



Healthcare  
Improvement  
Scotland

# Children's Rights Report 2017-2020

April 2020

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# Foreword

Healthcare Improvement Scotland is pleased to present its first Children's Rights Report, highlighting positive action we have taken in the last three years to support children in Scotland to realise their rights. As a national organisation with a broad programme of work, the action detailed is varied, but unified in its aim to promote better outcomes for our children and young people.

Under the UN Convention of the Rights of the Child (UNCRC), all children have a right to the highest possible standard of health and, as an organisation with the aim of making care better for everyone, this is where we have a particularly key role. However, we know that health inequalities persist and present big challenges.

Almost one in four children in Scotland currently live in relative poverty and this is expected to rise. In order to overcome these challenges we must continue to take evidence-informed actions and promote a rights-based approach among all of those people working with and for children and young people in Scotland. By strengthening our focus on the rights of all children and young people we can ensure that we are fulfilling our duties and contributing to a healthier, fairer Scotland.



Carole Wilkinson, HIS Chair

A handwritten signature in black ink that reads "Carole Wilkinson".

# Introduction

The role of Healthcare Improvement Scotland (HIS) is to lead on supporting health and care providers to delivery better quality care for everyone.

We have five key priorities:

- Enabling people to make informed decisions about their care and treatment
- Helping health and social care organisations to redesign and continuously improve services
- Providing evidence and sharing knowledge that enables people to get the best out of services they use and helps services improve
- Providing quality assurance that gives people confidence in the services and supports providers to improve
- Making the best use of resources to ensure every pound invested in our work adds value to the care people receive

Our broad work programme supports health and social care services to improve.

HIS is committed to ensuring we meet our legal duties set out in the [Children and Young People \(Scotland\) Act 2014](#) (The Act). Duties under Part 1 of The Act require HIS to report every three years on the steps we have taken to secure better or further effect the [United Nations Convention of the Rights of the Child](#) (UNCRC), an international treaty, which sets out the rights that all children have. HIS is also named as a [corporate parent](#) under Part 9 of The Act and, as such, is required to uphold the rights and promote the wellbeing of care experienced young people and care leavers up to the age of 26.

This report sets out child rights-based actions taken by HIS between April 2017 and March 2020. It contains a wide range of examples from across our organisation, demonstrating the commitment of HIS to ensuring that the rights of all children and young people are protected, respected and realised, as enshrined in the UNCRC. Examples are presented under the cluster areas of the UNCRC, which are: general measures of implementation; general principles; civil rights and freedoms; violence against children; family environment and alternative care; disability, basic health and welfare; education, leisure and cultural activities; and special protection measures. Although examples are included under clusters, they often serve to protect multiple rights across several clusters.

## 1. General Measures of Implementation and General Principles

The General Measures of Implementation focus on ensuring that structures and systems are in place to respect and realise children's rights, while the General Principles provide the means through which the other articles of the UNCRC are interpreted and achieved.

## 1.1 Tackling discrimination by promoting the use of Equality Impact Assessments

HIS has taken steps to ensure that rights are promoted without discrimination, as stated in Article 2.

Under the Equality Act 2010, HIS has a duty to:

- Eliminate unlawful discrimination and any other conduct prohibited by the Equality Act
- Advance equality of opportunity between people who share a protected characteristic and people who do not share it
- Foster good relations between people who share a protected characteristic and people who do not share it

Discrimination is usually unintended and can often remain undetected, until someone highlights how they have been let down. Equality Impact Assessments (EQIAs) are necessary to identify potential disadvantages and offer staff opportunities to take appropriate actions to remove or minimise any adverse impact of proposed activities.

In 2017, HIS produced new guidance to support staff to undertake EQIAs and promote their use. In addition to the nine protected characteristics named in the Equality Act 2010, our guidance asks staff to consider health inequalities and human rights. Amendments will also be made to ensure that staff treat 'care experience' as a protected characteristic. Advice and support is offered across the organisation by our Equality and Diversity Advisor and our Public Involvement Advisor, who leads on corporate parenting.

A list of our [completed EQIAs](#) can be found on our website.

In addition to EQIAs, staff are also encouraged to consider if a [Child Rights and Wellbeing Impact Assessments](#) (CRWIAs) is necessary when undertaking a new piece of work. For example, a CRWIA was recently undertaken by our Standards and Indicators Team to develop standards of care and support for a [Barnahus](#) response to children and young people who have experienced, or been witnesses to, violence in Scotland. This assessment has identified the UNCRC articles relevant to the standards and how the standards will promote the rights of children.

## 1.2 Promoting children's rights through our Children and Young People Working Group

Article 4 states that we should do all we can to 'make sure every child can enjoy their rights by creating systems... that promote and protect children's rights'. In 2016, HIS established a Children and Young People Working Group to ensure that the whole organisation works together to meet the legal duties outlined in the Children and Young People (Scotland) Act 2014. The group considers activity across the organisation's many parts and ensures that children's rights are considered. It meets at least three times a year and updates on actions from our Corporate Parenting Action Plan at every meeting.

### 1.3 Promoting children's rights through the Quality Improvement Awards

HIS, in partnership with the Scottish Government, runs the [Quality Improvement \(QI\) Awards](#). These national awards celebrate and showcase the range of quality improvement practice that has been taking place across Scotland to improve outcomes for babies, children, young people and their families in all aspects of their life. 2019 was the fourth year of the QI Awards.

[Categories](#) include:

- Excellence in Using QI in Maternity, Neonatal and Paediatric Services
- Excellence in Using QI to Support the 'Best Start in Life' (0-8 years)
- Excellence in Using QI to Support our Children and Young People Towards Better Outcomes (8+ years)
- Achieving Results at Scale
- Quality Improvement Champion Award
- Quality Improvement Leader of the Year Award
- Most Inspiring or Innovative Project Award
- Top Team Award for Embedding QI as a Way of Working to Get it Right for Every Child
- Compassionate Collaboration Award

These awards recognise people and teams across different sectors who put children's rights at the heart of their actions.



*Celebrating the winners of the Quality Improvement Awards 2019*

### 1.4 Supporting staff to protect children and adults at risk of harm, abuse or neglect

Keeping people safe is fundamental to everything we do in HIS. To achieve this, a Public Protection and Children's Health Services Lead was appointed in January 2019 to provide

leadership, advice and support to the organisation on all matters relating to public protection. In July 2019, a suite of materials was shared on our staff intranet website to support us to fulfil our public protection remit. This material provides our staff with the confidence they require to recognise and respond to the early signs of abuse in both children and adults. In conjunction with guidance, training and supervision have been developed and are available to all staff across HIS. Mandatory training is offered via e-learning modules to all staff, while face-to-face training is offered to managers and staff with an outward-facing role (contact with NHS boards, other agencies, and the public). To date, 380 HIS staff have completed the e-learning module and 193 have completed face-to-face training sessions.

Our Public Protection and Children's Health Services Lead has also been reviewing the activity the organisation is involved in to improve outcomes for children and young people and identifying opportunities for HIS to play its part in having a greater impact in national priority areas.

### 1.5 Developing an approach to engaging with children and young people

Understanding what matters most to people accessing support and services is crucial to building an evidence base for improvement. Our Community Engagement Directorate (previously known as the Scottish Health Council) supports the engagement of people and communities in shaping health and care services in Scotland, by offering advice and support to NHS boards and Integration Authorities. Our local presence and national reach enables us to work with a wide range of individuals, groups and organisations to this end. We also provide policy makers with evidence and public views that inform national policy.

Over the past three years, we have played an important role in ensuring that Articles 12 and 13, in particular, are realised. Article 12 states that 'every child has the right to express their views, feelings and wishes in all matters affecting them, and to have their views considered and taken seriously'. While Article 13 states that 'every child must be free to express their thoughts and opinions...'

In 2016, acknowledging that voices of children and young people are often underrepresented in conversations about health and care services, we formed a strategic partnership with [Includem](#), an organisation which supports some of Scotland's most disadvantaged young people, with a view to strengthening the involvement of young people in shaping health and care services. Includem seconded an experienced member of staff to HIS for the duration of this project. The [Young Voices Project](#) sought to:

- Explore and develop innovative approaches to engaging with children and young people across Scotland
- Support the development of an evidence base for engaging children and young people in health and care, particularly those groups facing disadvantage

Based on early conversations with stakeholders (including [ENABLE Scotland](#), [Who Cares? Scotland](#), [Young Scot](#), [Teenage Cancer Trust](#), [Together](#), and others) scoping research was commissioned to:

- Map existing ways for young people to get involved in shaping health and care services in Scotland

- Identify where there are gaps in engaging young people
- Identify the most appropriate ways of engaging with young people
- Consider opportunities to add value to, or strengthen existing ways to listen and act on the views and experiences of young people
- Assess the possibility of developing a unified approach to engaging with young people

The findings of this work can be viewed in our [report](#) published on our website.

One of the outcomes of this work was the development of Young Voices workshops which drew on the [Voices Scotland](#) toolkit developed by [Chest, Heart & Stroke Scotland](#), but have been tailored to a younger audience. These workshops were developed in partnership with Young Scot and then piloted across test sites in Fife, Forth Valley, Glasgow and Highland. Feedback from each test site was used to further develop the approach. The learning was distilled into a [guide](#).

## 1.6 Supporting NHS 24 to involve young people in the design and development of their services

In the last couple of years HIS has supported [NHS 24](#) to improve how they engage with young people. This involved the planning and delivery of bespoke engagement activities with the [West Dunbartonshire Young Carers Group](#), the [Glasgow Youth Council](#), Who Cares? Scotland and students from the [Glasgow Kelvin College](#), to build relationships with staff and young people.

Our staff supported additional engagement activities with young people to gauge their interest in getting involved in the design and development of NHS 24's services. Engagement approaches that supported the long-term involvement of young people were discussed and the results of these discussions fed into a new organisational approach to youth engagement for NHS 24. Following this activity, our staff supported NHS 24 to establish its NHS 24 Youth Forum.

The first NHS 24 Youth Forum event took place in June 2018 at the Scottish Youth Theatre. Further forum meetings have been held and NHS 24 will continue to use the forum to seek the views of young people going forward.

## 1.7 Supporting the involvement of young people in East Renfrewshire

We have also used the learning from the Young Voices project to tailor our approach to engaging with young people and to give a voice to young people living in localities they support. For example, in 2019 the Community Engagement Directorate's Greater Glasgow and Clyde engagement office, in partnership with the [East Renfrewshire Health and Social Care Partnership](#), visited eight secondary schools in East Renfrewshire to provide Young Voices sessions designed to support these young people to directly influence health and care services. These sessions involved them exploring the benefits of having their views heard and the barriers that prevent them from having their views heard. Subsequent sessions have focused on creating an action plan on how the young people in East Renfrewshire will influence health and social care services in the year ahead.



*Young people from East Renfrewshire schools sharing their views*

## 1.8 Supporting the Dumfries and Galloway Champions Board to have their views and experiences heard

HIS has also provided a Young Voices workshop to the [Dumfries and Galloway Champions Board](#) in April 2019. This group exists to support care experienced young people in the area to have a bigger say in local decisions that affect their lives. It provides an opportunity for young people to articulate the challenges that being in care can bring and how these challenges can be overcome with the right support. It is anticipated that more of these workshops will be carried out with Champions Boards across Scotland to provide these groups with the knowledge, skills and confidence to have their voice heard in health and care.

## 1.9 Supporting NHS Tayside to involve young people in the development of their Child Healthy Weight Strategy

The Community Engagement Directorate's Tayside engagement office has recently been supporting NHS Tayside's Public Health Team with the Tayside Plan for Children, Young People and Families. Staff were invited to join the Tayside Healthy Weight Strategy Group to provide advice and guidance to support a three-month public consultation on child healthy weight in Tayside. The purpose of this group is to identify areas for improving the health and wellbeing of all children in Tayside and work with all relevant stakeholders to do so. Supporting more children to achieve a healthy weight is an important part of this plan.

The engagement officers supported this group between July and September 2019, providing advice on stakeholder mapping, methods of engagement, development of a survey and other consultation materials, and also facilitated engagement sessions with young people (including through [St Paul's Academy](#) and [Strathmore Centre for Youth Development](#)) and parents. Feedback received from young people during the consultation is currently informing the development of a new Child Healthy Weight Strategy for Tayside and will detail the necessary

steps to be taken by all partners, including the NHS, local authorities, health and social care partnerships, the third sector, and the community.



*Young people from St. Paul's Academy exploring weight issues by using the Ketso tool*

### 1.10 Gathering views on what 'realistic medicines' means to young people

[Realistic Medicine](#) is an approach to healthcare that encourages people providing care to find out what matters to people receiving care so that the support offered is right for that person.

In June/July 2017, the Chief Medical Officer asked HIS to gather views about what 'realistic medicine' meant to people accessing services. Our Tayside engagement officers engaged with [Police Scotland Youth Volunteers](#) from the Dundee West Group, while Orkney engagement officers engaged with young people from [Kirkwall Grammar School](#) and the Orkney Youth Workers Forum. A [report](#) describes our engagement activities in more detail.

In November 2019, our Orkney engagement office also supported NHS Orkney to engage with young people from Kirkwall Grammar School to explore what good practice in this approach looks like for them, and how 'realistic medicine' can be promoted in the area. A second event is expected to be held to engage with students from [Orkney College - University of the Highlands and Islands](#). These views will be shared with NHS Orkney and the Orkney Health and Care Integrated Joint Board to inform actions to realise the Chief Medical Officer's vision of 'realistic medicine'.



*Young people from Kirkwall Grammar School discussing shared decision-making*

### 1.11 Gathering views of parents of young children on oral health services

Article 3 states that ‘the best interests of the child must be a top priority in all decisions and actions that affect children’. In 2016, the Scottish Government’s Chief Dental Officer and Dentistry Division approached HIS to seek support for its planned consultation exercise on the future of oral health services. The views of parents of young children were particularly important given that good oral health in childhood can support children to have the best possible start.

Views were sought by working in partnership with [Early Years Scotland](#) and [Saheliya](#). Saheliya is a mental health and wellbeing support organisation for minority ethnic, asylum seeking, refugee and migrant women and girls in the Edinburgh and Glasgow area. Early Years Scotland is the leading third sector organisation for children pre-birth to aged 5. Early Years Scotland facilitated access to mother and toddler groups, while Saheliya brought together parents from minority ethnic communities, including asylum-seeking and refugee women.

The report, [Gathering Views on the Future of Oral Health in Scotland](#), summarises what people who attended these sessions said. Feedback gathered in these focus groups, including comments from participants, was included in the Scottish Government’s [Oral Health Improvement Plan](#), published in 2018.

### 1.12 Gathering views on organ donation and transplantation

At the end of 2016, the Scottish Government launched a consultation which sought views on how best to increase numbers of successful organ and tissue donations in Scotland. The consultation looked at ways to potentially increase the numbers of deceased organ and tissue donors and considered a proposal to introduce what was described as a ‘soft opt out’ system of organ donation. This system works on the assumption that most adults can be a donor when they die, unless they have specifically stated that they do not wish to donate, and should allow for a person’s family to provide information about the person’s views.

In 2017, HIS supported this consultation in four NHS Boards across Scotland by working alongside organisations such as [People First](#), [Barnardo's Scotland](#), [Arran Youth Foundations](#) and local schools, to seek additional views. By working in partnership, HIS staff were able to gather views from groups for whom there are specific issues relating to organ donation, such as people with learning disabilities and young people with experience of the care system. The views obtained were shared with the Scottish Government to help shape the proposed development of a 'soft opt out' organ donation system. A [Gathering Views report](#) on Organ and Tissue Donation and Transplantation was published in April 2018.

### 1.13 Gathering views on healthy relationships and consent

While pregnancy at an early age can be positive for young people, for some it can increase the likelihood of facing socio-economic disadvantage and affecting health and wellbeing. In early 2018, the Scottish Government asked HIS to gather views on their draft Key Messages on Healthy Relationships and Consent, as part of their [Pregnancy and Parenthood in Young People Strategy](#). HIS engaged with young people in a number of areas, including Shetland, Grampian, Tayside, Fife, and Dumfries and Galloway. Groups engaged with included:

- LGBT Youth Groups in Fife, Tayside, and Dumfries and Galloway
- A young mums' group in Shetland
- Police Scotland Youth Volunteers in Grampian

These views have been used to inform the Scottish Government's [Key Messages for Young People on Relationships and Consent](#).

### 1.14 Asking young people what matters to them

'What Matters to You?' is an initiative encouraging more meaningful connection between people who provide health and care and the people they support and care for. Care providers are encouraged to hold 'What matters to you?' conversations to better understand and act on what matters most to people. This way of working is promoted on 6 June each year, on What Matters to You Day.

HIS was commissioned by the Scottish Government to establish a working group to plan and co-ordinate this activity. In June 2019 members of our Children and Young People Working Group engaged with young people on the streets of Glasgow, asking what matters to them when accessing health and care services and filming their answers. Young people we spoke to wanted:

- Their views and experiences to be listened to
- Staff to be caring and compassionate
- Services to be accessible
- To get the medicines they need

This [video](#) highlighted the clear role that HIS has in helping to deliver what matters most to young people.

## 1.15 Supporting young people to shape mental health services in Midlothian

HIS is committed to supporting better quality mental health care for everyone in Scotland. Our [Improvement Hub](#) (ihub) works with mental health services, people who use services, and leadership teams to support improvements to these services.

Between January and June 2019, the ihub worked in partnership with [Nesta](#) to test their People Powered Results (PPR) approach to large-scale redesign and change, with a focus on children and young people's mental health and wellbeing. This was a 100-day challenge, which involved 42 team members from 19 different organisations, including schools, Child and Adolescent Mental Health Services (CAMHS), and numerous others from statutory, voluntary, and community sectors – all working together in new ways to listen and respond to what children, young people, families and carers needed.

Three teams tested out ideas that would help different groups: children moving from primary to secondary school, young people transitioning from secondary school to college, and care experienced young people across Midlothian.

One team asked children aged nine to 10 years, what they thought would make their classroom more conducive to improving wellbeing. They then encouraged the children to lead on redesigning it themselves, giving them the opportunity to bring their ideas to life. This enabled the children to shape their learning environment. The classroom now has a designated quiet space, and 26 pupils created their own personalised emotional wellbeing toolboxes.

Another team wanted to support young people moving from secondary school to college. They started gathering insights from 14-17 year olds, to better understand what mattered to them. As a result, they trained approximately 100 trusted adults in Mental Health First Aid, so that young people would know who to seek support from when they need it. The team also supported students to design and deliver mental health content for Personal and Social Education, with 59 percent of young people agreeing that their knowledge about mental health had increased.

The remaining team tested providing dedicated CAMHS consultation time for kinship carers (people who agree to raise the children of relatives as an alternative to the care system) for the first time. They were able to agree a plan to trial and evaluate the impact of kinship carers being supported directly by CAMHS, building their capacity to support the children and young people they care for.

In total, 175 people, including children, young people, families and carers were involved in Midlothian's 100 Day Challenge and the experience has set a precedent for this to continue, so that people with lived experience of mental health issues continue to play a central role in shaping programmes and services that affect them.

## 1.16 Developing plans to support children and their families to think ahead when considering how they want to be cared for

End of life care is something that many parents often feel afraid or guilty to ask questions about. However, having some information in advance can help answer some of those

questions. Anticipatory Care Plans (ACPs) focus on what's important to a child and their family, and give them a voice to support decisions to maximise their quality of life, e.g. where end of life care might be delivered. In 2019, the ihub published [My Anticipatory Care Plan: For Babies, Children and Young People](#). This document was developed with representatives from different health boards and [Children's Hospices Across Scotland](#) (CHAS).

### 1.17 Exploring what matters to young people when accessing school nursing

Excellence in Care (EiC) is a national approach which aims to ensure people have confidence they will receive a consistent standard and quality of care from nursing and midwifery staff, no matter where they receive it. This approach has been developed in collaboration between HIS, Scottish Government, [NHS National Services Scotland](#) (NSS) and [NHS Education for Scotland](#) (NES). The EiC Children and Young People Working Group, set up to ensure that children have a voice in this work, has recently been developing quality measures for school nursing.

In February 2019, young people from Kirkcaldy High School, between the ages of 12 and 17, took part in focus groups arranged to explore what matters to young people when accessing school nursing services. There were six focus groups over the course of a day and a total of 48 young people who were involved. The facilitators presented the young people with a fictional scenario in which a young person had been referred to the school nurse and asked questions about what would matter to them in that scenario. Issues important to the young people included timely appointments to reduce anxiety and clarity regarding confidentiality. The facilitators plan to provide the feedback received into the EiC Children and Young People Working Group and return to meet with them to discuss what has changed as a result of what they shared. This approach was recently repeated in a school in Tayside.

## 2. Civil Rights and Freedoms

This cluster area focuses on children and young people's civil rights and freedoms. This includes their rights to move freely in public space and to meet with others, to think and believe what they like, to access information and speak their mind (as long as it is not harmful to others), to keep personal matters and communications private, and their rights to be protected from inhumane or degrading treatment.

### 2.1 Providing accessible information for children and young people

#### 2.1.1 Epilepsy

Article 17 of the UNCRC says that children have 'the right to reliable information... that [they] can understand'.

The [Scottish Intercollegiate Guidelines Network](#) (SIGN) creates evidence-based guidelines to support health and social care professionals, and people with lived experience, to understand medical evidence and use it to make decisions about healthcare. SIGN also produces booklets to make people aware of the care and support they should expect to receive.

Epilepsy is a condition affecting the brain which can cause frequent seizures. Seizures are bursts of electrical activity in the brain that temporarily affect how it works. Approximately 5000

children under 18 have epilepsy in Scotland. In 2020, SIGN will publish guidelines for epilepsy in children and young people. Two young people are full members of the guidelines development group. These young people will work with SIGN to co-produce information booklets for young people living with epilepsy and their families, for publication in 2020. The content will be informed by priorities identified by young people in a discussion group that was held in partnership with Epilepsy Scotland. Videos have also been made to share the experiences of two young people living with epilepsy in transitioning from child to adult services.

### 2.1.2 Fetal Alcohol Spectrum Disorder

In 2019, SIGN published guidelines for children and young people exposed to alcohol during pregnancy. Unborn babies are at risk of developing fetal alcohol spectrum disorder (FASD) if their mother drinks alcohol during pregnancy, as it can damage the developing baby, leading to lifelong issues.

A young person affected by this condition supported the development of a [booklet](#) for parents and carers, and this was published in October 2019. This young person also provided their views on the best way to communicate information to young people affected by FASD, leading to a [video animation](#) being produced. The animation uses the young person's story to increase awareness of the condition and the care and support available. This was published in November 2019.



We have produced a video animation for young people who have been affected by alcohol in pregnancy. Our video can help them to understand more about the condition and how they can get an assessment and support.

View the video animation and patient booklet at [www.sign.ac.uk/pat156-fetal-alcohol-spectrum-disorder.html](http://www.sign.ac.uk/pat156-fetal-alcohol-spectrum-disorder.html)



PAULA WAS DIAGNOSED WITH FASD WHEN SHE WAS 16 YEARS OLD AND HAS HELPED SIGN DEVELOP A BOOKLET FOR PARENTS AND FAMILIES ABOUT THE CONDITION.

### 2.1.3 Health and Social Care Standards

HIS has a national role in setting standards of care. In 2015, following an extensive review of the National Care Standards, published in 2002, HIS and the Care Inspectorate were tasked with developing new [Health and Social Care Standards](#) to reflect the fact that inspections are increasingly looking at what it is like to actually experience a service. The standards seek to provide better outcomes for everyone; to ensure that individuals are treated with respect and dignity, and that the basic human rights we are all entitled to, are upheld. These standards were co-produced by working alongside people using services, service providers and other agencies.

During the consultation on the draft standards, HIS and the [Care Inspectorate](#) worked closely with a number of organisations to ensure that the views of children and young people were reflected in the standards. For example, the [Centre for Excellence for Children's Care and](#)

[Protection](#) (CELCIS) ran focus groups with care experienced young people to find out more about what matters to them in relation to standards of care. Feedback was provided to demonstrate how/where their comments had led to direct change in the health and social care statements. As a direct result of their feedback the standards were revised and updated to include the importance of feeling ‘valued, loved and secure’.

The standards were published in June 2017 and introduced in April 2018. Efforts were made to ensure that the standards were easily accessible. In January 2018, the standards were made available in [‘easy read’ format](#). Subtitled videos were also produced. These videos share the experiences of children and young people and highlight what matters to these people when accessing care and support. Examples included [Brooke](#), a young mum with experience of the care system, [Robbie](#), a young person living with a neurological condition, and [Dara and Wanda](#), two children in the early learning and childcare setting.

## 3. Violence Against Children

This cluster area focuses on situations where children experience violence, including physical and mental violence, abuse and neglect, maltreatment and exploitation, including sexual abuse.

### 3.1 Improving services for children who have experienced rape or sexual assault

Article 34 states that ‘Governments must protect children from all forms of sexual abuse’, while Article 39 states that children who have experienced violence ‘must receive special support to help them recover their health, dignity, self-respect and social life’. In 2017, the Chief Medical Officer set up a [taskforce](#) for the improvement of services for adults and children who have experienced rape or sexual assault. HIS produced standards to set an aspirational target for these services and, in 2018, were commissioned by the Scottish Government to develop indicators to measure national performance and support the work of the taskforce and its quality improvement subgroup. Consultation on the interim indicators included focus groups with adult survivors of child sexual abuse, interviews with forensic medical examiners, and collaboration with the [Scottish Commission for Learning Disability](#) and [Stonewall Scotland](#). We published interim indicators in December 2018 and in November 2019 published [draft indicators for consultation](#).

### 3.2 Improving the collective response to child victims and witnesses of violence and sexual abuse

There is recognition in Scotland that the justice system risks re-traumatising child victims and witnesses of violence, which can have an impact on long-term health and wellbeing. In Nordic countries, such as Iceland, meanwhile, a child or young person is interviewed in the Barnahus (meaning ‘children’s house’) by specialist interviewers during a single forensic interview, which is used as their sole evidence. This means that vulnerable witnesses will not have to go to court and testify, or tell their story several times over. HIS and the Care Inspectorate were commissioned by the Scottish Government to jointly develop standards of care and support that a Barnahus child protection response in Scotland should be based on. These standards

will be rooted in the UNCRC and will set out a framework for Barnahus to be tested in Scotland, and will focus on how it should feel for children and young people using the service.

In June 2019, a scoping workshop was held, with 50 participants from across health, social work, justice, police and child protection attending. Participants from all sectors contributed to a discussion on the direction of travel. A short-life working group, known as the Standards Development Group, has formed to write the standards. Central to the standards is the need for recovery to take place in an environment which allows this to happen. Draft standards will go out for a 12 week consultation. The views and experiences of children and young people will be crucial to ensure these standards are fit for purpose.

## 4. Family Environment and Alternative Care

This cluster area focuses on the right of every child to enjoy a supportive, nurturing home environment regardless of their circumstances.

### 4.1 Promoting the wellbeing and safeguarding the rights of care experienced children and young people

Article 18 states that ‘parents share responsibility for bringing up their child and should always consider what is best for their child’. Under the Children and Young People (Scotland) Act 2014, public bodies named as corporate parents are required to work together to promote the wellbeing of all [care experienced children and young people](#). This means that HIS must support these children and young people in the way that parents and carers are expected to.

Over the past three years we have worked closely with Who Cares? Scotland (WC?S) to support us with our responsibilities as corporate parents. In 2018, we worked together with NHS 24 and WC?S to carry out an interactive evening session with a group of care experienced children and young people, known as the Young Radicals, who meet regularly to discuss issues important to them. We used this session to find out more about their experiences of health and care services, and what is important to them when accessing these services. We shared what we learned with all staff. We have also worked closely with WC?S to develop an e-learning module to be accessed by all staff in HIS. The module will be available to approximately 500 staff members and will support them to understand their role as a corporate parent and understand the impact that a good corporate parent can have.

During the festive period at the end of 2018, our Children and Young People Working Group decided to raise enough money to provide at least 40 care experienced young people with a gift on Christmas day during WC?S' Care Family Christmas. We organised sponsored staff participation in the Glasgow Santa Dash, as well as arranging bake sales, supporting raffles, and even selling handmade jewellery that was kindly donated by another member of staff. We used the bake sale as an opportunity to raise awareness of our corporate parenting duties among staff by inviting WC?S to kick off the bake sale with an activity which served to demonstrate the number of services that support someone in the care system.

HIS staff, family and friends raised £1,428.37 in total, greatly exceeding our initial £400 target.

Many attendees of the Care Family Christmas shared positive feedback of their experience and thanked all of those who had donated to make it possible.

In December 2019 we raised money and collected gifts for Barnardo's Scotland's Kidsmas appeal. Again, we participated in the Glasgow Santa Dash and held a raffle to generate donations. We received over £900 in donations and around 80 gifts. These donations went to the Youth Involvement Project, which supports children and young people with experience of parental substance use in the Easterhouse area. Many of these young people have experience of the care system or are more likely to enter the care system.



*HIS staff preparing for the Glasgow Santa Dash*



*Our corporate parenting lead handing over a big cheque to WC?S*



*HIS staff dropping off gifts and a giant cheque to Barnardo's Youth Involvement Project*

## 5. Disability, Basic Health and Welfare

This cluster focuses on the health and welfare of all children and the rights of disabled children. All children should have the best possible standard of health, including access to relevant health services.

### 5.1 Reducing deaths or loss of babies before or during delivery

Article 6 states that ‘every child has the right to life. Governments must do all they can to ensure that children survive and develop to their potential’. [Our Maternity and Children Quality Improvement Collaborative](#) (MCQIC), part of the [Scottish Patient Safety Programme](#) (SPSP), has an overall aim to improve outcomes and reduce inequalities in outcomes for all babies, children, parents and families.

The death or loss of a baby before or during delivery, known as stillbirth, has been a priority for improvement in all 14 NHS boards. Evidence shows that:

- Pregnant women delay seeking advice when they become aware of changes in fetal movement
- Midwives are reluctant to mention the risk of stillbirth to pregnant women for fear of provoking anxiety. They are also anxious that they lack knowledge on the risks and causes of stillbirth
- The risk of stillbirth is 47 percent higher in women who smoke during pregnancy than in women who do not smoke while pregnant

The focus of improvement work included:

- Increasing the percentage of midwives having documented discussions with pregnant women about fetal movement and ensuring evidence-based advice is used to inform women about fetal movement and who to contact when concerns arise
- Ensuring midwives have supportive conversations about the dangers of smoking in pregnancy, and introducing the monitoring of all pregnant women for carbon monoxide levels, which is now routine practice across Scotland
- Supporting midwives and obstetricians to consistently measure the growth of babies and follow up quickly if issues are noted

As a result, MCQIC has contributed to a 23 percent reduction in the Scottish stillbirth rate, meaning that between 2013 and 2019, an average of 220 more babies have gone home safely each year.

Improvement initiatives across the UK and Australia suggest giving women standardised written information at 18-23 weeks' pregnant and focusing on the growth of the fetus to improve outcomes. This will be the focus going forward. By March 2021, MCQIC aims to reduce stillbirth by 35 percent.

**Case study:** One evening, Lynne Campbell (pictured) became aware of a change in fetal movements. As a direct result of the conversation with her midwife, Lynne, instead of going to sleep (as she was tempted to do) contacted her maternity unit and several hours later, her son, Innes, was safely delivered by emergency caesarean section at 33 weeks' pregnant. Lynne describes how the conversation with her midwife was key to saving her baby's life, in a [video](#) published on the ihub website.



*Lynne Campbell with her son, Innes*

## 5.2 Supporting better understanding about the health of a fetus or newborn baby

Pregnancy screening is offered to help women make informed decisions about their health and the health of their fetus during pregnancy, while newborn screening is offered to support decisions about the health of a newborn baby. Our Standards and Indicators Team supports NHS Scotland's screening programmes through developing new and, where appropriate, revising existing standards. In 2016, HIS received a request to revise Clinical Standards for Pregnancy and Newborn Screening. HIS developed these standards, informed by current evidence, best practice recommendations and group consensus. The development process commenced in September 2016 until October 2018, with the [final standards](#) being published in January 2019.

During our eight week public consultation on the draft standards, we engaged with a range of staff who support and deliver the pregnancy and newborn screening. We also worked with third sector colleagues who offer vital care and support to women and their families. The Standards and Indicators Team worked with [Deaf Scotland](#) and [Spina Bifida Hydrocephalus Scotland](#) to run focus groups to allow people to share their experiences of diagnosis, care and treatment.

## 5.3 Shaping the future of Maternity Services Liaison Committees

Maternity Liaison Committees (MSLCs) were set up in 2000 as a recommendation of the Maternity Services Standards to ensure that health boards listened to the views and experiences of people who use maternity services. The MSLCs that are currently active typically include people who worked in maternity services, people from local communities who had used them, and relevant third sector organisations.

In May 2019, the Scottish Government asked HIS to gather the views of people involved in MSLCs, including staff, with a view to ensuring that people who use maternity services have a voice at both a local and a national level.

Between July and September 2019, HIS staff gathered the views and experiences of people involved in MSLCs across the country by using discovery interviews based on the following journey points – origin, structure, support, representation and reflection. The information gathered was reported to the Scottish Government. Some of the key themes included:

- Challenges of recruiting people and keeping them engaged in the activities of the MSLCs
- A lack of diversity in MSLC group membership
- A need for clear aims and evidence of impact
- A need for a less formal and more welcoming environment

Following the report, the Scottish Government are planning to develop a national network to share learning and good practice, and develop approaches to give people a voice at both a local and a national level. Two health boards have already taken steps to develop less formal approaches to engagement, more flexible to the needs of local people.

#### 5.4 Reducing the deaths of children and young people

In 2019, the Scottish Government requested that HIS, in collaboration with the Care Inspectorate, establish a National Hub to better understand the circumstances surrounding the deaths of children and young people in Scotland. Ultimately, the aim is to reduce deaths and harm to children and young people.

Child Death Reviews will be carried out for the death of every child in Scotland (all live born children up to their 18<sup>th</sup> birthday), and up to their 26<sup>th</sup> birthday for care experienced young people in aftercare or continuing care at the time of their death. The Hub plans to identify trends which could alert professionals of possible areas of risk.

An expert reference group met for the first time in November 2019. This group includes representation from third sector organisations who support families with this experience and will seek further representation directly from families as the programme progresses.

#### 5.5 Reducing unplanned admissions – keeping mothers and babies together

Article 7 states that ‘every child has the right to... know and be cared for by their parents’, while Article 9 states that ‘children must not be separated from their parents against their will unless it is in their best interests’. Evidence shows that bonding between mother and baby is hugely important, and interruption to the bonding process can interfere with the postnatal adaptation of the newborn. This decreases the opportunity for temperature regulation and stabilisation of vital signs, including breathing rates, and has a negative effect on maternal mental health, breastfeeding success rates and long-term conditions for mother and child. Data submitted to NHS boards across Scotland suggested that for every 1,000 babies born at term, around 60 are admitted to the neonatal unit. With this in mind, MCQIC’s maternity and neonatal programmes have been working together to test various ways of reducing unplanned term admissions to the neonatal unit.

With support from the MCQIC team, a number of maternity units have reduced unplanned admissions to the neonatal unit. NHS Tayside, for example, had identified that the main reasons for their admissions were breathing complications, weight loss from breastfeeding

challenges and cold body temperature. Improvements that were made led to a 21 percent reduction in the number of babies admitted to the neonatal unit and thus separated from their mum. The average reduction across eight units being supported was 20 percent. This means that, each month, approximately 30 more babies in Scotland receive care at the bedside, beside their mothers, resulting in less disruption to breastfeeding and better long-term outcomes for both.

## 5.6 Reducing admissions to neonatal units due to hypothermia

All newborn babies are at risk of having a low body temperature (hypothermia) – especially those born premature or unwell. A low body temperature in babies can be dangerous and can lead to serious health complications or death. For many babies it will mean admission to the neonatal unit, leading to medical interventions (such as tubes or ventilators) and longer hospital stays. Keeping newborn babies warm is therefore a critical intervention that can improve a range of longer-term outcomes.

Often the care given to mothers before, during and after birth (maternity care) and the additional care given to newborn babies (neonatal care) are separate services. However, to reduce the incidence of hypothermia, maternity and neonatal services have been encouraged to work together to identify babies who are at risk of becoming cold, as well as identifying environmental factors that may increase the risk of hypothermia.

MCQIC set out to improve collaborative working relationships between maternity and neonatal colleagues through networking events, visits, dedicated discussions and supporting the measurement of progress.

NHS Lanarkshire used a particularly innovative approach, using a social media campaign to request donations of knitted hats from the community. This campaign was successful, with adult daycare centres in the local area forming knitting groups. These groups continue to provide a regular supply of knitted hats for babies.



There has also been a focus on increasing skin-to-skin contact with a parent. Other interventions have included being bedside ‘hot cots’, which are specially adapted heated and covered cots. NHS Lanarkshire’s work led to an 87 percent reduction in admissions to their neonatal unit due to hypothermia.

Since June 2017 there has been an average 23 percent decrease in the rate of babies admitted to neonatal units with hypothermia, across the six health boards submitting data.

## 5.7 Supporting early recognition of illness due to complications from pregnancy or childbirth

Early recognition of illness in pregnant women and mothers shortly after childbirth is essential, as things can progress quickly. Although the numbers of deaths due to complications from pregnancy or childbirth have dropped, detection remains an issue across the UK. In 2016, there were fourteen different Maternity Early Warning Scores (MEWS) in operation for maternity services. For over fifteen years, national audits have recommended the implementation of a single national MEWS. MCQIC set out to make Scotland the third country in the world to create a national MEWS to promote standardisation and consistency of practice. This national MEWS was launched in October 2018.

**Case study:** Caitlin O'Neill had no idea what MEWS was when she went into hospital to give birth, but she says it saved her life.

Caitlin explained that her pregnancy was fine, but after the birth she never felt right, experiencing flu-like symptoms. When her dad drove her back to the hospital her temperature reached 41 degrees and she passed out.

Using MEWS, nurses quickly detected that her condition had deteriorated and that she had the potentially fatal sepsis. Once stabilised, Caitlin was transferred to the high dependency unit and when she was well enough she was moved to the maternity ward to recover fully.



*Caitlin with her daughter Hallie*

## 5.8 Reducing bleeding following childbirth

The incidence of postpartum haemorrhage (PPH), defined as blood loss of more than 2.5 litres following childbirth, was estimated to be around 6 per 1000 births in Scotland in 2012. The main reason for this bleeding is due to uterine tone (an issue with muscles in the uterus), with emergency caesarean section reported as the leading method of delivery. A number of recommendations were made in 2014. However, the data demonstrated no overall improvement at a national level. With the introduction of MEWS (as mentioned above), MCQIC aim to reduce the rate of severe PPH in mothers by 30 percent by March 2021.

## 5.9 Supporting early identification of illness in children

Article 24 states that ‘every child has the right to the best possible health. Governments must provide good quality health care... so that children can stay healthy’. The UK has one of the highest child mortality rates in Europe. A UK pilot review of child deaths identified the most common avoidable factor as not recognising how severe an illness is, often at the first point of contact. Until recently, each NHS board in Scotland was using a different paediatric early warning score (PEWS) and as a result there was no national common language for scoring or escalation processes. With a wide variation in communication, this was identified as an opportunity for improvements to be made. MCQIC facilitated the introduction of the national standardised PEWS for use by clinical teams to support them to identify when a child’s condition is worsening and provide appropriate expertise quickly. At present, 12 out of 14 NHS boards have introduced the national PEWS, with data from submitting areas showing 91 percent reliability in its use. The feasibility of the use of PEWS in primary care is currently being explored, with the ambition of providing a national system-wide approach to assessing and supporting children who are unwell.

## 5.10 Reducing hospital-acquired bloodstream infections

Central line-associated bloodstream infections (CLABSI) are hospital-acquired infections which can result in illness, death or interruption to the development of the brain and/or central nervous system in babies born prematurely.

Reducing CLABSI has been a key focus for MCQIC’s Neonatal Programme, including the Royal Hospital for Children in Glasgow.

A number of practices were identified by MCQIC in collaboration with the neonatal community, to support neonatal units to achieve this. For example, improving the safety of procedures with the use of a hat, mask, gown and gloves.

Between May 2014 and November 2017, CLABSI was reduced in the hospital by 65 percent.

## 5.11 Reducing ventilator associated pneumonia

Ventilator associated pneumonia (VAP) is a type of lung infection that occurs in people who are on mechanical ventilation breathing machines in hospital.

With support from MCQIC, the staff in the paediatric intensive care unit at the Royal Hospital for Children in Glasgow have been working hard to reduce this type of infection. The initial aim of the project was to achieve a 50 percent reduction in VAP for the children in their care, but they have managed to achieve a 78 percent reduction.

At a national level the reduction has been 86 percent in VAP incidents since 2013, and in 2017/2018 there were only nine episodes of VAP across the two units in Edinburgh and Glasgow compared to 26 the previous year.

## 5.12 Ensuring hospitals providing services to mothers, children and babies are safe and clean

Our Quality Assurance Directorate (QAD) are responsible for inspections of NHS hospitals and services in Scotland. The focus of safety and cleanliness inspections is to reduce the risk of

infections to people using hospitals and provide assurance to the public. Our inspectors undertake announced (at least four weeks' notice) and unannounced inspections (no notice) of healthcare services, which involve physical inspection of the clinical areas, and interviews with staff and patients. Written reports are published eight weeks after the inspection.

A list of all [safety and cleanliness inspection reports](#) are published on our website. In the past three years over 40 of this type of inspection have taken place, including the Princess Royal Maternity Hospital (NHS Greater Glasgow and Clyde), the Royal Hospital for Sick Children (NHS Lothian) and University Hospital Crosshouse (NHS Ayrshire and Arran), which provides maternity and paediatric services for the area.

### 5.13 Supporting improved access to mental health services for young people

Our Mental Health Access and Improvement Support Team (MHAIST) supports mental health services to achieve the national target for 90 percent of people requiring CAMHS, to receive treatment within eighteen weeks of referral. Where services are not meeting the national target, support is provided to help them to understand the key factors affecting access and use this knowledge to develop plans to address them. Between 2016 and 2020 support has been provided to nine health boards.

Our engagement offices and our national Service Change Team have also supported our partners in mental health services to carry out effective community engagement with people who access these services. For example, in Forth Valley, our engagement office supported the setting up of a parent liaison group for CAMHS Forth Valley. It first of all supported a session in May 2017 with the service lead, where around 25 parents with children active in CAMHS came together to discuss key issues and challenges in the service. This session generated a 12-point improvement plan, including an action to develop an active parent liaison group to bring the lived experience of parents into the work of the service. By late 2018, they had recruited five parents to this newly formed panel. The panel has so far updated parent information pages on the CAMHS website and are developing new activities and resources for other parents, including a refreshed welcome pack and a 'walk and talk' group, allowing parents with children active in CAMHS to have guided walks and spend time together.

### 5.14 Reducing harm in mental health services

HIS also leads the Scottish Patient Safety Programme in Mental Health (SPSPMH) which is improving outcomes by focusing on reducing harm. This includes reducing rates of restraint, violence, self-harm and seclusion, while improving medicine safety at key transition points. This work has previously focused on adult acute mental health wards, but there is work now being undertaken in 2020 to broaden support to CAMHS and perinatal inpatient wards.

### 5.15 Supporting the management of asthma in children and young people

Asthma is a common lung condition that causes occasional breathing difficulties. It affects people of all ages, but often starts in childhood. In 2019, SIGN published an updated version of the [guidelines on the management of asthma](#), which supports healthcare professionals with the diagnosis and management of asthma in adults and children, by making recommendations based on current evidence for best practice. For example, the guideline makes recommendations on the use of inhaler devices and how to predict future risk of asthma

attacks. This guideline has recommendations specifically relating to children in different age groups and there is a specific section on asthma in adolescents. There are also booklets for adults and children living with asthma, and all meet the 'Clear English Standard'. The guideline is applicable to the whole of the UK and is produced in collaboration with the British Thoracic Society. Work is currently underway to assess the impact of these guidelines.

### 5.16 Promoting the safe treatment of cancer with medicines in children and young people

The treatment of cancer with medicines is commonly referred to as Systemic Anti-Cancer Therapy (SACT). Outcomes for people who are receiving SACT are improving, but side effects are more common than most medicines, and there is a higher risk of serious and potentially life-threatening complications. The Scottish Government sets national standards for the safe use of SACT for adults, children and young people with cancer. HIS has a [governance framework](#) which supports NHS boards and cancer networks to assess and demonstrate that there are systems in place to support the safe delivery of SACT services. The original framework included children and young people in its scope, but it did not include a role for the Managed Service Network for Children and Young People with Cancer (MSN CYPC). This was identified as a gap as part of a HIS-led national external review. The MSN CYPC was involved in the refresh of the governance framework and now has a clearly defined role in the updated framework. CYPC clinicians are now participating in Board-level audits, where there are CYPC cancer centres. This will help ensure that boards are demonstrating they have systems in place to support better outcomes for children and young people who receive medicines as part of their cancer treatment.

### 5.17 Improving the use of antibiotics in children

The [Scottish Antimicrobial Prescribing Group](#) (SAPG) has recently established a Paediatric Stewardship work stream, supported by a multi-professional steering group to improve the use of antibiotics for the prevention and treatment of urinary tract infections in children, and to reduce variation in the use of antibiotics in children in hospitals.

SAPG have developed an education resource which uses a quality improvement approach to improve the management of urinary tract infections in children. The resource has been tested in several GP Practices in Tayside and Fife and will be launched as part of an update to an existing SAPG and NHS Education for Scotland resource early in 2020. Clinicians from the children's hospitals in NHS Greater Glasgow and Clyde and NHS Lothian are working on draft national guidance for treatment of infections in hospitals and these will be shared with teams across all health boards to help shape the final guidance.

### 5.18 Improving the use of antibiotics in children living in less affluent countries

Article 24 states that we must provide '...good quality health care... Richer countries must help poorer countries to achieve this'. SAPG has been working with two hospitals in Ghana to support the improved use of antibiotics as part of their global health partnership project. There are many children and young people in Ghana who require care and support for infections, but national guidance for healthcare professionals is lacking in some areas. SAPG has delivered training to support improved clinical practice and the local development of guidance. Work is ongoing with national agencies in Ghana to support community pharmacists with improving the

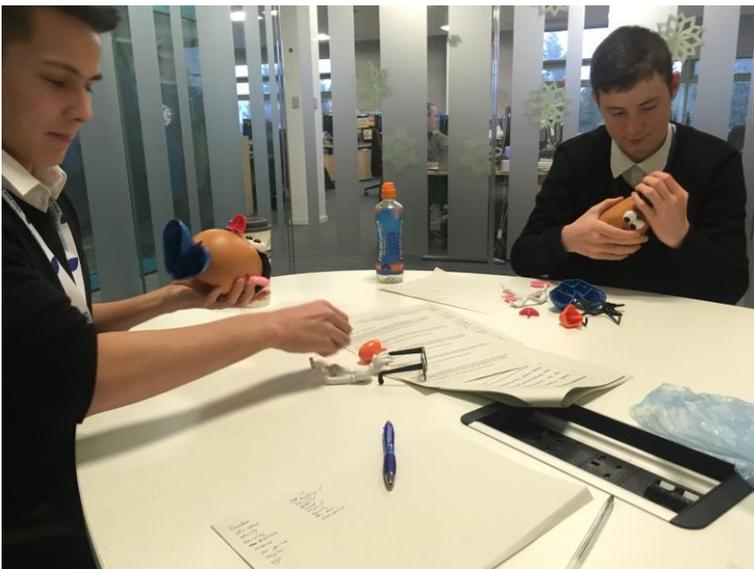
use of antibiotics, as pharmacists are the main source of health advice and medicine supply in community settings.

## 6. Education, Leisure and Culture

This cluster area focuses on the right of every child to an education that will help them achieve their potential.

### 6.1 Providing work experience opportunities for school-aged children

Article 28 states that ‘...every child has a right to education...’ while Article 29 states that ‘Education must develop every child’s personality, talents, and abilities to the full’. During 2018, we supported a number of work experience opportunities for young people from schools in Glasgow and Edinburgh. The young people carried out a range of activities, including: gathering supplies for conferences, stocktaking, and performing social media and website tasks. They were also given the opportunity to learn about quality improvement methodology through building Mr Potato Head figures. Some of the young people were also given the opportunity to take part in mock interviews, helping them to understand what is expected during competency-based interviews.



*Young people taking part in our quality improvement game*



*One of our public involvement advisors with Lamal who joined us for a week's work experience*

Given that we have a role in supporting community engagement in NHS Boards and Integration Authorities, we also spent time informing the young people about how their views, and the views of people who use health and care services, can inform what we do.

Feedback from the young people highlighted improved confidence and a better understanding of the range of roles available within the NHS. One of our public involvement advisors who supported a young person for a week commented that “It was wonderful to be able to give a young person the opportunity to learn about the work of our organisation and to let them meet so many of our staff in a range of roles. The impact for the young person is that it has

reaffirmed their intention to apply to study medicine when they leave school, but with an improved awareness of other NHS options available to them”.

## 6.2 Providing work experience and a qualification

Modern Apprenticeships (MA) support employers to develop their workforce by training new staff, and upskilling existing employees. For individuals, it allows them to earn a wage while gaining a recognised qualification. In June 2018 HIS recruited Emma Green, a recent school leaver, to our Quality Assurance Directorate as a trainee administrative assistant. By February 2019, Emma had successfully achieved her Modern Apprenticeship in Business and Administration – an experience which has led her to a full-time position in the ihub as an administrative officer. In March 2019, Emma wrote a blog sharing her experience with staff.



*Emma with her MA qualification*

## 6.3 Providing opportunities for students and graduates to apply their skills in a work environment

Experience is an important factor when organisations are deciding who to employ. An internship is a period of work experience offered by employers to give students or graduates exposure to the working environment and allow them to gain experience of using their knowledge and skills. In January 2019, we were delighted to welcome Natalia Rodriguez to HIS to undertake a three month internship. Natalia is studying for a PhD at Heriot Watt University, exploring the challenges that interpreters face in mental health settings. During her time at HIS, Natalia worked with our Evidence and Evaluation for Improvement Team (EEvIT) and supported the team to evaluate the ‘What Matters to You? Day’ initiative.



*Natalia who joined us for an internship in January 2019*

# 7. Special Protection Measures

This cluster area sets out the rights of vulnerable and marginalised children who require special protection. This includes children who are in custody or detention, who are migrants, refugees or asylum seekers or who are victims of torture, trafficking, sexual exploitation, drug

abuse and child labour. These are often the children who are most at risk of having their rights ignored or infringed.

## 7.1 Improving services for children and young people in need of care and protection

In 2017, the Scottish Government's child protection improvement programme set out a vision for a child protection system in Scotland that places the wellbeing of children at the heart of everything it does. Scottish Ministers asked HIS and other scrutiny partners, including the Care Inspectorate, [Her Majesty's Inspectorate of Constabulary and Fire & Rescue Services](#) (HMICFRS), and [Education Scotland](#), to take a more focused look at children and young people in need of care and protection.

Our joint inspections therefore take account of the experiences and outcomes of such children and young people by looking at the services provided for them by community planning partnerships in each local authority area. This includes the work of health visitors, school nurses, teachers, doctors, social workers, police officers and lots of other people who work with children, young people and their families.

Engagement with children and young people about the focus of inspections, revealed that what was most important was that children and young people should experience sincere human contact and enduring relationships. They want to be able to build trust through consistent relationships with adults and they want to maintain contact with those people who are most important in their lives. Joint inspections for children's services are therefore focused on how well the system is organised to ensure that they can experience continuity of care and develop and sustain lasting relationships.

Inspections last a number of months, and give us the chance to find out if children, young people, and their families are getting the support they need, and how services are making a difference to their lives. To do this, we:

- Speak with staff
- Speak with children and young people, and listen to their views
- Speak with parents and carers
- Read information about the children and young people.

The five inspection questions are:

- How good is the partnership at recognising and responding when children and young people need protection?
- How good is the partnership at helping children and young people who have experienced abuse and neglect stay safe, healthy and recover from their experiences?
- How good is at maximising the wellbeing of children and young people who are looked after?
- How good is the partnership at enabling care experienced young people to succeed in their transition to adulthood?
- How good is collaborative leadership?

After each inspection, reports are published on the [Care Inspectorate's website](#) about what we found for each area. Our inspection reports highlight what works well and what could improve, with the expectation that community planning partnerships will take action on any recommendations we make for improvements.

## 8. Reflections

While HIS does not provide services or support directly to children and young people, we ensure that children's rights are protected and promoted in Scotland, through our work to support health and care services to deliver improved outcomes for children and young people in Scotland, and their families.

We place a high value on listening to and learning from the lived experience and views of children, young people, and their families, and have supported and encouraged them to be involved in shaping the health and care services that matter most to them. Making sure these views are acted upon once expressed will continue to be crucially important to the realisation of children's rights.

The need for a more strategic approach to what we can deliver for children and young people has been highlighted in a recent internal Children's Health Service Review report produced by our Public Protection and Children's Health Services Lead. Over the next three years, our priority will be making sure that all staff across all parts of our organisation fully understand our duties relating to children and young people and that our actions are coordinated through our Children and Young People Working Group in order to maximise our impact. Continued collaboration with NHS boards, scrutiny partners and other key stakeholders will also be crucial to ensure we make the most of our resources, adding value but avoiding duplication of effort.

We are also committed to ensuring that the rights of children and young people who face disadvantage are protected. We need to better understand their experiences and use our circle of influence to improve their experiences by encouraging our colleagues to focus on what matters most to these young people. As an improvement organisation we want to make care better for all children and young people. By taking actions to get things right for groups most likely to face disadvantage, we can get things right for everyone.

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