFEC is built upon children's rights and ensures that children and young people work together with the people that can support them. At home, in school and in the wider community children should be **Safe, Healthy, Achieving, Nurtured, Active, Respected, Responsible and Included**. These are known as the SHANARRI Wellbeing Indicators and they help us to work together to understand what support is needed.

In 10 years from now we want;

- Young people to be entering adulthood with the capabilities and support to enjoy positive mental health and wellbeing.
- All children facing adverse childhood events (ACEs) in their lives to be supported by a joined up multi-agency approach from us and our partners.
- The inequalities gap between Care Experienced and non-Care Experienced young people to be reduced.
- Outcomes for those children living in areas of deprivation to be similar to those living in areas of affluence (beyond clinical outcomes).
- Families living in poverty to be supported to thrive.
- The voices of young people to be embedded in all decision-making processes that affect them.

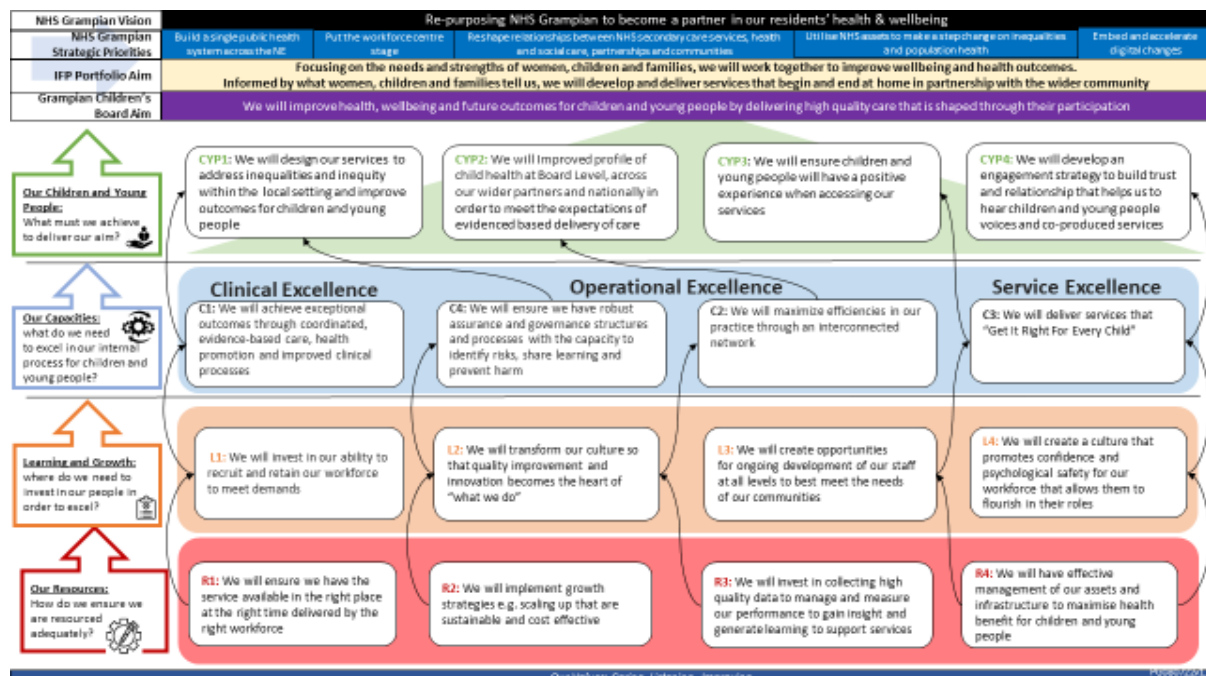
We will know that this has been achieved because;

- Children will be resilient, confident and have self-belief. On the way to achieving that, we will give them an appropriate level of support with key investment of time.
- Children will be at the very centre of all that we do and plan and implement – evidenced and informed by their voice and participation.
- Families will be supported and enabled to give their children the best start in life.
- Families will be reunified where possible and parents are supported to be the best parents that they can be.
- Our services are all child-friendly and understand the impact they have on children and families.
- We can show improvements in children's readiness to learn and readiness for school.
- Our neurodevelopmental pathway for all children involves whole family support, early identification and support, and is formulation based (not reliant on a diagnosis).

2.1. NHS Grampian's Children's Board

The aim of our 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) Oversight 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. Here is our strategy map.



3. General Principles of the UNCRC

I have the right to protection against discrimination. This means that nobody can treat me badly because of my colour, sex or religion, if I speak another language, have a disability, or are rich or poor (Article 2)
All adults should always do what is best for me (Article 3)
I have the right to life (Article 6)
I have the right to an opinion and for it to be listened to and taken seriously (Article 12)

3.1. The impact of treatment delays on children's rights, as a result of COVID-19

Children's theatre capacity has been of significant concern to us in Grampian. In highlighting these concerns we have made explicit reference to Article 6 (you have the right to life) and Article 24 (you have a right to the best health possible and to medical care and to information that will help you to stay well). Measures have been taken to provide stability through the deployment of an in-reach team and work is ongoing to understand the impact the in-reach team is having on waiting lists, with a reliable evidence base. Service expansion is required in the longer term and a programme of redesign work will be undertaken to support this. Engagement with children, young people and families will be key in the redesign.

The pandemic, the cost of living crisis and other world events have had an enduring and far-reaching impact on child poverty, children and young people's mental health and wellbeing, and the safety and development of children. The challenge to recover cannot be underestimated, however within that context we have an obligation to raise the profile of child and family health and a great opportunity to further promote and embed children's rights. Our plans to incorporate children's rights respecting practice and culture widely across our systems will include the incorporation of CRWIA into Equality Impact Assessments for Board committees. This will help to achieve a sustained lens on children's rights at a leadership level across NHS Grampian.

3.2. How we speak and write about children and young people

The way in which we describe incidents and near misses that can occur when a child or young person experiences distress, trauma or dysregulation can be at odds with the language of the UNCRC. We are addressing this by working towards a culture whereby we speak 'for' children and young people, not 'about' them. Their clinical records will reflect their views and voice.

The Write Right about Me project ([WRAM](#)) is starting to drive a decisive shift in the way adults (professionals) write about children and young people. Children and young people who are care experienced have been listened to in order for us to understand the impact of language. Significantly, care experienced young people may access their records later in life so care should be taken to avoid secondary trauma through poor use of language.

Importantly, 'how we learn how to write' is a work stream of the WRAM project which is being driven forward in partnership with local universities who are supporting our future teachers, social workers and health care staff to be language aware.

3.3. Engagement Framework

During 2021 NHS Grampian's Children's Rights and Participation steering group developed a [CYP toolkit engagement framework](#). The framework is designed to help us plan and prepare how we increase opportunities for children and young people to engage with us, and to raise awareness of children's rights across the organisation.

Within the implementation of the national Neurodevelopmental Service Specification CAMHS have recruited to a 'stakeholder engagement officer' who will work closely with service users to better understand the current pathway from the experience of service users and families. Through taking a relational approach this work will extend to co-production of the development and delivery of the service with those who will experience it.

3.4. The Tops and Pants Washing Line



The Play Therapy team at Royal Aberdeen Children's Hospital (RACH) began using the 'tops and pants washing line' as another child friendly way of engaging and getting feedback from families. Children and families tell us what was 'tops' about their stay in hospital (all the nurses and doctors are nice, the children's artwork looks nice, the fridge in my room, the play staff are great) and what was 'pants' (lumpy pillows, ward too hot, medicine is yuck, chairs too hard). Feedback is then fed into 'you said, we did' and shared throughout the hospital. It is working really well and is being positively received by children and families. More ward areas are asking for it to be implemented in their area.

3.5. Child's Plan

The Child's Plan is being reviewed and updated by multiagency partners across Grampian. Of particular focus throughout the revised framework is Article 12. The voice of the child and their views is heavily weighted throughout the document which is based on a solution orientated approach.

4. Civil Rights and Freedoms

I have the right to have a name and a nationality (Article 7)

I have the right to an identity (Article 8)

I have the right to find out things and say what I think, through making art, speaking and writing, unless it breaks the rights of others (Article 13)

I have the right to think what I like and be whatever religion I want to be, with my parents' guidance (Article 14)

I have the right to be with friends and join or set up clubs, unless this breaks the rights of others (Article 15)

I have the right to a private life. For instance, I can keep a diary that other people are not allowed to see (Article 16)

I have the right to collect information from the media – radios, newspapers, television – from all around the world. I should also be protected from information that could harm me (Article 17)

I have the right to education (Article 28)

I have the right not to be punished in a cruel or hurtful way (Article 37)

I have the right to help if I have been hurt, neglected, or badly treated (Article 39)

Public Health measures to reduce the spread of COVID-19 restricted the ability for children and young people to meet with peers, family members and the wider community. During periods of lockdown children and young people were less visible to health professionals and that caused concern for those known to be vulnerable and for children and young people who may have become vulnerable as a result of the wider impacts of the pandemic.

Early years practitioners used professional judgement to manage increasingly complex caseloads. This included careful prioritising, additional visits to families in need of additional support, garden visits, video or telephone calls. School nurses continued to offer support and be available to pupils throughout lockdowns. In order to reduce the footfall into hospital virtual appointments were offered to children and young people where it was appropriate and safe to do so.

It was important to ensure that children and young people were aware of the support available to them and that they were receiving essential information in an accessible way. We collaborated with partners and used virtual platforms that children and young people were familiar with to promote important messaging, such as virtual schools platforms and social media. While none of these measures removed the risk of restricted movement and reduced visibility they did provide mitigation.

4.1. Public Health Stakeholder Event

In August 2020, NHS Grampian's Public Health team hosted a virtual multiagency stakeholder workshop intended to help us learn lessons from the changes across the system that were occurring in response to the COVID-19 pandemic. In particular, the workshop aimed to identify what changes have occurred to services that support women, children, young people and families, and the impacts of these changes for these groups. There were more than 50 attendee's representing the NHS, HSCPs and third sector organisations across Grampian, but most importantly, young people also attended ensuring that their voice was reflected in our learning. The full report ([Understanding the Impact of Covid-19 on Children, Young People and Families in Grampian.pdf](#)) summarises the key messages and recommendations for future focus.

4.2. Children's Governance Report

In May 2021 the Children, Young Persons and Maternity Assurance Group (CYPMAG) prepared a [COVID-19 Summary Report](#) for NHS Grampian's System Leader's to provide an overview of the impact of Covid-19 on children and their families. This was followed by a second [Vulnerable Children's Report](#) that further builds upon the emerging themes and has been used as a framework for providing a sustained overview of our child health system, enabling us to plan well with children and families, as we move forward.

4.3. Archie Children's Bereavement Service

Anne Bone (Archie Charity Co-founder) and Malcolm Stewart (Archie Coordinator) identified a gap in support to families having to go home and tell their children or young people that someone they love has died in hospital. By having onsite bereavement support workers, who can attend wards and hospitals in a quick response time, allows families to go home with guidance and support to help them have these difficult conversations. Archie bereavement support workers can give story books, activity books and information booklets to families that help them find the right words and information that will help prevent secondary trauma and upset to these children and young people. At a later time the bereavement support workers call the family to see if they require any additional support. Our bereavement support workers will already have an understanding of the situation and can offer support from our volunteer responders or offer the child or young person the opportunity to take part in activity days or support groups.

Coping with loss and bereavement was even more difficult during the pandemic, particularly for children and young people who may have experienced a bereavement for the very first time. Social distancing and visiting restrictions are known to have changed the contact we had with people at the end of life. Limits to attendee's at funerals will have potentially impacted on experiences of grief and the grief process. Lockdowns and physical distancing changed routes to access, and the availability of, wider support that might be needed when we experience bereavement.

Here is [Emily's story - YouTube](#) which tells the story of Emily and her Mum when Emily's Dad sadly passed away in hospital due to COVID-19. The video, shared with permission from the family, shows an example of the support that the Archie Bereavement Service can offer.

Project – Year 1 findings (5th Oct 2020 – 30th Sept 2021)

| Children and Young People supported in Grampian | |
|--|--------------|
| Age | Total |
| 0-4 | 12 |
| 5-9 | 25 |
| 10-15 | 27 |
| 16 – 18 | 8 |
| Total – 72 children and young people | |

Project – Year 2 findings (1st Oct 2021 – 24th Jan 2023)

| Children and Young People supported in Grampian | |
|--|--------------|
| Age | Total |
| 0-4 | 10 |
| 5-9 | 31 |
| 10-15 | 24 |
| 16-18 | 5 |
| Total – 70 children and young people | |

Although the total number of children and young people supported this year with their bereavement is lower, training delivered to professionals has increased considerably. Archie Grampian has delivered awareness training to NHS student nurses and midwives, as well as training in 10 primary and secondary schools. As far as we are aware, NHS Grampian is the only region in Scotland not to have an NHS Bereavement Coordinator. This would be beneficial to the wider community, and for NHS staff to have a procedure to sign post and get direct support from the project.

5. Violence against Children

I have the right to help if I have been hurt, neglected, or badly treated. (Article 39)

I have the right not to be punished in a cruel or hurtful way. (Article 37)

I have the right to education. (Article 28)



5.1. Children 'not being seen'

Parental resistance training was designed and delivered in response to national and local themes of concern for children and young people related to 'reduced parental engagement' with health and other professionals. This training is accessed through the Turas Learn system and is available to all health professionals within NHS Grampian. The training considers parental and professional reasons for a child or young person not being seen and explores with practitioners why this may have implications for their health and wellbeing. It encourages practitioners to be cognisant of the United Nations Convention on the Rights of the Child (UNCRC) and how these rights underpin the GIRFEC framework. It signposts practitioners to guidance and policies that can help them keep their focus on the child or young person in order to achieve optimal outcomes whilst seeking to understand the context of their life.

In October 2021 a local '**Was not brought**' policy was approved by NHS Grampian's Protecting Children's Strategic Group. The policy sets out what staff should do if children or young people are not brought to appointments, supporting the phrase 'was not brought' rather than 'did not attend'. The policy helps us to think about children's right to healthcare (UNCRC

Article 24) where 'children have a right to the best health possible and to medical care and information that will help them stay well'.

5.2. Child Protection Training

Children's rights are incorporated into the introduction of the NHSG Staff Child Protection Training Guidance. Thereafter, all topic specific training also make reference to children's rights as a core element of content.

5.3. Supervision framework for health practitioners

Within clinical supervision discussions Health Visitors (HV), Family Nurses (FN), School Nurses (SN) and Community Midwives (CMW) report that they discuss Children's Rights, however this was not being captured in the template that is part of the NHS Grampian's supervision framework. There is work underway within the Child Protection Specialist Team to improve this. A draft supervision template to encourage practitioners to consider child's rights in their practice is being developed and, once finalised, will be disseminated widely to all supervisors within NHS Grampian. An audit tool will then be implemented alongside this to determine any change in practitioner practice and, importantly, to provide evidence of improvement in outcomes for children.

5.4. Bairns Hoose

A Scottish Government programme of work is underway to fulfil a commitment that all children in Scotland who have been victims or witnesses of abuse or violence, as well as children under the minimum age of criminal responsibility whose behaviour has caused significant harm, will have access to a 'Bairns Hoose' by 2025. Translated from the Icelandic Barnahaus (child's house) model, a Bairns Hoose will provide child focussed, trauma informed, child protection care and recovery within a child friendly environment, improving children's experience of the criminal justice system and preventing re-traumatisation. The ethos and model of Bairns Hoose is about how multiagency partners work together in a trauma informed, rights respecting, way to support this population of children and young people. We have started these collaborative planning conversations with partners across Grampian. Any Bairns Hoose service will need to take account of the diversity of need, geography and demography across the North East of Scotland. Any such model would have to meet the needs of the children it requires to support, and may well need to wrap around a child and family in-situ rather than any firm position that the child would need to come to a single location, to receive the required support.

6. Family environment and alternative care

I have the right to be given guidance by my parents and family (Article 5)
I have the right to live with my parents, unless it is bad for me (Article 9)
If my parents and I are living in separate countries, we have the right to get back together and live in the same place (Article 10)
I should not be kidnapped (Article 11)
I have the right to be brought up by my parents, if possible (Article 18)
I have the right to be protected from being hurt or badly treated (Article 19)
I have the right to special protection and help if I can't live with my parents (Article 20)
I have the right to have the best care if I am adopted or fostered or living in care (Article 21)
I have the right to a good enough standard of living. This means I should have food, clothes and a place to live (Article 24)
I have the right to have my living arrangements checked regularly if I have to be looked after away from home (Article 25)
I have the right to help if I have been hurt, neglected, or badly treated (Article 39)

All Looked after Children should be offered an initial health assessment (IHA) completed within 4 weeks of them coming into care. This gives professionals an opportunity to collate and to analyse the child or young person's health history, identify unrecognised or unmet health needs and to comprehensively assess the child or young person's current physical, developmental and emotional health needs.

In 2018 339 children and young people were referred to the Looked after Children's health team to request an IHA. This compares to a total of 367 in 2019 and 259 in 2020. This would suggest that the number of children and young people coming into care throughout 2020, during the pandemic, dropped significantly. This may have left some children and young people vulnerable if their health needs were not being recognised or met. The hypothesis could be that, due to children not being seen in school or within their communities, the risks around them were not being identified and in turn they were not being admitted into care.

6.1. Understanding the health needs of older care experienced young people

NHS Grampian is a corporate parent and has a duty of care for care experienced children and young people (CECYP) up to their 26th birthday. Currently there is no specialist resource (such as a specialist nurse) for CECYP beyond the age of 18 and this has been identified as a gap. We worked with two Public Health Masters students from Aberdeen University to

undertake a project to understand the health (and wider socio-structural) needs of older CEYP, aged 18+. We wanted to understand what information they feel they needed from the NHS in order to achieve the best health outcomes, how they would like to access this information, and in what other ways would they like to be able to interact with NHS Grampian as an organisation.

This [Corporate Parenting Digital Project](#) presentation describes the project, conveys what CEYP told us and makes recommendations for improvement that we will take forward.

6.2. The experience of birth parents who have had a child removed from their care

The Independent Care Review, published in March 2020, told us that Scotland's 'care system' was not working as it should to ensure that care experienced children could grow up feeling loved, safe and respected. This comes at a human cost because of the impact it has on the people in and around it. Care experienced children can experience adversity into adulthood which often leads to a cycle whereby they become parents of children who need additional care and protection. More needs to be done to break the cycle in order to support children and families to experience better outcomes.

In line with the ambitions of The Promise, the 'Supporting Birth Parents' Project, is engaging with parents who have had a child permanently removed from their care to better understand their lived experience. When a child is permanently removed the support that wraps around the child is robust. For parents this is often not the case, with support being variable and described by parents as feeling 'done to'. Without exception, every parent engaged with so far is experiencing multiple adversities.

Parents have been eager to share their experiences and their words are powerful. A recommendations of the project will be to maximise the impact their voice can have in shaping early intervention, prevention, trauma awareness, and long-term support with a view to breaking the cycle and enabling more families to stay together safely.

Some birth parents have praised the level of support, care and sensitivity that was given by NHS Maternity Services during and after the birth of their child. Additional benefits to BPs of engaging in the project have included introducing them to community resources such as their local community centres offering free classes such as confidence building, cookery, wellbeing, childcare facilities, and exercise classes. Meeting in these spaces has also raised awareness of and given access to food banks and warm spaces. Poverty and poor mental health are common themes for all of the birth parents engaged in the project so far. The majority are currently not in paid employment and are living in areas of regeneration. All are concerned about money and the cost of living crisis.

We are working in collaboration with birth parents and a Station House Media Unit (SHMU) to co-produce a digital version of birthparents stories and experiences. This ensures that they have ownership over how their story is told and will also support them in gaining additional skills such as confidence building and working with partners as well as an introduction to

creating media. We anticipate that this will become a training resource for use with the workforce.

The following graphics give a brief overview of the complexities that these families are experiencing, both before and after the removal of their children.

BP 1



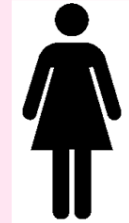
- **Number of children removed – 1**
- **Age when pregnant – 18 or 19**
- **Childhood social work involvement – yes, unrelated to BP, support requirements for brother**
- **Family support – yes**
- **Impact of removal – PTSD, self-harming, suicidal thoughts**
- **Praise from BP – NHS maternity services, Letterbox service**
- **What could be better/improved:**
 - Speak to young parents with dignity – don't use big fancy words, simplify things
 - Improved communication – BP was not told in person about the adoption & heard via a family friend that child had been moved out of Aberdeen
 - Being understanding of parents' circumstances such as having to rely on public transport which may run late
 - More support from social work and being allocated an "outside case worker" – an impartial professional that could support BP's, keep them updated and "help me ask the questions I don't know how to ask"

BP 2



- **Number of children – 4 (aged 3 – 20 years)**
- **Number of children adopted – 2**
- **Youngest daughter currently in BP's care with ongoing social work support**
- **Adverse childhood experiences – yes**
- **Adult adversities:**
 - **Imprisonment**
 - **Homelessness**
 - **Domestic violence**
 - **Sex work & substance misuse**
- **Praise from BP – positive relationships with named social worker and certain NHS staff members; the Quarry Centre**
- **What could be better/improved:**
 - Having someone on your side
 - Ongoing support
 - Non-judgemental attitude
- **Other circumstances – eldest daughter now at risk of losing her own child**

BP 3



- Number of children removed - 1
- Age when pregnant – 19
- Childhood social work involvement – yes
- Experience of childhood sexual abuse & domestic violence – yes
- Experience of insecure housing - yes
- Family/partner support – none
- Impact of removal – ongoing negative impact on BP's mental health
- Praise from BP – Hospital maternity services; Letterbox service; the relationship with the adoptive parents
- **What could be better/improved:**
 - Richmond Hill – not being assessed while undergoing a police investigation; training needed for staff – “I just feel like I wasnae gien a proper chance to be a Mum”
 - Being offered a foster placement with child.
 - “Be more understanding of people circumstances. Be compassionate. Offer support so that people can succeed in being a parent.”
 - Consistency with the same social workers – having to keep retelling your story, which is also unstable for the child. If there has to be a change, the parent should be notified in advance and not find out at the time of the meeting.
- **BP has been with her partner for 8 years and are raising (part-time) his child together**

BP 4



- Number of children – 11 (aged 1 – 25 years)
- Number of children adopted/in process of being adopted - 5
- Adverse childhood experience – yes (family home)
- Imprisonment – yes
- Experience of domestic violence – yes
- Impact of removal – suicidal thoughts & attempts, ongoing mental health concerns, gambling concerns
- Praise from BP – good experience with LAC team in one instance; relationships with solicitor and counselling service
- **What could be better/improved:**
 - Quarry Centre – not the best place for a child
 - Improved communication from social work
 - An understanding that BP is dealing with multiple cases at once – awareness that overlapping appointments can impact on contact time

7. Basic Care and Welfare

I have the right to life (Article 6)

I have the right to be brought up by my parents, if possible (Article 18)

If I am disabled, either mentally or physically, I have the right to special care and education to help me develop and lead a full life (Article 23)

I have a right to the best health possible and to medical care and to information that will help me to stay well (Article 24)

I have the right to help from the government if I am poor or in need (Article 26)

I have the right to a good enough standard of living. This means I should have food, clothes and a place to live (Article 27)

7.1. Assessment Tools

We continue to increase the number of resources and assessment tools that put children's rights explicitly front and centre. The children's obesity assessment tool below is one example of this.

| | | | | |
|--|-----|---|-------------------|---|
| Name: | | OBESITY ANALYSIS TOOL Every child has the right to the best possible health. Every child has the right to express their views, feelings and wishes in all matters affecting them | | Date: |
| DOB: | | | | School/Nursery: |
| CHI: | | | | |
| Evidence Child's Views wishes and feelings. | | | | BMI = $\frac{\text{weight}}{\text{Height}^2}$ |
| | | | | (Weight in kg/ height in cm) |
| Include the child's view of their weight and their goals. Are they open to support? What are their concerns? | Yes | No | Comments/evidence | <input type="text"/> |

7.2. Paediatric Physiotherapy Advice Line

The Paediatric Physiotherapy service run a children and young person's advice line twice a week. This is available to anyone with questions or concerns about a child's mobility, any recovery from injury, or if the child is not hitting expected milestones. The line is open every Wednesday (1-3pm) and Friday (11am – 1pm).

7.3. Child and Adolescent Mental Health Services (CAMHS)

CAMHS have recently welcomed an expert by experience; a young person who has been a service user. They are now attending peer support sessions through the eating disorders pathway. A Child and Family Psychotherapist providing direct consultation and support to children's homes in Aberdeenshire is currently being piloted and an evaluation of this will be available soon. CAMHS are also looking to pilot the Patient Global Impression scale for routine use. This would enable children and young people to share their views and experiences with the service more consistently.

7.4. Financial Inclusion Pathway

A qualitative study has been undertaken to establish how the Early Years Financial Inclusion Pathway intervention was operating and impacting on both the clinical practice of those health professionals concerned with delivering it and, the experiences of benefit gained from it for parents and children living in Grampian affected by financial hardship. The study was funded by an NHS Grampian Endowments grant and data collection took place between April and August 2021.

Health visitors and family nurses believed they had a legitimate role within their scope of practice to talk about financial challenges with clients and signpost to services. Family nurses' role involves working with highly vulnerable young parents and they viewed conversations about financial challenges to be a foundational aspect of their work with their clients. Awareness, concern, and sensitivity about the existence of poverty within caseloads was evident, as was nuanced understanding about the risks to some parents, as well as the benefits of raising financial matters during routine consultations. Health visitors and midwives reported having less time than was needed to support resource-poor clients with the challenges of navigating national and local services and gain benefits from them. Some participants expressed moral distress related to this dilemma and therefore, raising financial issues within routine clinical care for some health professionals can be challenging 'emotional labour', in the context of demanding professional caseloads.

Parent findings included insufficient household income, restricted access to paid employment due to childcare costs, debt-caused-by-deductions and, anxieties around food and other resource provisioning for their children, remain significant challenges for lone parents and families on low incomes in Grampian. Health visitors and family nurse partnership practitioners were viewed of as good sources of help and support regarding financial challenges.

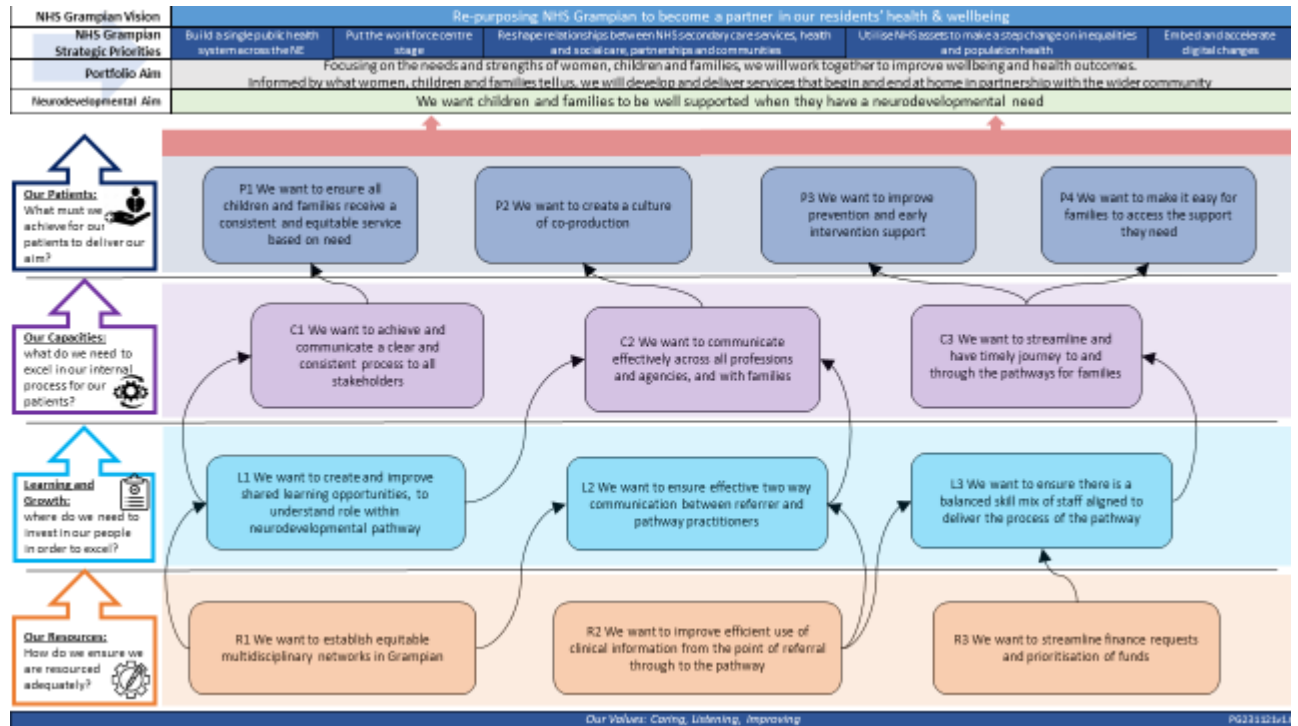
A series of recommendations were co-produced by the research team and members of the research steering committee. Those recommendations focus on the organisational support needed by midwives and early years health professionals to deliver the Financial Inclusion Pathway, their related training needs to enable effective income maximisation conversations and advice provision that minimises associated parental risks, and parent-focused recommendations that can help,

- i. de-stigmatise claiming benefits amongst parents
- ii. encourage the uptake of referrals to income maximisation agencies
- iii. support parents suffering financial hardship who have no obvious means of increasing their income.




There were also a range of questions about longer term impacts and outcomes related to the Financial Inclusion Pathway in terms of its income maximisation aim, and concerns and questions arising about income-driven maternal and infant food security. These recommendations have informed our Child Poverty Action Plan.

7.5. Grampian's Neurodevelopmental Pathway

We have been working hard with partners to understand what we need to do to improve our neurodevelopmental pathway for the children and families that need it. Here is the strategy map that describes how we will do that.



We started by mapping our current services against the national framework and identified areas for improvement. The work to implement these changes is complex, but it is underway. The graphic below shows the aims of a pilot project that runs alongside the pan-Grampian work; both complimenting, influencing and supporting the other.

Aims of the project

- 1. Access to Information**
Children and families will have access to information and a range of supports suitable to their needs when they need it. They will know who the professionals are that can provide support, and what to expect of them.
- 2. Simplifying the referral process**
 - By providing accessible methods and tools to improve the confidence, competence and efficiencies of our current workforce
 - Encouraging the referrer to consider early intervention and/or concurrent support to help to ensure that children/families' needs are appropriately met at the earliest opportunity and will reduce unnecessary referrals. We need to 'stay with our families'.
- 3. Increase understanding of neurodevelopmental profiles**
 - Increase understanding of trauma and adverse childhood experiences; developing recommendations for a model to address this need
 - Highlight the opportunity to improve long-term outcomes for a significant number of children, young people and families

7.6. UNICEF Baby Friendly Initiative

NHS Grampian is proud to be a UNICEF Baby Friendly accredited organisation. 96% of staff assessed during the accreditation process understood the importance of close and loving relationships between mother and baby, and how to support this. 90% of mothers confirmed that they had received information about close and loving relationships. 100% had received information on how to keep their babies safe while they are asleep and 100% of mothers reported that staff were kind and considerate.

We are reflecting on what went well before during and after the assessment. There is a plan for joint development of a brief staff training sessions on: Responsive breastfeeding; Maximising breastmilk; WHO Code; Responsive bottle feeding which will be delivered to staff in the first quarter of 2023. Following this, a staff audit on the four topics will take place in April.

Staff audit on the four topics will take place in April. Following this, a discussion with UNICEF around a timeline for progressing towards Achieving Sustainability can be agreed.

8. Education, Leisure and Culture

I have the right to education (Article 28)

I have the right to education which tries to develop my personality and abilities as much as possible and encourages me to respect other people's rights and values and to respect the environment (Article 29)

I have the right to play and relax by doing things like sports, music and drama (Article 31)

8.1. The Play Service – Royal Aberdeen Children's Hospital (RACH)

In complying with Public Health measures during the pandemic, play areas were closed and access to equipment and activities was greatly reduced. There was a distinct focus for the Play Service to advocate for children's right to play and to enjoy recreation time. There were many examples where clinical practice needed to be adapted in order to meet both service standards and children's right to play. The delivery of many health interventions changed in accordance with managing the impact of COVID-19 therefore continued advocacy for children's right to appropriate information was supported by the Play Team.



9. Special Protection Measures

I have the right to special protection and help if I am a refugee. A refugee is someone who has had to leave their country because it is not safe for them to live there (Article 22)

If I come from a minority group, because of my race, religion or language, I have the right to enjoy my own culture, practise my own religion, and use my own language (Article 30)

I have the right to protection from work that is bad for my health or education (Article 32)

I have the right to be protected from dangerous drugs (Article 33)

I have the right to be protected from sexual abuse (Article 34)

No-one is allowed to kidnap me or sell me (Article 35)

I have the right to protection from of any other kind of exploitation (Article 36)

I have the right not to be punished in a cruel or hurtful way (Article 37)

I have a right to protection in times of war. If I am under 15, I should never have to be in an army or take part in a battle. (Article 38)

I have the right to help if I have been hurt, neglected, or badly treated (Article 39)

I have the right to help in defending myself if I am accused of breaking the law (Article 40)

9.1. Support for Ukrainian families

The pace of change around work to support Ukrainian families fleeing from conflict has been considerable and the number of families arriving in Grampian has been rapidly growing. Bespoke training in regard to Child Protection and Corporate Parenting has been developed and rollout has begun in order to support the health assessment teams. A Welcome Hub that is being resourced by professionals over and above their substantive posts has been established. This means that families can receive a health assessment within a couple of days of their arrival.

The following Plan has been developed to direct our preparations for the incorporation of the UNCRC. The plan has been shaped around the clusters and informed by a review of the Theory of Change documentation commissioned by Scottish Government which identified 4 key change mechanisms. The Plan will be reviewed when Statutory Guidance is published in 2023.



Policy: policy adaptation, coordination, administrative integration and budgetary consideration



Capacity: building cross-sector capacity and capability to integrate rights-based ways of working



Culture: changing attitudes, norms, values and everyday actions



Empowerment: ensuring a system of information, advocacy, complaints, redress and effective remedy for children and young people

| Cluster | Theory of Change | Actions |
|---|--|--|
| General measures of implementation | Policy Empowerment | We will continue to refine children and young people's governance structures to ensure that they support the implementation, sustainability and monitoring of rights-based practice and culture. |
| General principles of the UNCRC | Capacity Culture Empowerment | We will share best practice and build the confidence of the workforce. We will ensure a consistent feedback loop to children and young people |
| Civil rights and freedoms | Policy Culture Empowerment | We will develop child friendly resources to ensure that children and young people have access to information that meets their needs. We will implement a child friendly complaints process compliant with the Scottish Public Services Ombudsman (SPSO) guidance (when known). |
| Violence against children | Policy Capacity Culture Empowerment | We will embed a trauma-informed approach. We will prioritise the safety and wellbeing of children, young people and families. We will develop a Bairns Hoose concept that meets the needs of children and young people in Grampian. We will ensure children and young people's views are heard in child protection processes. |
| Family environment and alternative care | Policy Culture | We will take a whole-family wellbeing approach to practice and policy development. We will support parenting strategies to enable generational change. We will address gaps in healthcare for CECYP. |
| Basic care and welfare | Policy Culture | We will ensure practice and policy development takes account of the needs of all children and young people. |
| Education, leisure and culture | Policy Capacity Culture Empowerment | We will focus on the abilities and strengths of children, young people and their families. We will ensure that children and young people have opportunities to play and relax when they are in hospital. |
| Special protection measures | Policy Empowerment | We will continue to hear the voices of children and young people facing adversities so that we can support them in the most impactful way. We will continue to improve our data systems so that we can horizon scan and be prepared to intervene early. |