Children's Hospices Across Scotland

Unwavering Care: Our Strategic Plan 2024-28

Contents

Introduction

Three children die each week in Scotland from an incurable condition. This strategic plan is inspired by them.

Their time is precious, so this plan sets out how we will provide unwavering care to children who may die young and their families, at every step on this hardest of journeys.

> **Having a sick child who suffers so much daily with their health has been heartbreaking and lonely. No one understands your journey unless they are on it or have experienced it. Having the love, care and support from CHAS and other families who all just understand... this is vital.**
>
> **Parent**

Caring for a seriously ill child

The number of seriously ill children in Scotland is going up. Many live longer than in the past, and medical advances mean that more babies survive childbirth. These children's hold on life is fragile. Many require complex care to keep them alive, often round-the-clock, and may deteriorate rapidly.

Children with life-shortening conditions are 50% more likely to live in the most deprived parts of Scotland.

All this puts a huge strain on families. Hospice care helps children and families to live well, sometimes for many years, even in the face of death. About 150 children each year die from a life-shortening condition. The impact on their families and friends is huge, and will last for the rest of their lives.

Palliative care for babies, children and young people

Paediatric palliative care "no longer means helping children die well; it means helping children and their families to live well and then, when the time is certain, to help them die gently."[1]

Many partners in Scotland deliver palliative care, including NHS services, local authorities and charities. CHAS is the only provider of children's hospice services in Scotland.

We support young people pre-birth to 21, and their whole family, in our hospices, children's homes, and in hospitals. Our staff and volunteers deliver exceptional care to meet their needs, choices and wishes.

By working in partnership, we strive to provide seamless care across settings. Our work has demonstrable impact for the NHS, health and social care partnerships, and local authorities: reducing hospital admissions, relieving pressure on primary care, reducing demand on social care services, and supporting the delivery of very complex care.

Our ambition

We are there for families every step of the way, supporting them in life, death and beyond. Our ambition is that no-one should face the death of their child alone.

But right now, we can't support every family that needs our services. To change that over the life of this strategic plan, we will deliver some services differently, work in deeper partnership, and inspire more people to support our work.

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[1] The description is from Mattie Stepanek, a young person who died from a life-shortening neuromuscular illness.

Our plan

Families say there are three critical stages on their journey when they need CHAS.

Learning your child is seriously ill and may die young

We will be there earlier for families at this heartbreaking time, providing support sooner after diagnosis. We will help emotionally, clinically, and practically.

Living well

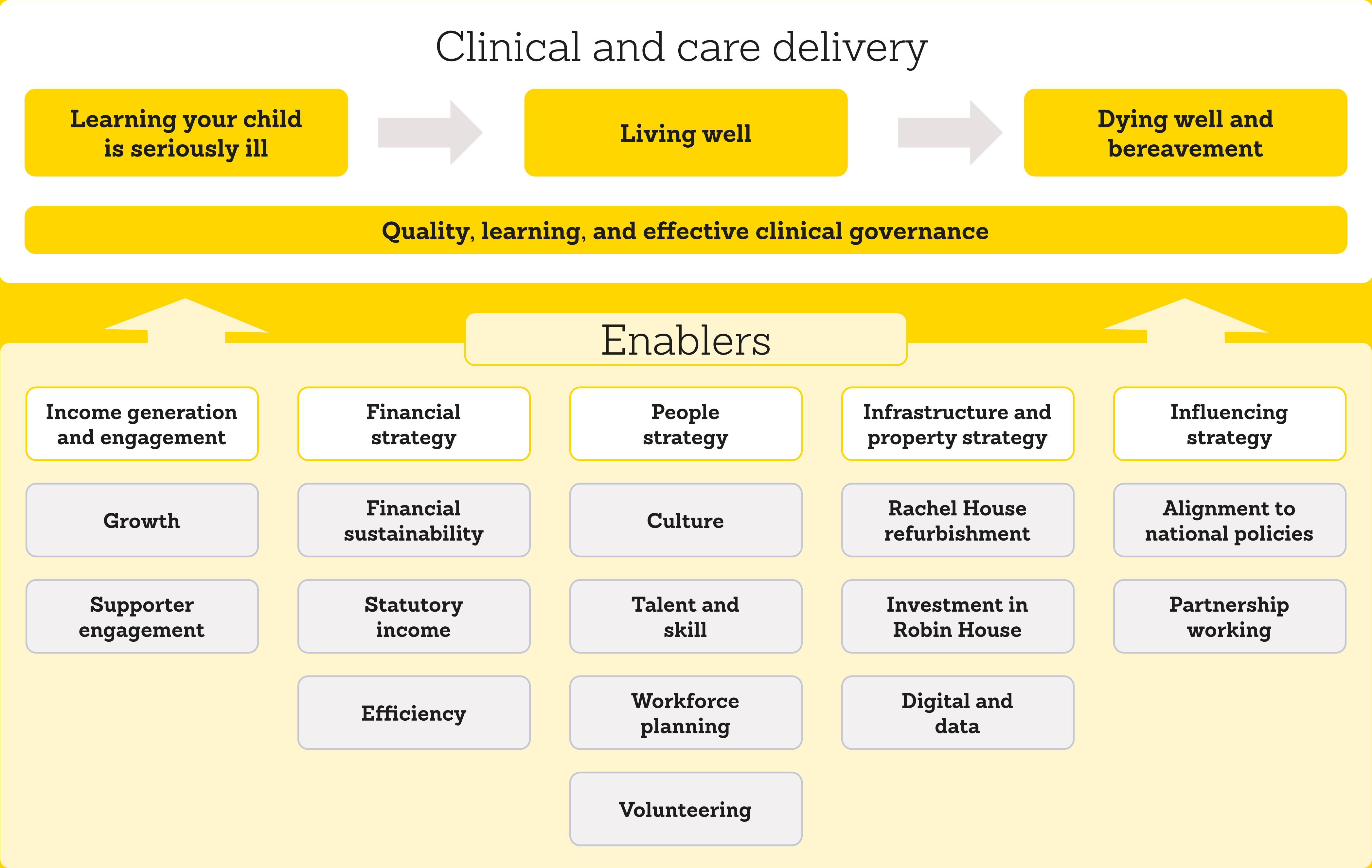
We will help the whole family – including parents and siblings – to live well with complexity, worry and uncertainty. We will help children to be included and have fun, creating precious memories that will last a lifetime.

Dying well and bereavement

Just as every child is unique, so is every death. We will help families to experience a meaningful goodbye based on their choices and support them in their immediate grief and beyond.

This plan is built by the children and young people we support, parents and carers, brothers and sisters, volunteers, staff, and partners.

All our work will support families in the three critical stages on their journey and is underpinned by effective clinical governance. Key enablers will support this plan to be delivered. Detailed outcomes come directly from children and families using their own words.



Clinical and care delivery

Learning your child is seriously ill → **Living well** → **Dying well and bereavement**

Quality, learning, and effective clinical governance

Enablers

Income generation and engagement	Financial strategy	People strategy	Infrastructure and property strategy	Influencing strategy
Growth	Financial sustainability	Culture	Rachel House refurbishment	Alignment to national policies
Supporter engagement	Statutory income	Talent and skill	Investment in Robin House	Partnership working
	Efficiency	Workforce planning	Digital and data	
		Volunteering		

Learning your child is seriously ill and may die young

Learning your child is seriously ill and may die young is heartbreaking. Families tell us they need more support at the beginning of their journey.

For most, this shocking news means entering a world they know nothing of, while feeling the loss of the life they were expecting with their child. Families' lives change enormously.

We will be there earlier for families, providing support sooner after diagnosis. We will help emotionally, clinically, and practically.

Parents tell us they want to reach out to others in the same situation, to comfort, to help and to inform. We will facilitate connections between families who want that.

Being referred to a hospice can be frightening. We want to make the process less scary.

Being introduced to CHAS does not mean the end but the beginning of access to wider support.

Often, we support children and families for years, with services that help them adjust to their new and unexpected life.

Financial wellbeing, fun activities, medical advice and social work are available throughout their time with CHAS, so we will provide these earlier after a life-changing diagnosis.

> **At the beginning, we felt lonely, powerless, with the sheer dread of the unknown. Hospice would actually be the biggest turning point in our journey. Suddenly we felt included in a community we'd never known existed and it didn't seem as scary. It felt like a loving, safe space where people understood how complex and unknown our life had really become.**
>
> **Parent**

What we are trying to achieve

1. Parents know more about how CHAS can help on the journey ahead

How we will achieve this

- Information at palliative diagnosis about what lies ahead
- Clearer online and printed information about CHAS
- Review referral criteria: moving from "referral to CHAS" to "CHAS working alongside others"
- The opportunity to talk to CHAS - even if you don't need much support yet
- Access individual CHAS services instead of "referral to hospice"

2. Parents' loneliness and isolation are reduced when first diagnosed

How we will achieve this

- Parent-to-parent volunteers

> **You don't really know until you're in this situation. It's daunting. You need someone to let you know what it might be like, what you need, help you cope.**
>
> **Parent**

3. CHAS is involved earlier

How we will achieve this

- Joint NHS / CHAS hospital teams in Aberdeen, Edinburgh, Glasgow, with two new specialist consultants in joint roles
- Existing CHAS family support staff linked to hospital teams
- Clinical education about difficult conversations in paediatric palliative care

4. Partners understand the full range of ways in which CHAS contributes to the health and social care system

How we will achieve this

- Clearer information for GPs, schools and social services, about CHAS
- A refreshed learning programme, including Project ECHO, and increased presence in universities and colleges
- Professional visits and CHAS open days
- Being research active with partners

> **You have to work it all out for yourself. You become everything very quickly… social worker, lawyer, nurse, driver, everything, as well as being mum to the child or your other children. We had some very dark days then. It was so hard, so hard.**
>
> **Parent**

Living well

> **CHAS has helped our family live. They helped us go from surviving to living.**
>
> **Parent**

Caring for a seriously unwell child is exhausting for the whole family. The pressure of round-the-clock care puts a strain on family life.

Parents need to be well to care for all of their children. Parents should be parents, not just carers, and children should be able to be children and have fun, no matter how short their life is. Siblings of seriously ill children often describe how hard their childhood is.

We help the whole family – including parents and siblings – to live well with complexity, worry and uncertainty. We help children be included and have fun, creating precious memories that will last a lifetime. Respite care gives families time to be a family, to rest, and to get specialist medical advice. Our social workers help navigate complex situations for families.

What we are trying to achieve

1. Children have a fun childhood

How we will achieve this

Upgrade both our hospices to suit a wider range of ages, including major refurbishment at Rachel House and investment in Robin House

Help children come to the hospices for movie experiences, pool visits, and garden visits, even if they are not staying overnight

Activities work in hospitals, even if children are not supported by CHAS

2. Children with disabilities and complex medical conditions can join in

How we will achieve this

Make our hospice gardens accessible

Improve hydrotherapy at Rachel House

Improved hospice admissions process

3. Babies, children and young people with complex medical conditions have reduced pain and symptoms

How we will achieve this

Medical consultants working across CHAS, NHS Grampian, NHS Lothian and NHS Greater Glasgow and Clyde, with clear support for other boards

Symptom management advice, including medical clinics at the hospices

Clearer Advanced Nurse Practitioner roles to support children, in hospice, home and hospital

Increased clinical support and improved facilities to support children with greater clinical complexity

4. Siblings are better prepared for life ahead

How we will achieve this

Increased sibling activities and emotional support

Peer support groups for siblings

Babysitting service for siblings during hospice stays

> **CHAS allows our child to have a life filled with love, happiness, light, music and laughter (and sunshine in the patio and water in the pool). All things we never knew if we would be able to let our special daughter experience.**
>
> **Parent**

What we are trying to achieve

5. Families are more resilient and have increased wellbeing

How we will achieve this

- Full family hospice respite with 1-1 nursing care
- Family holiday stays without nursing care
- Full CHAS at Home respite
- Different models of homecare – including single visits, joint visits with NHS colleagues, and visits with volunteers and activities specialists
- Home Support Volunteers providing practical help
- Local groups, hubs and complementary therapy days
- Group activity days, in hospices and in local parts of Scotland
- Practical help from specialist social workers and family support team
- Spiritual care and chaplaincy
- Earlier intervention transitions programme

6. Families with shared experiences feel less isolated

How we will achieve this

- Planned opportunities for families to meet each other and enjoy the hospice environment
- Family network days and events in our hospices and local communities
- Online social connections for parents and wider family members

7. Financial distress is reduced

How we will achieve this

- Financial wellbeing and energy advice, across all settings, with earlier intervention about finances prior to the death of a child
- Advocacy for greater state support for families

> **We have lots of fun. I like to do music stuff. I like to play lots of games with my family. I like to go outside.**
>
> **Child**

Dying well and bereavement

The death of a child is overwhelming, distressing and catastrophic. Just as every child is unique, so is every death.

A meaningful goodbye is important. Choice in place of death and good planning can support families in their immediate grief, and beyond.

More families are choosing home as place of death, which often requires specialist care and support 24 hours a day from CHAS and a range of partners.

After a child has died, our Rainbow Rooms are a safe space for families to stay before the funeral, where they can spend time together and begin to process their grief in their own time.

> **My sister passed away on Boxing Day, three weeks before her 16th birthday. She had been supported by CHAS for many years before this. Her community nurse was amazing and arranged for her to be transferred from intensive care back home within a couple of hours after she passed.**
>
> **CHAS came and set up the cool blanket. Her community nurse and CHAS worked incredibly well together to make things easier for us which meant my sister could stay at home, in her room, with her tiara on (she was definitely a princess), her DVDs playing right up until her funeral.**
>
> **The CHAS team helped me get her washed and into her jammies and princess dressing gown for the final time, just as she would have wanted.**
>
> **Sibling**

What we are trying to achieve

1. Children and their parents have increased choice in place of death

How we will achieve this

Hospices that are homely, safe and have a non-clinical appearance for end of life care

Increased staff confidence in supporting end of life care at home

Partnerships to support end of life care with other teams, in hospitals and the community

2. Children with complex medical conditions can die with dignity

How we will achieve this

A 24-hour national on-call model, with medical specialists, across CHAS and the NHS

Earlier planning for end of life to offer realistic choices

3. Parents and siblings are better able to cope in their immediate grief

How we will achieve this

Care before, at, and after the time of death

Where families have not been known to CHAS for long, keepsake making after death

4. Parents and siblings are supported to carry on

How we will achieve this

A new Bereavement Support Team, available across Scotland, including volunteer involvement

Emotional and spiritual support, or signposting to specialist interventions

Peer support to connect bereaved families

5. More families experience a meaningful goodbye, based on their choices

How we will achieve this

Staff confidence in discussing difficult things with children and their families, including recognising and responding to deterioration

Recognising that grief starts at diagnosis, and the importance of wishes in life

> **CHAS helped me survive the worst time of my life, and gave me the strength to carry on.**
>
> **Parent**

> When our son died the use of the Rainbow Room meant so much to our family. To be with people who understood our grief, who knew our son, took away some of the immediate burden placed on us at that time.
>
> We were able to say our goodbyes in a protective environment and I truly believe this helped us cope in the long term as we had precious time to be with him. These memories will stay with us and comfort us forever.
>
> Parent

Delivering our plan

Delivering this plan is complex and requires change. It will be overseen by the CHAS Board, Chief Executive and Senior Leadership Team. It is underpinned by key organisational strategies, essential to enable the delivery of clinical services and care.

Quality, learning, and effective clinical governance

We will review and revise our clinical governance and skills frameworks to ensure we continue to deliver safe and effective care. The development of a quality strategy will emphasise the importance of on-going learning from children, families, and staff, and will have a clear focus on continuous quality improvement and developing the clinical skills of our multidisciplinary team. Our independent healthcare and care services are regulated, with clinical governance arrangements that deliver excellent care.

Financial strategy

CHAS is a charity. All care is provided free. The majority of funding comes from voluntary donations. The Scottish Government and local authorities provide important contributions, and, on behalf of families, we are very grateful. However, the cost of delivering care is rising fast and, without additional income, our current services will not be sustainable.

Our three-year financial strategy is focused on delivering financial sustainability and ensuring income and expenditure are in balance. This requires:

- an increase in statutory funding to ensure services are sustainable and continue to be a key part of Scotland's health and care landscape
- an increase in fundraised income
- efficiency savings to ensure we spend every penny as wisely as we can.

Income generation

Our Joy of Giving Strategy will drive a step-change in fundraised income. We will:

- inspire and motivate our audiences to lend their support through time, money and voice
- ensure we have talented and motivated fundraisers, with the skills, materials and processes to deliver for families
- deliver second-to-none experiences for supporters, to encourage a lifetime of support.

This requires growth and excellent supporter engagement across community fundraising, trusts and corporate partnerships, philanthropy and individual giving, high-profile events, retail shops, and our profit-for-purpose exclusive-use venue at Ardoch Loch Lomond.

Our people

We employ about 380 staff and involve about 800 volunteers. Our People Strategy will ensure:

- our culture is one of innovation and learning
- our people are engaged, involved and connected
- we attract the very best people to work and volunteer, and then support, develop and retain them
- we recognise and celebrate success.

Our Volunteering Strategy will help us:

- make volunteers an integral part of the services in this strategic plan
- increase the diversity of volunteers
- deliver a consistent, positive volunteer experience.

Infrastructure and property

We want our property and infrastructure to deliver the best possible experience for children and families. Our three-year capital plan will set out the investment needed in Robin House and Rachel House. We envisage significant invest in refurbishing Rachel House, which will be 30 years old during the lifetime of this strategic plan. We will ensure our offices, shops, and estate at Ardoch Loch Lomond are well-maintained. We process significant quantifies of data, and so our Digital and Data Strategy will improve how we use data to make decisions and improve all we do.

Influencing strategy

The children and families we support are affected hugely by government policies. We amplify the voice of children and families, speaking with courage for what is right, helping decision-makers understand the lives of those we support. We will help design effective policies and challenge respectfully where needed. We will align our work to national policies.

We will work in deep partnership with other charities, health providers, and statutory services to put children and families at the heart of decisions.

Our clinical and care services

Children's palliative care is "An active and total approach to care, from the point of diagnosis or recognition throughout the child's life and death. It embraces physical, emotional, social, and spiritual elements, and focuses on enhancement of quality of life for the child/young person and support for the family. It includes the management of distressing symptoms, provision of short breaks and care through death and bereavement."[2]

Our doctors, nurses, pharmacists, physiotherapists, social workers, and family support specialists work in deep partnership with health boards and local authorities.

This ensures the right support is provided where and when the family need it, throughout their child's life – no matter how short. We also support bereaved families as they grieve the death of their child.

> **CHAS have supported our family in many ways - for different reasons and at different times. Family support has been vital on the darkest days, and genuinely helped me feel sane in it all. We are lucky enough to not have needed end of life support but we feel comfort that when the time comes we will feel welcomed, loved and looked after by our CHAS family.**
>
> **Parent**

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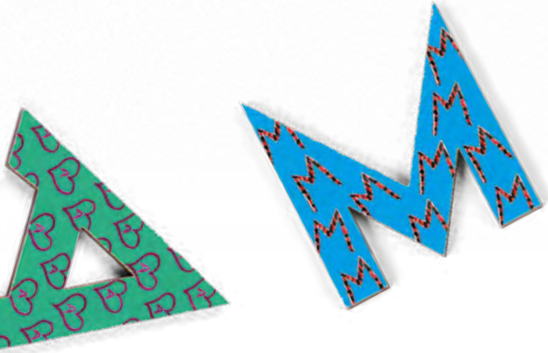
[2] Together for Short Lives, 2018: A Guide to Children's Palliative Care.

Our hospices

In our two hospices, Rachel House and Robin House, babies, children, young people and their whole families can get:

- medically-supported short breaks, allowing parents to get time away from being their child's carer, and for the whole family to have fun
- opportunities for families to stay independently
- emergency care when things get really tough, like when a family member is sick or a child's care needs change suddenly
- step-down care after a long hospital admission
- management of complex or distressing symptoms and pain
- end of life care
- after a child has died, the Rainbow Room is a safe space for parents to stay with their child after they have died and process their grief in their own time.



Across Scotland

We bring all the services from our hospices into the community, and mainly to children's homes, across the whole of Scotland:

- visits and respite care from highly skilled nurses, either as a one off or from time-to-time as needed
- practical help from trained volunteers
- specialist support from social workers and child and family workers, to help with difficult things in people's lives
- help with money worries and benefits
- sibling support, to help brothers and sisters cope with what is happening in their family
- end of life care
- bereavement and spiritual care.

In hospitals

We have a permanent presence in five hospitals in Scotland. We work closely with different teams across the NHS to deliver complex care to babies, children and young people through:

- palliative care teams, with medical and nursing specialists who are employed by or funded by CHAS, to support complex symptom management
- activities sessions to bring some fun to a long hospital stay
- support at end of life
- access to all the other CHAS services available at home or in the hospice.

> **CHAS allowed my husband and I time together. You welcomed us as a family. You have built strong relationships with us over the years. You have cared for us as a family not just our daughter. You reminded me that I am a person too. As a full-time carer I put everyone before me but with CHAS I can be me. You took all my worries away looking after my wee girl.**
>
> **Parent**

Our values

Our work is inspired by our values.

Time is precious

We help children and families make the most of their time together, no matter how short. We value and respect each other, our time and contributions.

We are courageous

Children and families motivate us in our unwavering commitment to deliver exceptional care based on choice.

With love and compassion

We care for children and families, and all those who make our work possible. Love, dignity and inclusion are at the heart of everything we do.

We play as one team

Children learn through play, and we're inspired by them. Together, we make extraordinary things happen every day.

Our promise

Our first responsibility is to **every child in Scotland** with a life-shortening condition. Knowing your child may die young has a devastating impact on every family member. We provide unwavering care at every step on this hardest of journeys, in a way that is right for each family. Our completely integrated care is of exceptional quality, stretching seamlessly across homes, hospices, and hospitals. We will share and learn from other organisations to meet the needs of children. We do this so that every child can feel respected, loved and is able to make the most of their short life.

We are responsible to **our people**. Staff and volunteers will feel safe and welcome, have a sense of fulfilment, security, and purpose. We will champion the wellbeing and diversity of individuals who make up our team. Our culture will empower people to fulfil their personal goals. Everyone will contribute to outstanding care.

We are responsible to **our supporters**. We will demonstrate the impact of the work they make possible, and never take their generosity for granted. Donors will have a positive experience of giving, confident that we spend every penny wisely to deliver care to children and the entire family.

We are responsible to **our partners**. We will be clear about what we can do, remembering that we can do so much more when we work with others. Through deep collaboration and open partnerships, we will unite professionals, sharing knowledge.

We are responsible for **sharing the voices of children and families** with those whose decisions affect their lives. We will speak up with courage for what is right, helping decision-makers understand the lives of the children and families we support. We will help design effective policies, challenge respectfully where needed, and add huge public value.

When we provide this unwavering care, we will create moments of joy, and stand with families during moments of profound sadness. Nothing will inspire our people, supporters and partners more.

How we built our plan

We listened to families

- Over 135 families shared what is important to them about CHAS.
- Almost half were from the most deprived parts of Scotland.
- We heard directly from 77 children and young people through stories, art, and play. These babies, children and young people had used many different CHAS services, including hospices, care at home, family support, and joint CHAS / NHS teams in hospitals.

From this work, we heard detailed views about what works well for those families, and how the support they get from many organisations could be different.

We listened to staff and volunteers

We spoke with hundreds of staff and volunteers to hear their views about how to improve care. We reviewed data and evidence about children's palliative care.

Appendix 1: National policies and Scotland's National Performance Framework

We raise the voices of children and families to decision-makers across Scotland and ensure our work influences and supports national policies. All work is aligned to the National Performance Framework.

National policies

Policy	How CHAS supports this
UN Convention on the Rights of the Child	• Helping make rights real for children with complex disabilities, particularly supporting: • Article 6 – right to life, survival and development • Article 23 – the dignity of a disabled child and participation in the community • Article 24 – the highest attainable standard of health • Article 31 – the right to play, recreation and culture
Realistic Medicine	• Empowering young people and families to discuss their treatment fully with healthcare professionals, and make choices about what is right for them • Shared decision-making about the care of a child
Health and Social Care Standards	• Completely person-centred care, responsive to choice • Key policies and procedures aligned to the standards • High-quality, evidence-based care in line with HIS and Care Inspectorate quality frameworks

National policies

Policy	How CHAS supports this
Getting It Right For Every Child	● Using the GIRFEC principles and SHANARRI indicators to plan care and support for children and their families ● Multi-agency working with the team around the child ● Significant emphasis on child protection
Trauma Informed Practice	● Staff are trained in trauma-informed practice ● Service and processes are trauma-informed
Integration	● Our services are already completely integrated, with healthcare and social care staff all employed by CHAS and working as one team ● Close engagement with policy teams about the National Care Service plans
Transitions Strategy	● A dedicated transition team to support children living into adulthood ● Supporting babies transitioning from neonatal care
Cross-system working	● CHAS staff based in NHS hospitals, and CHAS-funded specialist medical posts ● High degree of multi-agency working around the end of life
Digital Health and Care Strategy	● Strong desire to work across agencies to ensure inter-operability of digital systems and electronic prescribing
Poverty and financial insecurity	● Specialist money, energy and benefits advice service
Carers' Strategy and short breaks	● Provided for some of the most medically complex children and their families

Scotland's National Performance Framework

Scotland's National Outcomes and the most 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 relationship • Children's material deprivation	• Medical, nursing, allied health professionals and social work teams support a healthy start as possible for children with very complex needs • Children and young people with short lives have opportunities to experience life and make memories • Keeping children safe, at home and in the community • Support child protection in all settings • Respite so families have time together to build positive relationships • Amplifying children's voices to direct their own care • Activities for children and brothers and sisters • Emotional and bereavement support for families • Fun activities for children, virtually or face-to-face
We live in communities that are inclusive, empowered, resilient and safe • Loneliness • Social capital	• Bereavement and emotional support • Connecting families together, reducing loneliness • Respite to help parents to leave their house and take part in their community • Accessible, flexible and inclusive volunteering, helping people build social capital, find friends, and expand their social circle
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	• Supporting siblings at school, their achievement, and helping others understand what they face • Student placements in CHAS for nurses, doctors, social workers and other professionals • Active workplace learning programme for staff and volunteers, with funding for formal qualifications • Education sessions and communities of practice for NHS and other partners
We are healthy and active • Healthy life expectancy • Mental wellbeing • Physical activity • Quality of care experience • Premature mortality	• Holistic care encompassing physical and mental wellbeing for the whole family • Physical activity for children with complex disabilities including hydrotherapy pool and sensory rooms • Physiotherapists support movement, even for children with highly complex needs • Strong focus on care quality, with robust clinical governance arrangements

Scotland's National Performance Framework

Scotland's National Outcomes and the most relevant national indicators	**How CHAS contributes to these**
We tackle poverty by sharing opportunities, wealth and power more equally ● Relative poverty after housing costs ● Wealth inequalities ● Cost of living ● Unmanageable debt ● Persistent poverty ● Satisfaction with housing ● Food insecurity	● 25% of families come from the most deprived postcodes, with significant resources devoted to support them ● Money, energy and benefits advice service ● Transport to hospices where needed ● Advocacy and support around housing ● Network of CHAS social workers and child and family workers across Scotland ● Fresh, home-cooked meals in hospices
We respect, protect and fulfil human rights and live free from discrimination ● Public services treat people with dignity and respect ● Quality of public services	● Disability rights to helps break down barriers and empower children who are disabled by society ● Strong focus on organisational culture to deliver care with dignity and respect ● Proactive equality, diversity and inclusion strategy so children and families experience a culturally competent service
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	● Cultural activities, including play therapy, music therapy, animal therapy, and musical and artistic expression ● Families have extensive opportunities for creativity, art and fun for children and families in hospice, hospital, home and virtually ● Musicians and music therapists working in-house
We value, enjoy, protect and enhance our environment ● Visits to the outdoors ● Biodiversity	● Extensive hospice gardens, with children supported to be active outside, including through forest school ● CHAS owns 140 acres across two sites including in the National Park, with careful land stewardship ● Native flora and fauna species encouraged in gardens and land ● Use of garden produce in hospice kitchens
We are open, connected and make a positive contribution internationally ● Scotland's reputation ● International networks	● Track record of ground-breaking research into children's palliative care, including commissioning the first single-nation study in the world into prevalence of life-shortening conditions ● Pioneering the world's first virtual children's hospice during lockdown ● Establishing international links including Ireland, USA, Canada and Australia; supporting the first ever children's hospice in Hungary

Scotland's National Performance Framework

Scotland's National Outcomes and the most relevant national indicators	How CHAS contributes to these
We have thriving and innovative businesses, with quality jobs and fair work for everyone ● Innovative businesses ● Employees on the living wage ● Pay gap ● Contractually secure work ● Gender balance in organisations	● Effective charity governance with high staff engagement levels ● A living wage employer ● Fair employment terms and conditions, with a presumption towards permanent contracts ● Good track record on tackling the gender pay gap ● A high percentage of women in senior executive roles ● Gender balanced board
We have a globally competitive, entrepreneurial, inclusive and sustainable economy ● Economic growth ● Carbon footprint ● Spend on research and development ● Entrepreneurial activity	● Research programme with university links ● To raise funds, we operate retail shops, supporting the high street, and a conference centre providing good jobs in a rural area ● Increasing focus on responsible carbon footprint, with thinking being built into forward capital plan ● A wide range of corporate partnerships to support purpose-driven economic activity

> Throughout all the critical junctures of my life when I have felt alone and unable to progress, when I have been scared or overwhelmed, I have always been able to access support from CHAS. This has provided me with immeasurable and indescribable solutions which have always helped me find a way through.
>
> Parent

CHAS

Keep the joy alive

www.chas.org.uk

supportCHAS

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