

CORPORATE PARENTING E-LEARNING MODULE

CREATED BY WHO CARES? SCOTLAND IN COLLABORATION NHS EDUCATION FOR SCOTLAND



YOU ARE A CORPORATE PARENT

A DUTY AND AN OPPORTUNITY

All NHS Scotland territorial and special health boards are named corporate parents under the Children and Young People (Scotland) Act 2014.

This means that they must work to **uphold the rights** and **safeguard the wellbeing** of ‘**looked after**’ children and young people and care leavers aged under 26 across Scotland.

In this module **we’ll** generally refer to this group as “care **experienced**” young people, as this is an inclusive term which our young people themselves prefer.

As an NHS Scotland employee, you are a corporate parent and have an opportunity to make a huge difference to the lived experience of this cohort, which is among the most vulnerable and disadvantaged in our society.

Corporate parenting originated as a concept in the mid-1990s and has been part of Scottish Government policy since the 2008 report *These are our bairns*. That report described the challenge for everyone involved in corporate parenting as:

“ how do you give a child in your care the love, security and chances that any good parent would give their child?

When engaging with this training module, ask yourself – would this be good enough for my child?



THE CARE POPULATION

WHO ARE OUR CARE-EXPERIENCED YOUNG PEOPLE?



Care experienced children and young people are those who are or have been looked after by their local authority, having been deprived of parental care for any reason, or otherwise on account of concerns as to their wellbeing.

There are currently **15,317** young people in care in Scotland (Scottish Government, 2017).

This represents **1.2%** of the 1.2 million people aged under 21. This is similar to the entire population of St Andrews, Broxburn or Port Glasgow.

Young people in care live in many different placement types, or care settings:

- **looked after at home** (living with birth parents but with social work involvement under a supervision order) (25%)
- **kinship care** (with friends or relatives) (28%)
- **foster care** (35%)
- **residential care** (10%)
- **with prospective adopters** (>2%)



WHY ARE YOUNG PEOPLE TAKEN INTO CARE?

GROUND'S FOR REFERRAL TO THE CHILDREN'S REPORTER

Care experienced young people are deprived of parental care **through no fault of their own**.

In 90% of cases, young people are referred to the **Children's** Reporter on grounds of care and protection. Common circumstances include neglect, parental drug and alcohol addiction and parental mental ill-health. In a smaller proportion of cases the child or young person has suffered physical and/or sexual abuse.

Care and protection



90%

Criminal offence



18%

SCRA (2016). Numbers don't add up to 100 because some young people have multiple referrals.

In 18% of cases, young people have a referral on grounds of committing a criminal offence. A significant number of these young people also have a referral on grounds of care and protection. Even where they **don't**, we know through the work that we do with young people in care, that when you look behind child and adolescent criminal behaviour, in the vast majority of cases, there are significant issues at home and in relationships with family.

HOW NURTURING IS OUR CARE SYSTEM?

PLACEMENT MOVES AND MENTAL ILL-HEALTH



HOUSING

68% of care experienced young people experiences 3 or more placement moves (SCRA, 2012).

We work with young people every day who have been moved more than 10 times since they've been in care. Every time a young person moves to another placement, their families, friendships and links with the community are torn apart.

Young people often experience these moves as abrupt, unplanned and stressful. Sometimes they are made to move overnight, having only enough time to throw some belongings into black bags.

MENTAL HEALTH

45% or close to half of 5-17 year olds in care were assessed as having a mental health disorder, as compared with 9% of their peers (ONS, 2004)

In the same study from 2004, it was identified that 39% of young people living in residential care in Scotland had self harmed, compared to 18% of their peers.

Frequent moves and loss or lack of meaningful relationships often has a significant impact on a young persons wellbeing and in many cases on mental health. Young people often tell us that they have given up on making new friends and relationship as they know they have to move so regularly.



ARE OUR YOUNG PEOPLE SUPPORTED IN SCHOOL?

EDUCATIONAL EXPERIENCES FOR CARE EXPERIENCED YOUNG PEOPLE



SCHOOL EXCLUSIONS

Care experienced young people are **eight times** more likely to be excluded from school than their peers (Scottish Government 2016).

Many care experienced young people are excluded from multiple schools. This can have a hugely disruptive impact on their learning. Additionally, young people in care often face **daily disruption** to their studies due to **children's** hearings, looked after child (LAC) reviews and other meetings scheduled during school hours.

ADDITIONAL SUPPORT FOR LEARNING – LOCAL AUTHORITIES ARE FAILING

Under the Education (Scotland) Act 2004, there is a **presumption** that looked after young people have additional support needs, unless otherwise assessed.

Local authorities also have a duty to assess all young people in care for a **coordinated support plan**, which will bring together different agencies (education, social work, health, etc) to ensure that a young person can benefit from their school education.

However, as of 2015, only **6,374 (51%)** of the 12,533 looked after children with additional support needs have been assessed for a CSP, while only **368** were deemed to need one. In Highland, **46.7%** were assessed as needing a CSP, while in East Ayrshire it was only **0.7%**



WHAT ABOUT AFTER SCHOOL?

OUR YOUNG PEOPLE'S DESTINATIONS



ACCESS TO UNIVERSITY

Only **5%** of care experienced young people leave school for university compared with **40%** of their peers (Scottish Government, 2017).

During the first year at university, this number falls to 3% of care experienced young people, due to **disproportionately high drop-out rates**.

In many cases, carers and professionals have low expectations for young people – they often tell us that the career advice **they're** given is limited to a small number of gendered options, like hairdressing, beauty therapy or plumbing. For many years, the '**have your say**' form young people were asked to complete before attending a **children's** hearing, **didn't** even have '**university**' listed as an option for them to describe what **they'd** like to do.

POSITIVE OUTCOMES

71% of care experienced young people are in positive outcomes nine months after school, compared with **91%** of their non-care experienced peers (Scottish Government, 2017).

Among those aged **19-21** who are eligible for aftercare, **33%** were not in employment, education or training, while the status of a further **12%** was unknown.

HOW DO OUR YOUNG PEOPLE GET ON?

ACADEMIC OUTCOMES FOR CARE EXPERIENCED YOUNG PEOPLE

LEAVING SCHOOL

73% of care experienced young people leave school as soon as they can – at 16 or younger. In comparison, only 27% of non care experienced young people leave school before **they're** 16 y/o (Scottish Government 2017). Many of our young people tell us that they felt **forced out** of school and sometimes **'railroaded'** into college instead.



EDUCATIONAL ATTAINMENT

Only 15%, or **fewer than 1 in 6** looked after young people leave school with a Higher (SQCF 6) level qualification, compared with 62% of their peers (Scottish Government 2017).

There is a negative correlation between placement moves and the level of achievement at school for care experienced young people – the more you move, the less well you do.

Educational attainment is strongly linked to health and economic outcomes, such that, the disadvantage faced by care experienced young people in receiving a disrupted education can **profoundly shape their adult life**.



ARE YOUNG PEOPLE IN CARE CRIMINALISED?

YOUNG PEOPLE AND THE CRIMINAL JUSTICE SYSTEM

1.2%

OF PEOPLE UNDER 21

33%

OF YOUNG PRISONERS

PRISON

Despite representing only 1.2% of young people under 21, at least 33% of young people in prison and 31% of adult prisoners have been in care (SPS, 2016).

Even this incredible statistic is probably an underestimate, as it relies on prisoner self-declaration – some people **don't** recognise themselves as being care experienced (e.g. those looked after at home), while stigma often further reduces declaration rates.

RELATIONSHIPS WITH THE POLICE

Care experienced young people are more likely than their peers to have contact with the police early in life, either because family members are known the police, because they encounter the police in their communities or because the police are regularly called to their care placements.

This early system contact is **criminogenic** – it means that care experienced young people are more likely to end up with a criminal record (Haines & Case, 2015).

In residential care in particular, care experienced young people often face criminalisation of behaviours and circumstances which typically **wouldn't attract police involvement in a private household**, with situations such as fights between children or arguments with carers resulting in the police being called, sometimes leading to **escalation**.



REAL STORIES, REAL LIVES

LISTENING TO CARE EXPERIENCED VOICES

We've seen some national statistics and outcomes for care experienced people. However, in order to understand the care system and what **it's** like to grow up in it, **there's** no substitute for **listening** to care experienced people themselves.

The duties of corporate parents necessitate entering into a **regular dialogue** with the eligible population, in order to be **alert** to matters affecting them and to **assess** their needs.

In this video, Brooke shares her care journey and experiences of engaging with corporate parents in the NHS.

Please **[listen]**

[Note that in order to complete the module, **you'll** have to answer questions on this video case study].



CORPORATE PARENTING DUTIES

WHAT YOU NEED TO KNOW

Every corporate parent has legal duties to take actions to uphold the rights and safeguard the wellbeing of every **looked after child and young person and care leavers up to age 26.**

These actions should promote the young **person's** physical, emotional, spiritual, social and educational development. In many situations, it can help to ask yourself, **“what would I do if he/she were my child?”**

Under section 58 of the 2014 Act, every corporate parent has **six substantive duties** in respect of the care population. To:

- Be **alert**
- **Assess** needs
- **Promote** interests
- Provide **opportunities**
- Make sure services are easy to **access**
- Look for ways to **improve**



BEING ALERT AND ASSESSING NEEDS

A REGULAR DIALOGUE WITH YOUNG PEOPLE



BEING ALERT

Corporate parents must be **ALERT** to matters which might affect the wellbeing of care experienced young people. This means staying informed through regular dialogue about issues which might have a negative impact, such as for an individual, moving placement or residence, or for the group as a whole, changes to benefit rules or a service being withdrawn.

At an individual level, a LAC nurse making sure a young **person's** access to services is sustained in the transition from child to adult provision, introducing them to colleagues and following up afterward. Young people often tell us that they perceive services to be fragmentary/discontinuous at such moments of transition. Nationally, the Scottish Health Council might establish a specific forum for care experienced people to contribute to service design and delivery.

ASSESSING NEEDS

Corporate parents need to **ASSESS** the needs of care experienced people for the services they provide, both individually and as a group and to respond to those needs.

A nurse might partly fulfil this duty by making sure that there is promptly organised the comprehensive health assessment health boards are required to provide within four weeks of notification of a young person being taken into care. Health professionals will also work with colleagues in education and social work on Coordinated Support Plans for young people.

Health boards might seek to assess the needs of care experienced people as a group through aggregating anonymised data from health assessments, sharing this with their colleagues nationally.

PROMOTING INTERESTS AND PROVIDING OPPORTUNITIES

OVERCOMING INEQUALITY AND IMPROVING WELLBEING



PROMOTING INTERESTS

Corporate parents have a legal duty to **promote** the interests of care experienced children and young people. This means taking action which will pursue advantage or benefit for an individual, or the population as a whole, whether through advocacy, by widening access to education, leisure or employment opportunities, tackling discrimination and upholding rights.

A doctor might promote interests through arranging clinical shadowing experience for a young person interested in a career in medicine, while a health board might seek to tackle stigma and discrimination by treating care experience as a protected characteristic in their equalities work.

PROVIDING OPPORTUNITIES

Corporate parents are required to provide a wide range of high-quality **opportunities** which improve (rather than just safeguard) care experienced young **people's** wellbeing. The aim is to help young people become successful learners, confident individuals, responsible citizens and productive contributors to their communities.

For example, a dietician might create an opportunity for care experienced young people by promoting cookery and healthy eating workshops to foster carer networks, or running these in local residential houses. At a regional level, a health board might introduce employment '**taster days**', work experience or traineeship programmes for care experienced people.



MAKING SERVICES ACCESSIBLE AND IMPROVING

OVERCOMING BARRIERS AND BECOMING A BETTER CORPORATE PARENT



MAKING SURE YOUNG PEOPLE CAN ACCESS OPPORTUNITIES, SERVICES AND SUPPORT

Care experienced young people often face barriers to participating in activities and engaging with services, including limited access to finance and transport (no “**daddy taxi**”), changes of residence, lower levels of numeracy/literacy, unresolved trauma, fear of failure, loss or rejection and problems associated with drug and alcohol misuse.

Corporate parents must take action to overcome these barriers, ensuring that children and young people can meaningfully **access** the opportunities they make available and the services and support they provide. For example, a receptionist at a **GP’s** surgery might call a young people in the morning before their appointment, recognising that they might have a lot going on in their life and may not have support to keep track of their commitments.

TAKING ACTIONS TO IMPROVE

Corporate parents are required to keep their work with care experienced young people under review and to look for ways to **improve** how they fulfil their duties. At a strategic level, this means drafting a corporate parenting plan, reviewing and reporting on it at least once every 3 years.

At a practice level, dentists, nurses or midwives might set up a forum to discuss how **they’re** working with and supporting care experienced young people, agreeing actions to take forward.



ARE YOU A GOOD CORPORATE PARENT?

YOUNG PEOPLE'S VIEWS ON THE NHS

Who Cares? Scotland regularly facilitate consultation work with young people on their care experience and their relationships with a range of different corporate parents. At a series of forums we asked young people about their experiences with the NHS – the good, the bad and the ugly. The feedback with we captured, in the way of stories, insights and perspectives, was extremely powerful. **Here's** what they said.

ACCESSING SERVICES

Difficulty in accessing services was one of the key themes which emerged from discussion – young people perceiving that they had to **“jump through hoops”**, with related concerns that services were not linked up and there being a lack of communication. There were specific issues with access to Child and Adolescent Mental Health Services (CAMHS) with a very common concern being the **length of waiting lists**. More broadly, some young people felt that they only received support at point of crisis and that given that the very fact of **“going into care is often traumatising”**, more regular support was required.

On a practical level, some young people reported never having had routine support to register with a doctor or dentist and make appointments, while others mentioned the difficulties obtaining health paperwork from care placements and the limited opening hours of sexual health clinics and other services.

BUILDING RELATIONSHIPS

Young people highlighted some positive and affirming interactions with health professionals which demonstrated good corporate parenting principles. One young person recalled a psychologist who went out of their way to build a relationship before asking about the young **person's** life, while another appreciated the kindness she was shown by dental services when receiving remedial treatment in their thirties having missed out on basic care while looked after.



ARE YOU A GOOD CORPORATE PARENT?

YOUNG PEOPLE'S VIEWS ON THE NHS



However, young people also emphasised that there seemed to be structural and cultural barriers to building trusting relationships with health professionals. In particular, it was highlighted that there were problems with continuity of service at key moments of transition, including between child and adult services, which were experienced as fragmented. This meant that young people were **“not allowed to form consistent relationships with health professionals”**.

Young people spoke of being frustrated that professionals – often GPs, but sometimes health visitors and counsellors – **didn't listen** to them or take the time to understand what was going on in their lives. They felt like appointments were sometimes rushed or summary and that they **didn't** get the help they really needed.

Our members also spoke of sometimes feeling like care was being done *to* them rather than *with* them, with a lack of a proper explanation of the services available and the way they were being delivered. For instance, one young person **didn't** know why she had visits from a LAC nurse rather than attending the surgery she was registered with 5 minutes away – **“she was just kinda there, I didn't know why she was there, I assumed that if it was important enough they would have told me”**.

TURBULENT LIVES

Many of the barriers care experienced young people face in accessing services and building trusting relationships with health professionals relate to the often **turbulent** nature of life in the care system. Young people often have many different **placement moves**, each time being required to register with a new GP and dentist.

Registering often **isn't** prioritised, while having to build new relationships causes **anxiety**, on account of **fear of being judged or misunderstood**. Young people felt that medical practitioners should have training in order to better understand their lives.



REAL STORIES, REAL LIVES

LISTENING TO CARE EXPERIENCED VOICES

In this short video, Charlie speaks about what life was like at home, what led him to be taken into care and several examples of engagement with the NHS.

In watching, please bear in mind what young people have told us and the duties you have as a corporate parent.

What would you have done as **Charlie's** corporate parent?

Please **[listen]**

[Note that in order to complete the module, **you'll** have to answer questions on this video case study].

