

# Reaching every family in Scotland

Our strategic plan for 2020 to 2023







Front cover: Our key priorities are to take our hospice services to where they are needed, so that we can offer the best possible care to children like CJ, in hospice, hospital and home.



## Our statement of strategic intent

**We support families through the terrifying heartbreak of knowing their child may die young.**

**With love and compassion, we offer highly personalised care in hospice, hospital and home.**

**We make things possible so children have the freedom to be themselves, play outside, laugh, sparkle, smile, and have treasured moments of joy.**

**We are there when needed most – in really tough days, at end of life, and after a child dies.**



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# 1. What this plan is about

Three children die each week in Scotland from an incurable condition. We aim to deliver world-class care for children who die young, and their families.

The number of babies, children and young people living with a life-shortening condition is going up. Every year, about 150 children in Scotland die young from a life-shortening condition. The impact on them, their brothers and sisters, their parents and their friends is huge. It is the hardest of times for families.

CHAS is there to support children and their wider families with medical, nursing, social work and family support, in every part of Scotland. Thanks to support from Scottish and local government, and the generosity of our donors, we provide all care without charge.

We have done this for almost 30 years, but demand for our expertise is rising. The final stages of developing this plan coincided with the Covid-19 crisis, where we saw significant new demand for our services from families as well as our partners. In response we launched the UK's first virtual children's hospice and many of the services in this plan will be delivered directly to family homes using new technologies. Right now, we can't reach everyone that needs our support. This plan aims to change that and we haven't a moment to lose if we are going to reach every dying child.

Reaching every family will take many years. We need to deliver more care in different ways, develop our people, grow our organisation, and work in partnership. This is our plan to do that.



Rami Okasha  
CHAS Chief Executive

*"What I love is the commitment that CHAS has to improving lives, even lives that are broken."*  
(Parent)



*"Nothing else comes close to the support of CHAS."*  
(Parent)

## 2. How we created this plan

This plan has been built by children we support, their brothers and sisters, parents, volunteers and staff. With help from the University of Strathclyde, we held strategy making sessions to understand people's priorities for CHAS. We used art, creativity, discussion groups, workshops, interviews and online surveys to understand what matters to people.

The quotes in this plan come from what people said.



*"CHAS makes me feel free. It's freedom. I have to go into hospital for two weeks at a time and I'm not allowed out of my room. And people can't come in. I can come to CHAS instead and go anywhere and do what I want."*

(Child)

*"CHAS treats every child and every family as a unique case and they truly care."*

(Parent)

*"CHAS always listen and help me understand if I'm making the right decision."*

(Parent)





### 3. Our context and operating environment

#### **The children we support**

There are approximately 16,700 young people in Scotland (aged 0-21) with a life-shortening condition. As medicine advances, care gets more complex. Technology and pharmacology help young people to live longer. Some will make a full recovery from illness. Others may live into adulthood and transition to other services, but still die young. Many who are stable now may become unstable in the future.

Around 5,800 young people have had recent contact with a hospital team, and about 2,100 are unstable, deteriorating or dying. Most children who die are under the age of five, and many are babies. These children require intensive support. This is the group where CHAS can make most difference for children and their families.

The children we work with come from a wide range of backgrounds, from across the whole of Scotland. Life-shortening conditions are more common in South Asian and Black families. Children with life-shortening conditions are more likely to live in the poorest areas of Scotland.

#### **The partners we work with**

CHAS is a unique organisation in the life of a child and their family, but we work closely with:

- the NHS, being part of the team around the child, and with a permanent CHAS presence in five hospitals across Scotland
- local authorities, integration authorities and other agencies, to support families to be safe and resilient
- other charities, to support individual children and to champion hospice and palliative care
- Scottish Government and local government, to constructively influence policy and change.



## The systems we work in

As the only children's hospice organisation in Scotland, CHAS is an integral part of the national health and social care systems. We play a role locally and nationally, with staff based in health and care settings who work alongside NHS colleagues every day. We make a key contribution to health and social care in Scotland.

We actively work on key policy changes in the health and care sectors, including:

- supporting multi-professional and multi-agency teams to deliver the care children need
- promoting rights-based and person-centred care, reflecting Scotland's Health and Social Care Standards
- advancing the National Clinical Strategy for Scotland
- championing specialist and advanced nurse practice
- using quality improvement to improve experiences and outcomes for children
- supporting the integration of health and social care
- being part of managed clinical networks in NHS Scotland.

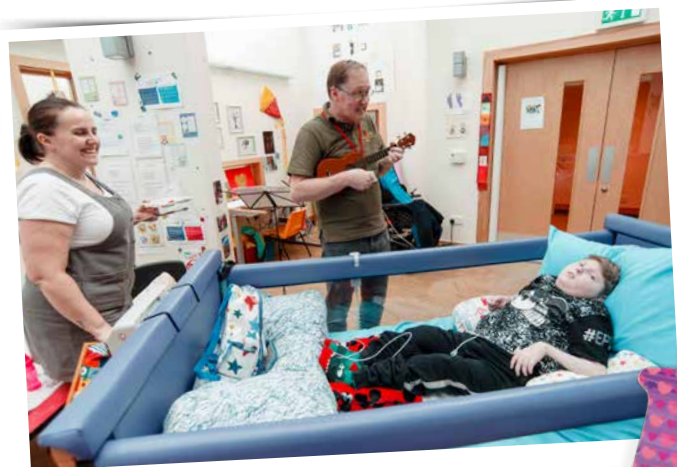
As an organisation committed to volunteering, we involve a wide range of volunteers and work alongside other volunteering organisations.

CHAS is one of Scotland's largest children's charities. We have a reputation as a world-leader in children's palliative care and we share our ground-breaking research with other children's hospices, across the UK and internationally. We work with partners to advance the rights of children, change attitudes to disability, and make the UN Convention on the Rights of the Child a lived reality for children. We use the principles of 'Getting It Right For Every Child' to plan care.

As a charity, we know we cannot achieve this plan without the continued commitment of our supporters and funders who share our ambition that no family going through the heartbreak of their child dying young, should do so alone.

As a national organisation, our work is aligned to Scotland's National Performance Framework (see appendix).

*"There's nowhere else families like us can come and discuss our children's complex health, and the effects on our families. We feel safe, supported, and free to discuss anything and not feel we're shocking people or being judged."*  
(Parent)





## 4. CHAS leadership and values priorities

**As we deliver our plans to reach every family, we will take account of CHAS's leadership priorities:**

- a relentless focus on the **experience** for children and families
- making sure CHAS is **everywhere** across Scotland
- consolidating **excellence** in all that we do
- supporting **everyone** in CHAS so people feel proud of their work and deliver the best care.

**In all our behaviours, as an organisation and individuals, we will uphold the CHAS values. This means we:**

- **care** for one another, showing empathy and understanding
- **respect** everyone's unique role and contribution
- are **honest** in how we communicate
- are **accountable** to one another for the decisions we make and the actions we take.

*"The CHAS values help, support, care and bring love to families dealing with the reality that the time with their child is short."*

(Supporter)

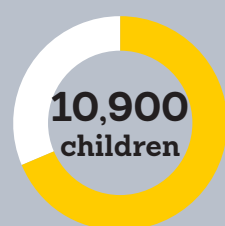
*"At CHAS everyone respects and learns from each other."*

(Volunteer)

## 5. How we will reach every family

This table shows how we will reach the 16,700 children and young people in Scotland with life-shortening conditions, whether they are stable, unstable, deteriorating or dying. We can have the greatest impact amongst the least stable children, and this is where we concentrate most of our efforts.

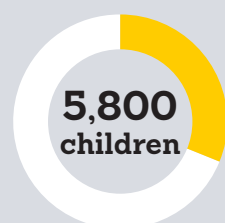
**There are approximately  
16,700  
babies, children and young people in  
Scotland with a life-shortening condition**



are relatively  
stable  
but their  
condition can  
deteriorate  
very quickly

### How CHAS will reach them:

- public awareness about life-shortening conditions, children's palliative care, hospice care, and CHAS
- increasing awareness amongst professionals working in education, health, housing, and other charities
- wide awareness about CHAS services amongst NHS and local authority staff
- clear referral routes for acute deterioration
- Project ECHO learning sets and communities of practice for partners about children's palliative care
- commissioning academic research
- promoting anticipatory care planning
- a CHAS pharmacy network.

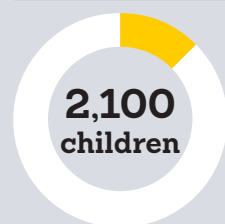


regularly  
attend  
hospital

(of which)

### How CHAS will reach them:

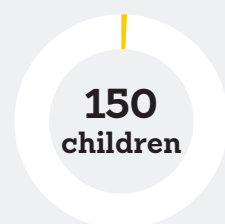
- managed clinical networks, especially PELiCaN, CEN, and CYP Cancer
- giving additional support to NHS staff providing palliative care across Scotland
- input about children's palliative care in medical, nursing and social work training at university
- CHAS doctors, nurses and family support staff in hospitals
- awareness raising and presence in general and specialist children's wards
- volunteer help at home
- family support, practical help, and financial advice
- being part of a medical, nursing and social work team around a child
- hands-on medical and nursing care in hospital, hospice and home
- activities and sibling support at hospital, hospice and home
- medically-supported planned respite care at home and in hospice.



are unstable,  
deteriorating  
or dying

### How CHAS will reach them:

- supporting practitioners with complex pain and symptom management
- helping families and the teams around them with decision-making
- quickly arranging unplanned care for families
- end-of-life care at home, hospice and hospital
- bereavement care for families wherever their child has died.



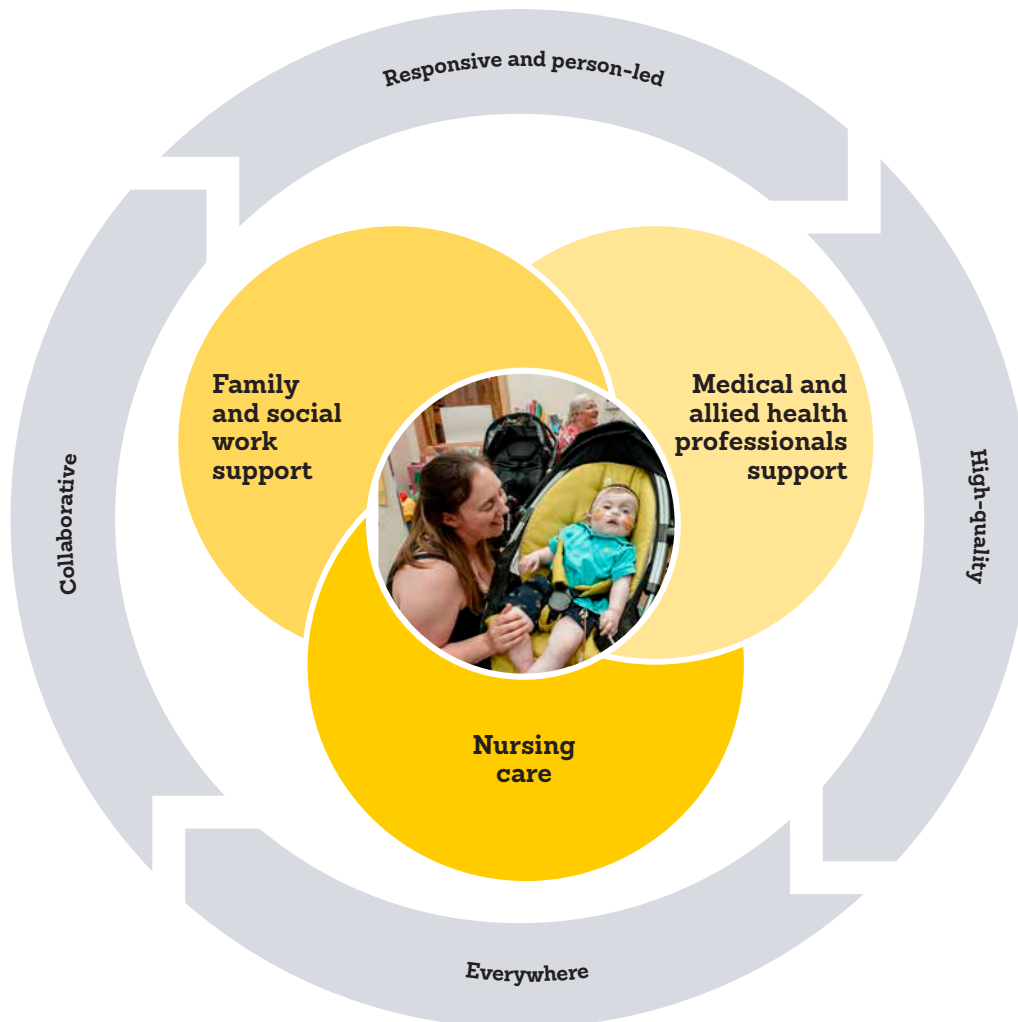
died from a  
life-shortening  
condition

Source of data: Children in Scotland requiring Palliative Care (ChiSP) 2, 2019





Our care is integrated, with multi-professional teams working across CHAS.



Volunteers are embedded across all our teams and play an integral role in everything we do.

We provide seamless joined up health and social care with partners across Scotland which:

- adds choice for children and families being supported at end-of-life
- adds capacity to the health and social care system
- adds value – for every £1 of public funding we receive, CHAS creates £5.12 of economic and social value.

*"CHAS is just amazing. It's a lifeline. When you're told about your child and what's wrong you don't know what to do. You think nothing can help."*  
(Parent)

## 6. Our priority areas of work in hospice, hospital and home

Our engagement with all stakeholders told us our key priorities for this plan are hospice, hospital and home. Over the next three years, we will continue to deliver excellent care in Rachel House and Robin House and will work more remotely using technology, in family homes and their communities, taking hospice services to where they are needed most. We will further develop our partnership working, sharing resources to support more families, and will develop and expand our offering in hospitals.

*"The hospices feel like a safe haven for our full family."*  
(Parent)

We will reach every family through work we have grouped into four areas care, people, growth and partnership:



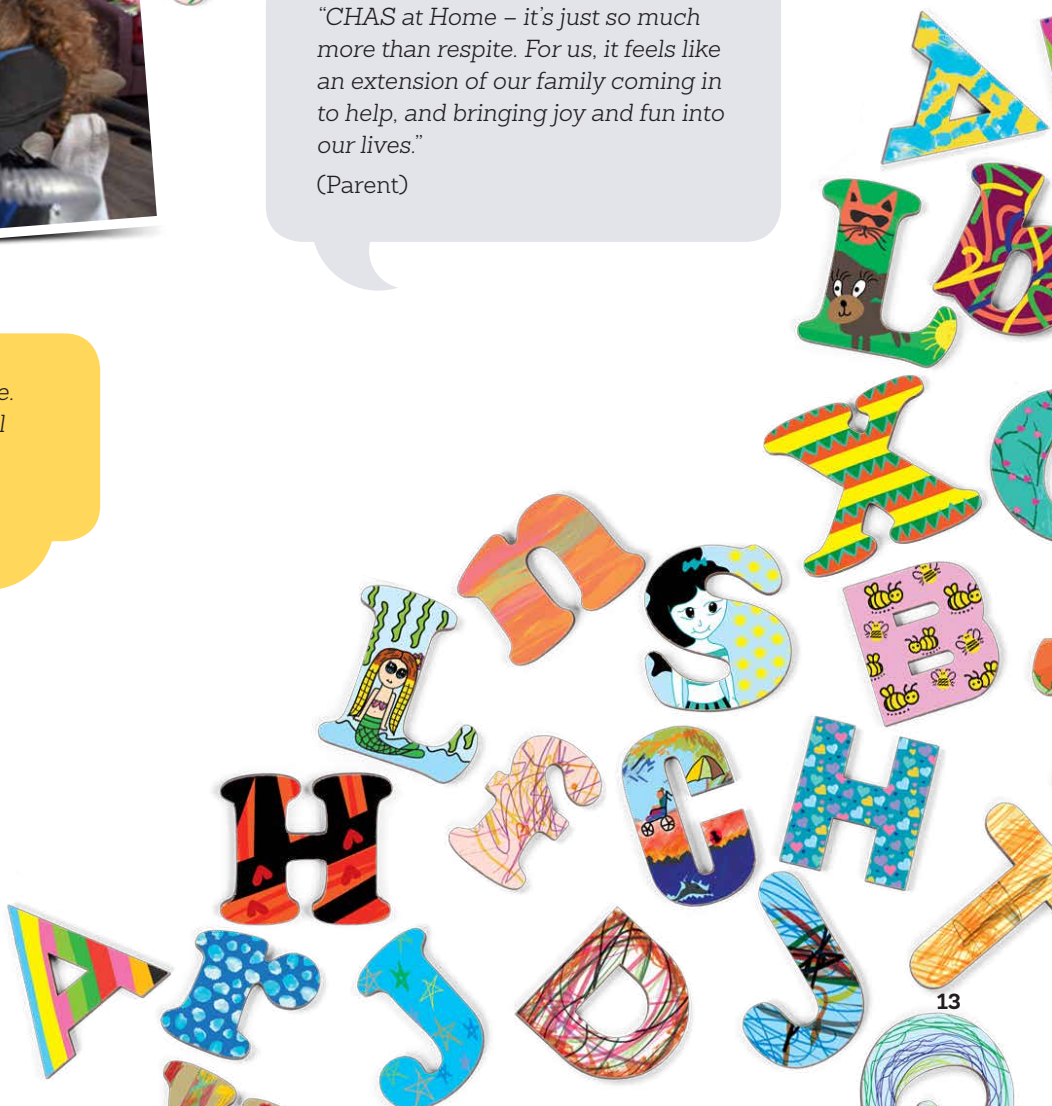


- continue to do well
- do differently
- start doing.



(Parent)

(Brother)





## Our priority areas for care

By the end of this plan, we want to be able to say: “our care is of the highest quality and used by a wide range of children and their families”.

### To achieve this, we will continue to:

- operate Rachel House and Robin House, with excellence across all care and support services
- raise awareness of CHAS and its services, whilst reducing barriers to access
- ensure our care is of the highest quality, using quality improvement, service design and evidence to plan changes
- develop the role of advanced nurse practitioners in CHAS
- help families with practical money advice.

*“The doctors and nurses are so knowledgeable and they understand exactly what our family needs.”*  
(Parent)

This is what we will do differently		Starting year
<b>Hospice at Home</b>	Continue to develop our CHAS at Home service so we deliver as wide a range of hospice services in family homes as possible, making best use of nurses, doctors, volunteers, other staff, and partners. Increase our confidence and capacity in delivering complex end-of-life care at home, working seamlessly with partners.	1
<b>CHAS teams in hospitals</b>	In partnership with NHS boards, we will strengthen our teams of staff in Glasgow, Aberdeen and Edinburgh children’s hospitals, cement our presence in Raigmore in Inverness, and better plan how we work in other hospitals.	1
<b>Increased referrals and complexity</b>	Improve how we handle referrals to reduce barriers to accessing our services, and identify areas where increased complexity needs to change our skills, skill mix, or model of care.	1
<b>CHAS in Grampian</b>	Develop CHAS in Grampian, to support and co-ordinate our home care, volunteering, social work, medical, and nursing teams working in the North East.	1
<b>Link social workers</b>	A named CHAS social worker will link with each local authority social work team.	1
<b>Pharmacy network</b>	Evaluate and grow our CHAS Community Pharmacy Network, so community pharmacists are skilled in paediatric palliative pharmacy, including medication reviews.	1
<b>Family support outwith hospices</b>	Deliver more social work support, emotional and bereavement support, and activities to children and families who are not using Rachel House or Robin House. Support young people transitioning from CHAS to access services in their own communities.	1
<b>Therapeutic care in the community</b>	Activities staff and volunteers, and partner organisations, will deliver creative and fun activities in a child’s home and other places near where children we support live.	1



This is what we will start doing		Starting year
<b>Planned/unplanned Care</b>	Get the balance right between planned and unplanned care in hospices and at home, so we are supporting families where we can have the greatest impact.	1
<b>Health and Social Care Standards</b>	Ensure our policies and practices, across all areas, are consistent with the Scottish Government's Health and Social Care Standards.	1
<b>Medical sustainability</b>	Examine how our future medical care will be sustainable, using the unique skills of independent prescribers, advanced nurse practitioners, and other healthcare professionals.	1
<b>Involvement</b>	Develop a consistent way of involving families and children in every aspect of CHAS, including feedback and planning about their own care, sharing family stories so others can learn from their experiences, and co-creating new services.	1
<b>Remote consulting</b>	Pilot the use of online tools to support consultations and discussions with families across Scotland.	1
<b>Connecting families</b>	Find ways of linking families together based on their interests or location, including using digital tools, and welcoming new families to CHAS.	1
<b>Support for brothers and sisters</b>	Develop a more consistent support package for brothers and sisters, including activities, more residential events, and supporting them to raise awareness at school.	1
<b>Antenatal baby loss</b>	Examine what we can add to partners already specialising in antenatal baby loss.	2
<b>Mobile sensory</b>	Create and test a mobile sensory experience that can be accessed by all CHAS families, delivered by intrapreneurial CHAS staff and volunteers with external partners.	2
<b>New bereavement service</b>	Implement a new bereavement offer, including working with partners, so families experience more consistent and earlier support, supporting national care pathways where appropriate.	3

### How will we know if we are successful?

- We will support more children and families, and in many different settings.
- Children and families will tell us our care is excellent when we ask them.
- We will support a diverse range of families, particularly in terms of ethnicity and poverty.
- Partners will praise the work we do.
- We will have very few serious adverse events.

*"CHAS gets me. It helps. My life is really hard and it upsets me every day. It's not like that when I'm here."*  
(Sister)







## Our priority areas for people

By the end of this plan, we want to be able to say: our people – staff and volunteers – are engaged, skilled, and motivated”.

### To achieve this, we will continue to:

- futureproof volunteering in CHAS, with more flexible opportunities that are easy to access across Scotland, build connections in communities, and with volunteering more embedded in all our teams
- develop our leaders and managers
- promote a positive culture for people across CHAS, and champion our leadership priorities and values
- be an attractive and fair employer and volunteer-involving organisation.



“The care is brilliant. I’m very impressed with the volunteers. We have a home support volunteer and she is great. The fact she’s doing it without being paid is amazing.”

(Parent)

“The staff from the cleaners to the social workers and care team are all amazing. There is compassion and an openness to listen and make you feel valued, worthy, loved and appreciated.”

(Parent)



This is what we will do differently		Starting year
<b>Equality, diversity and inclusion</b>	Start implementing our equality, diversity and inclusion strategy.	1
<b>Wellbeing</b>	Develop a wellbeing plan to help staff be well at work and reduce turnover. Reduce absence where this is too high. Ensure all our people are proud to work or volunteer for CHAS. Pay particular attention to the impact on our staff and volunteers who are delivering end-of-life care and bereavement support.	1
<b>Staff review and development</b>	Develop a new performance review and development process with regular check-ins to suit all roles, which supports professional resilience, ensures performance, and links to learning and development.	1
<b>Values and behaviours</b>	Clarify expected behaviours of all CHAS people, both long-standing and newly appointed, so we are confident that we are living our values.	1
<b>Teams</b>	Make sure people from across different teams have time to speak together to understand more of what they do and collaborate to improve our services. Become even more confident in working in agile, multi-disciplinary and networked teams.	1
<b>Recruitment</b>	Implement a simplified and quicker recruitment process.	2
<b>Job evaluation</b>	Review our job evaluation tool and improve our processes to make sure this works for all our roles.	2
<b>Workforce planning</b>	Develop career pathways for staff, and test different shift patterns across the working week.	2

This is what we will start doing		Starting year
<b>Accreditation</b>	Seek formal accreditation for LGBT, carer, disability, living wage and pregnancy friendly cultures.	1

### How will we know if we are successful?

- Volunteers and staff will tell us they are proud to work with CHAS.
- Our staff absence rates and turnover will be low.
- Our staff will report feeling knowledgeable and confident.
- Our people will be more diverse.
- Staff recruitment will be quick, easy and successful.
- We will have more flexible volunteering opportunities.
- Volunteers will be fully integrated into teams and making an impact.





## Our priority areas for growth

By the end of this plan, we want to be able to say: “we raise the money we need, and our support systems help people contribute”.

### To achieve this, we will continue to:

- grow community fundraising and challenge events
- work with trust and foundations
- develop corporate partnerships
- deliver major fundraising events
- promote CHAS with effective external communications
- steward our financial and charitable resources, including by providing overall performance information at board level, and by making sure all our spending is as efficient as possible
- implement our IT strategy, ensuring computers, telephones and other equipment is fit for the future.

*“I fundraise for CHAS to help make every precious moment special for the child and their family.”*

(Supporter)

This is what we will do differently		Starting year
<b>Internal communications</b>	Completely revamp our internal communications so our people know what is happening across the organisation, why, and can influence meaningfully.	1
<b>Staff intranet</b>	Improve our staff intranet.	1
<b>Website refresh</b>	Make sure our website has the features to facilitate an excellent donor experience and communicate our messages.	1
<b>Legacy</b>	Build our network of legacy and in-memory supporters.	1
<b>Philanthropy</b>	Grow the number of high-value gifts.	1
<b>Individual giving</b>	Increase the number of people who donate regularly, retain existing donors and increase the value of gifts.	1





This is what we will do differently		Starting year
<b>Gift aid</b>	Use every opportunity across all fundraising and retail to increase the take up of gift aid.	1
<b>Stewardship</b>	Ensure all supporters are motivated to give to CHAS, are recognised for their donation and have the best giving experience possible.	1
<b>Planning</b>	Better link our service planning to our fundraising and major gift preparation.	1
<b>Governance</b>	Ensure our governance and board effectiveness is robust, and that we continue to attract trustees with key skills.	1
<b>Property</b>	Finalise and deliver our property strategy, so we are making best use of our estate and resources, including supporting intrapreneurial projects from our people.	1
<b>Retail</b>	Expand our retail shops and online retail, where there is a business case to do so.	2
<b>Data</b>	Develop a CHAS data strategy, so we are confident in using information to inform decisions in everything we do and to embed continuous improvement.	2
<b>Rachel House</b>	Develop capital investment plans for a major refresh of Rachel House.	3

This is what we will start doing		Starting year
<b>Brand</b>	Develop new fundraising branding under the umbrella of Keep The Joy Alive.	1
<b>Cashless giving</b>	Prepare for cashless giving across all streams.	1
<b>Ardoch Estate</b>	Ensure the generous gift of Ardoch Estate is developed as a business resource for CHAS.	1
<b>Digital</b>	Develop a CHAS digital strategy, so we are using the right hardware and software and digital ways of working across all teams in CHAS.	1
<b>Customer relationship management</b>	Ensure our customer relationship management system enables exceptional supporter experience.	2
<b>Procurement</b>	Develop a procurement strategy based on purchasing information.	2
<b>Sustainability</b>	Develop a sustainability strategy to ensure we reduce our environmental and carbon footprint, contribute to the natural resources where our sites are based, and prepare for future obligations.	2
<b>Audiences</b>	Segment our audiences to provide more tailored fundraising communications.	3

### How will we know if we are successful?

- Our donors will be engaged in our work.
- Our fundraising income will increase.
- Our income and expenditure will support budget growth.
- Our people, children and families will say they are satisfied with their experiences of our property and IT.





## Our priority areas for partnership

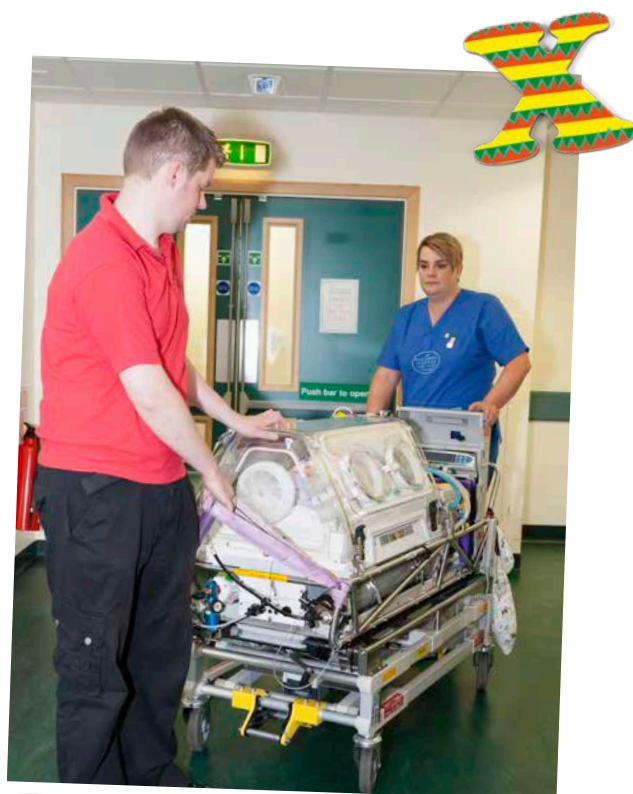
By the end of this plan, we want to be able to say:  
“we influence the world we work in, and are a great partner”.

### To achieve this, we will continue to:

- ensure our public profile remains high
- ensure children's palliative care retains high awareness in local and national government
- continue to engage in developing national policy.

*“CHAS should help people understand what it's like to have a brother or sister that is disabled. Everywhere we go people stare or point. Sometimes they say things and laugh. I wish there could be one day when we were not stared at.”*

(Sister)



*“The learning for staff and nurses is so important. I think it's great these opportunities to learn from our children exist, which will help others in the future too.”*

(Parent)



This is what we will do differently		Starting year
<b>Project ECHO (Extension of Community Healthcare Outcomes)</b>	Increase the range of professionals from partner organisations who take part in learning sessions and communities of practice about children's palliative care.	1
<b>Research</b>	Participate in academic research in line with our research strategy, and use this to inform practice.	1
<b>Managed clinical networks</b>	Maintain links with relevant managed clinical networks. In particular, help develop guidelines with the Paediatric End of Life Care Network (PELiCaN) and put them into practice. Support the pipeline of paediatric palliative care doctors in Scotland.	2

This is what we will start doing		Starting year
<b>Education</b>	Implement our education strategy, including working with universities to include children's palliative care in nursing and social work curricula, ensuring the voice of children and families is heard. Work to develop a shared learning academy for staff and volunteers working with children with life-shortening conditions, in any organisation. Ensure our practice learning is current, informed by research, and planned well alongside our learning and development offer.	1
<b>Partnerships</b>	In a planned way, work with other charities and organisations who can help us amplify and expand our reach beyond our direct care, including public health colleagues. Define better our collective roles and responsibilities across organisations we work with to ensure children have the best experience.	2
<b>Hospice</b>	Working with other hospices, help people to think differently about what the true meaning of hospice is, in order to help reduce barriers to our care.	3
<b>Disability awareness</b>	With partners, campaign to change perceptions around ability and disability in children, so children and their brothers and sisters have better experiences and outcomes.	3
<b>Community development</b>	Work in specific local communities to build connections between families, local services, and CHAS services in those areas.	3

### How will we know if we are successful?

- Partners will want to work with us and tell us we are a good partner.
- More people from the health and social care sector will be working with CHAS.
- We will be involved in education and research about children's palliative care.
- Decision-makers will be supportive of our work and policy asks.





## 7. Resourcing our plans

As a charity, we rely on raising funds to pay for our work. We will never ask children or families to pay for the care they experience at CHAS. Our growth plans will help fund the new and changed work described here.

Our yearly budget planning, with budgets approved by our Board, will help us pace our plans in a prudent way. Our fundraising has been significantly impacted by the Covid-19 crisis and we are operating in a completely different funding landscape than we did previously. We are, however, committed to delivering this plan and fulfilling our ambition. In a challenging financial landscape we will ensure we are reducing our costs and achieving efficiencies wherever possible across CHAS while we increase the number of families being supported. Many of the initiatives in this plan will be delivered by our staff and volunteers working in different ways. Others will require additional resource. Without additional funding we will not be able to deliver all of this plan.

**We think these areas will require the greatest resource, although the pace of implementation and our ability to scale them is dependent on continually growing our income:**

- re-modelling our hospice at home care
- more support for brothers and sisters
- growing our presence in hospitals, particularly Edinburgh
- growing our advanced nurse practitioners
- digital transformation
- capital investment in property
- growing our support for volunteering
- research strategy
- education strategy.

**There are some pieces of work which might have major financial implications, but require to be further scoped:**

- more involvement in neonatal intensive care
- a demand for CHAS involvement in antenatal care, working with specialists in this area
- growing our community pharmacy network, if this is successful
- reviewing our job evaluation scheme
- our sustainability strategy.

As we deliver this plan, we will ensure that our spending matches anticipated growth in a way which remains sustainable.



*"As a supporter it's important to me that the services of CHAS will be free to all who need them. We need to raise awareness and funds to meet these needs."*

(Supporter)

## 8. Strategic workforce implications

The changes envisaged in this plan mean some staff and volunteers will work in new ways. The ten most important strategic workforce implications are:

Topic	What we need to be aware of
<b>Skills and confidence</b>	<ul style="list-style-type: none"> <li>• The impact of working with more unstable, deteriorating and dying children on people's resilience.</li> <li>• How we deliver care to children we have known for less time.</li> <li>• How research and evidence informs our practice.</li> </ul>
<b>Changing roles and ways of working</b>	<ul style="list-style-type: none"> <li>• How advanced nurse practitioners will work with nursing and medical teams.</li> <li>• How we work more remotely when staff are based across multiple CHAS sites and working from home, retaining good teamwork.</li> <li>• How we work in closer partnership through multi-agency teams.</li> </ul>
<b>Labour market</b>	<ul style="list-style-type: none"> <li>• How we ensure CHAS attracts and retains high performing staff.</li> <li>• How we develop and encourage staff to progress through their career, whilst retaining currency externally.</li> </ul>
<b>Employee engagement</b>	<ul style="list-style-type: none"> <li>• How we ensure that CHAS staff remain engaged, empowered and able to design and develop new ways of working.</li> </ul>
<b>Volunteer experience</b>	<ul style="list-style-type: none"> <li>• How we embed volunteers in a wider range of teams in CHAS, ensure they have an excellent experience, with flexible opportunities across Scotland.</li> </ul>

As we deliver this plan, we will ensure that we are mindful of these strategic workforce implications and take every opportunity to address them.

*"I love the way CHAS empowers their staff and makes them not just feel like a number."*  
(Parent)





# Appendix: How CHAS supports Scotland's National Performance Framework

The National Performance Framework below sets out the kind of Scotland that can be achieved by the collective efforts of governments, people, and civil society.

CHAS directly contributes to the 11 national outcomes. We have described the parts we play in specific detail.





## Scotland's National Outcomes and relevant national indicators

## How CHAS contributes to these



### We grow up loved, safe and respected so that we realise our full potential

- Child social and physical development
- Child wellbeing and happiness
- Children's voices
- Healthy start
- Quality of children's services
- Children have positive relationships

- Medical, nursing, allied health professionals and social work teams support a healthy start as possible for children with very complex needs.
- We help young people with short lives have opportunities to experience life and make memories.
- We work to keep children safe, at home and in the community, including in child protection cases.
- Respite so families have time together to build positive relationships.
- Involving children and families in their own care, amplifying their voices.
- Stimulating activities for children and brothers and sisters delivered wherever they are.
- Emotional and bereavement support for families wherever they are.
- Support for children and brothers and sisters at school, supporting achievement and so others understand what they face.
- Fun activities for children, delivered virtually or face-to-face, which they may not be able to experience otherwise.



### We live in communities that are inclusive, empowered, resilient and safe

- Loneliness
- Social capital

- Counselling, bereavement and emotional support delivered virtually or face-to-face, to build family resilience.
- Accessible, flexible and inclusive volunteering, helping people build social capital, find friends, and expand their social circle.
- Respite to help parents to leave their house and take part in their community.
- At-home care in every town, city, village and island in Scotland.



### We are well educated, skilled and able to contribute to society

- Confidence of children and young people
- Resilience of children and young people
- Workplace learning
- Young people's participation

- Supporting brothers and sisters at school and with their social development and reducing digital exclusion.
- Involving children and their families in the design and delivery of their own care.
- Student placements for nurses, social workers and other professionals to spend time in our services.
- Our education strategy, informed by research with Napier University, to build education about children's palliative care into degree-level nursing and social work programmes.
- Funded learning opportunities for our staff and volunteers, including at masters and PhD level.
- Workplace and virtual learning for all staff, including a new leadership development programme, Project ECHO and practice education for clinical staff.
- Develop Project ECHO with diverse communities of practice to facilitate a significant increase in confidence to deliver palliative and end of life care to children across Scotland and to work closely with the Paediatric End of Life Care Network (PELiCaN) to deliver this.



## Scotland's National Outcomes and relevant national indicators

## How CHAS contributes to these



### We are open, connected and make a positive contribution internationally

- Scotland's reputation
- International networks
- Contribution of development support to other nations

- Groundbreaking research into children's palliative care, including commissioning the first single-nation study in the world into prevalence of life-shortening conditions.
- Pioneering the UK's first virtual children's hospice, establishing international links including USA, Canada and Australia.
- Sharing and learning with other children's hospices, including a link to supporting the first ever children's hospice in Hungary.
- A reputation as a world-leader in children's palliative care, including developing the first virtual children's hospice in the UK and the second children's hospital palliative care team in the UK, and presenting our learning internationally.



### We tackle poverty by sharing opportunities, wealth and power more equally

- Relative poverty after housing costs
- Cost of living
- Unmanageable debt
- Persistent poverty
- Satisfaction with housing
- Food insecurity

- More than 25% of the families we support live in Scotland's most deprived communities, and we focus effort on reaching these families.
- A new money and benefits advice service delivered face-to-face and virtually for families.
- Our services are always offered free of charge and can be easily accessed by those who need them regardless of location, race, class or background.
- Work with councils on housing issues for families who are struggling.
- Our transport service supports children and families to travel to hospices where they otherwise could not.



### We have thriving and innovative businesses, with quality jobs and fair work for everyone

- Innovative businesses
- Employees on the living wage
- Contractually secure work
- Employee voice
- Gender balance in organisations

- Our governance structures make sure we are a well-run charitable company with high staff engagement scores.
- A high proportion of our jobs are permanent and offer flexible working opportunities.
- An equality, diversity and inclusion strategy which is modelled on public sector equality duties and seeks to make our people more diverse.
- An innovation scheme to allow staff, families and volunteers to pursue their own change ideas, selected by their peers.

"CHAS is the only place in Scotland that can support our family."  
(Parent)



## Scotland's National Outcomes and relevant national indicators

## How CHAS contributes to these



### We respect, protect and fulfil human rights and live free from discrimination

- Public services treat people with dignity and respect
- Quality of public services

- Our work around disability helps break down barriers and empower children who are disabled by society.
- Our commitment to our values of accountability, care, respect and honesty and positive behaviours create a shared understanding that builds strong and effective working relationships.
- Our equality, diversity and inclusion strategy is aimed at supporting families from diverse backgrounds so they experience a culturally competent service.
- A research strategy which includes specific support for academic inquiry into access to paediatric palliative care for South Asian families.



### We are creative and our vibrant and diverse cultures are expressed and enjoyed widely

- Participation in a cultural activity
- People working in arts and culture

- Our creative framework supports accessible face-to-face and virtual cultural activities, including play therapy, music therapy, animal therapy, and musical and artistic expression.
- Our families have extensive opportunities for creativity, art and fun for children and families in hospice, hospital, home and virtually.
- The alphabet letters that form part of the CHAS branding are designed by the children and families we support.



### We have a globally competitive, entrepreneurial, inclusive and sustainable economy

- Spend on research and development
- Economic growth

- Our research strategy supports academic inquiry into children's palliative care.
- A research-active work programme involving NHS researchers, academic evaluators, and research at PhD and post-doctoral level including around transitions, community provision, and end-of-life care at home.
- We work with hundreds of local and specialist providers.
- We operate four retail shops, supporting the high street.
- We are involving new technologies in the care we deliver, encouraging different ways of working and reducing travelling for meetings to help lower the carbon footprint of CHAS.





## Scotland's National Outcomes and relevant national indicators

## How CHAS contributes to these



### We value, enjoy, protect and enhance our environment

- Visits to the outdoors
- Condition of protected nature sites

- We have accessible gardens in our hospices, which play a hugely important role for children and families.
- Forest school allows children to learn and develop outdoors.
- We focus on biodiversity and protecting native species in our properties, including in our seven-acre site in Loch Lomond National Park.



### We are healthy and active

- Quality of care experience
- Physical activity

- We support physical activity for children with complex disabilities including in our hydrotherapy pool and sensory rooms.
- Our physiotherapists support movement, even for children with highly complex needs.
- We champion the daily mile for children who are interested and able.
- We focus strongly on the quality of our care, with sophisticated clinical governance arrangements.
- We support physical activity from home through our Virtual Hospice for adults who cannot leave the house due to caring responsibilities.



A HAPPY SPACE



CHILDREN











[www.chas.org.uk](http://www.chas.org.uk)

     **supportCHAS**

Children's Hospices Across Scotland is a trading name of Children's Hospice Association Scotland.  
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