

Equality. Fairer Scotland. Children's Rights. Impact Assessment Report

Midlothian Integration Joint Board Strategic Plan 2025-35

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Date:

30 December 2024

Description

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Title of proposed work

Midlothian Integration Joint Board's Strategic Plan 2025-35

Purpose/objective of proposed work

The purpose of the Strategic Plan is to describe how we have come together alongside people, communities, the Third and Independent Sector, and the services who provide care and support to agree how we can best contribute to people in Midlothian living well in their community.

Who will be affected by this proposed work

All people living within the boundary of the Midlothian Health and Social Care Partnership's geographical footprint.

All people may need to make use of health and social care services, and this could be at any time across their lifetime. However, we assume that the most vulnerable in our community are more likely to potentially experience disproportionate impacts, both positive and negative, of the Strategic Plan's contents. These groups may include but are not limited to people belonging to Protected Characteristic Groups noted in the Equality Act 2020: those experiencing socio-economic deprivation, people from a care experienced background, veterans, carers, the elderly, people with experience of the justice system and people with substance and alcohol use challenges.

Evidence

Evidence used:

This Midlothian Demographic Profile is based on the 2011 and 2022 census data, Midlothian Council Internal Data, the Joint Needs Assessment and other relevant data reports.

- On 30 June 2022, the population of Midlothian was 97,030. This is an increase of 1.4% from 95,690 in 2021. Over the same period, the population of Scotland increased by 0.5%.
- Compared with 2001, the number of dwellings in Midlothian has increased by 32.3%. This is the highest percentage change out of the 32 council areas in Scotland and a more rapid change than for Scotland as a whole (+17.3%).

Age

In terms of overall size, the 45 to 64 age group was the largest in 2021, with a population of 25,243. In contrast, the 75 and over age group was the smallest, with a population of 7,740.

Sex

In 2022, there were more females (51.7%) than males (48.3%) living in Midlothian. There were also more females (51.4%) than males (48.6%) living in Scotland overall.

Reference: National Records of Scotland Midlothian Council Area Profile (nrscotland.gov.uk)

Disability

In the 2022 census, the National Records of Scotland report that in Midlothian 8.8 people identified themselves as living with a physical disability that had lasted or was expected to last at least 12 months. This was close to the Scottish average of 6.7%.

In Midlothian in 2023, records show that:

- 3,179 adults (18 and over) known to the Adults and Social Care team have physical disability recorded as their primary care group,
- 1,200 people are recorded as wheelchair users, and
- 5,681 people have a blue badge.

Reference: Midlothian Council Internal Data: Mosaic, accessed Feb 2023

In 2021/22, Scotland and Wales had the highest proportion of disabled people (both 26%), compared with the UK average of 24% [UK Parliament Research Briefing]. Analysis based on the Scottish Household Survey 2015 showed that there were around 87,340 households with a wheelchair user in Scotland (3.6% of all households). In 2021, Scottish Government reported that there were 235,779 live Blue Badges in Scotland.

785 adults with a Learning Disability are known to Social Care services in Midlothian.

Reference: Midlothian Council Internal Data: Mosaic, accessed Feb 2023.

Based on the Learning Disability Statistics Scotland (LDSS) 2019 report, there were 23,584 adults with a Learning Disability known to local authorities across Scotland. This national dataset is collected by Public Health Scotland but has not been published since 2019, so a more recent comparison is not possible.

Midlothian has a higher prevalence rate of adults with a Learning Disability known to Social Care (6.3 per 1,000) in comparison to the Scottish average (5.2 per 1,000). In Midlothian, 66.4% of adults with learning disabilities lived in mainstream accommodation without support. This is slightly greater than in the whole of Scotland where it was 61.8% in 2019.

[Reference: Scottish Commission for Learning Disability, 2019].

Gender reassignment

The 2022 census included a question on trans status or history for the first time. This was a voluntary question for people aged 16 and over. For Scotland as a whole, the census found that 19,990 people were trans or had a trans history. This equates to 0.44% of people aged 16 and over. Almost half (46.1%) of trans people were aged 16 to 24 with around a quarter (26.0%) aged 25 to 34.

In Midlothian, the majority (n= 74,094) of people aged 16 and over, stated that they are not trans and do not have a trans history. The number of people who stated that they either are trans or have a trans history was 230.

[Reference: Scotland Census 2022 – National Records of Scotland scotlandscensus.gov.uk]

Marriage & civil partnership

Marriages have declined in Midlothian, from 701 in 2005 to 319 in 2021. Civil Partnerships have also declined since being introduced in 2005, averaging 5 per year from 2006-2014 and recording 5 in total from 2015-2021.

[Reference: Marriages and Civil Partnership - Time Series Data | National Records of Scotland (nrscotland.gov.uk)]

Pregnancy & maternity

In 2021, there were 1,071 births in Midlothian. This is an increase of 9.4% from 979 births in 2020.

In Midlothian, the standardised birth rate increased from 10.8 per 1,000 population in 2020 to 11.7 in 2021. In comparison, the rate in Scotland overall increased from 8.6 to 8.7. In 2021, Midlothian was the council area with the highest standardised birth rate.

Reference: National Records Scotland

Midlothian Council Area Profile (nrscotland.gov.uk)

Race

The 2022 census shows that the majority of people in Midlothian are White (including White Scottish, Other White British, White Irish, White Gypsy/Traveler, White Polish and Other White):

- White Total: 92,527
- Asian, Asian Scottish, Asian British Total: 2219
- African Total: 474
- Caribbean or Black Total: 95
- Other ethnic groups total: 562

Reference: Scotland Census 2022 – National Records of Scotland (scotlandscensus.gov.uk)

Religion and Belief

In 2011 in Midlothian the most common religion was Church of Scotland (33.7%), followed by Roman Catholic (9.8%), other Christian (4%), Muslim (0.6%), other religion (0.5%). 45.2% of people reported no religion and 6.2% didn't state their religion.

Reference: 2011 Census National Records of Scotland

Sexual orientation

Census data relating to sexual orientation was also included as a voluntary question for the first time in 2022. It found that there were 183,860 LGB+ people in Scotland, 4.0% of people aged 16 and over.

In 2019, 90% of people aged 16 and over in Midlothian identified as Straight/Heterosexual. 1205 people identified as Gay or Lesbian, 990 identified as Bisexual, and 238 identified as 'Other sexual orientation'

Reference: Scotland Census 2022 – National Records of Scotland Council Area 2029 by Sexual orientation by Age (scotlandscensus.gov.uk)

Socio-economic Deprivation

In 2020, Midlothian had 8.7% share of 20% most deprived data zones. This means that there are 20 Local Authorities with a higher share of the 20% most deprived data zones.

Reference: Scottish Government, 2023

Whilst all areas in the most deprived 20% were around Dalkeith, Mayfield, Easthouses and Gorebridge, areas in the most deprived 20-30% were spread more widely including Thornybank, Penicuik and Newtongrange.

Reference: Midlothian HSCP, Joint Needs Assessment, [Inequalities - Midlothian Health and Social Care Partnership](#), May 2024

Summary of the ECRIA:

The Integrated Impact Assessment was held as an agenda item at the Midlothian Strategic Planning Group, 26 September 2024. Details will be recorded under benefits, major concerns, and minor concerns.

The composition of the group consisted of Strategic Planning Group members, Integration Joint Board Members (including representatives of the Third and Independent sector, people and communities), and service leads. An equality professional facilitated the activity.

Benefits

- Should all ambitions of the plan be delivered, it was considered to be likely that the plan would have a positive impact on people with protected characteristics.
- The significant emphasis on outcomes for people was noted as a likely to have a positive impact on people with protected characteristics.

Major concerns

- It was noted that legacy changes following the pandemic and the current financial uncertainty continue to impact on strategic planning and operational delivery.
- The rapid expansion of the Midlothian population, in combination with an expectation of reduced financial resources in future, were raised as a concern.
- The projected increase in eldest age category was noted in relation to how to maintain equality standards for this group. The same challenge was noted in relation to Midlothian's high birth rate.
- The impact on carers was noted as people who take on carer roles often face reduced life chances – employability options, poor health and poverty were noted. This was reinforced by the results of the recent Carers' Survey.

Minor concerns

- The vital relationship between all the IJBs partners and sectors across Scotland raises the issue of external dependencies which may limit the progress of strategic aims and potential impact on groups of people with protected characteristics.
- The negative impact of the cost of travel for care and support was noted, in particular for those on lower incomes.
- The context of what 'home' and 'living in the community' mean for people who experience homelessness.

Recommendations

This ECRIA is reviewed by SPG and following agreement, be submitted to Midlothian IJB. The specific recommendations in relation to the three Strategic Aims follow in the next section.

Making a difference

What changes will you make to your proposal based on the results of this impact assessment?

Changes	What difference this will make
Strategic Aim No.1 Recognise the role of our partners relating to information sharing to support people making informed decisions in relation to health and wellbeing.	This would reduce the potential negative impact on equality in relation to literacy and health literacy.
Reinforce commitment to provision of clear, accessible information to support for services in terms of operational planning.	This would increase the potential for services to be designed in ways that reduce health inequalities.
Acknowledge in the plan that we have more work to do to understand what the preferred formats and methods of communication are for people living in Midlothian.	This would reduce the potential of experiencing inequalities for older people who traditionally prefer face-to-face engagement; for people with different levels of literacy; for speakers of English as a second language; and for people with sensory impairments.
Ensure the review of the MidWay is linked to the ambitions of the plan.	This would help to embed the principles of ‘Good Conversation’ in the way in which the staff who are managed by the Health and Social Care Partnership work with people and communities, and with each other. The inclusion of and focus on the trauma-informed and inequalities-

Changes	What difference this will make
	informed elements of the Midway would support a positive impact on people with protected characteristics.

Changes	What difference this will make
<p>Strategic Aim No.2 Consideration to be given to the importance of language, as ‘at home, care at home/closer to home’ and what this means to groups with protected characteristics. This will be addressed within the scope of the IJB Housing Contribution Statement, and the ‘Working with others’ section of the Strategic Plan.</p> <p>Strengthen contribution of storytelling as one of the elements of evidence of improved outcomes, including the use of OutNav, the framework to facilitate contribution analysis approach to outcome evaluation.</p> <p>Highlight the importance of transport as a potential enabler of this strategic aim. This will be addressed within the ‘Working with others’ section of the Strategic Plan.</p>	<p>This will support partners to understand any changes required to practice in their areas of responsibility / expertise. (Homelessness and the duty to prevent are covered in Housing Contribution Statement).</p> <p>Evidence from services can be aggregated up to demonstrate the combined improvements, while also supporting equality in planning, as any areas of concern can be investigated at a more granular level.</p> <p>Potential for Partners to work to reduce impact of inequality relating to costs of transport for those living on low incomes in particular.</p>
<p>Strategic Aim No.3 Reinforce the potential negative impact on unpaid carers as more care moves closer to home. The majority of unpaid carers are women, and sex is a protected characteristic. Signpost to Carers Strategy</p> <p>Emphasise impact of current limitations to the safe sharing of organisational information.</p>	<p>Better recognition of the challenges, and increased support for carers could reduce the impact often experienced by women when they take on carer roles – limited employability options, poor health and increased risk of poverty.</p> <p>Creating the conditions for safe sharing of organisational information will effectively connect separate systems. This will increase our ability to describe the prevalence and impact of living with multiple barriers to health and care services. In turn, this could inform more holistic and</p>

Changes	What difference this will make
	person-centred approaches to design and delivery of health and care services.
Additional Recommendations Review the Carers Strategy in line with the new Strategic Plan	Ensure that the current needs of carers are reflected in the Carers Strategy and the action plan is supported by the ambitions of the IJB. This is anticipated to improve the experience for Carers and ensure the board is more aware of where there remains work to do.

Sharing with decision-makers

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This ECRIA, proposed changes and mitigations will be shared with all members of SPG for final review and agreement. When satisfied that all actions have been undertaken or planned for delivery, the Chair of SPG will recommend this ECRIA to Midlothian IJB.

What information will you start or continue to collect and report on?	What impact are you measuring
<p>It was recognised in the discussion that the responsibility for evaluating plans and data scrutiny sit with SPG, and that should include a focus on equality impacts. It was noted that this should be highlighted as part of the monitoring section.</p> <p>The Core Suite of Integration Indicators are published annually and provide evidence of progress towards the 9 National Health and Wellbeing Outcomes.</p>	<p>Health Inequalities Health & social care services contribute to reducing health inequalities.</p> <p>Support for Carers People who provide unpaid care are supported to look after their health and wellbeing.</p>
<p>Where possible, activity data will be disaggregated by age, sex and postcode. The data we hold in relation to ethnicity is not sufficiently consistent to be reliable, due to challenges around disclosure and recording in the electronic systems.</p>	<p>To demonstrate equitable service provision in relation to people with protected characteristics, and those experiencing the impact of economic deprivation where they live.</p>

Impact on equality & socio-economic disadvantage

Guidance pages 16-22

Negative impacts

Using the evidence you have collected, explain if your proposal could be discriminatory and/ or put a group of people sharing one of these characteristics at a disadvantage for a reason connected to that characteristic.

Note – answer yes/ no and if yes provide brief reasons.

Relevant group	Could your work result in unlawful discrimination?	Could your work put people at a disadvantage/ make their lives worse?
People in different age groups	No	Yes – Midlothian has the highest birth rate in Scotland, and a significant projected increase in 75+ population. This creates the potential for the need for support to exceed service ability to provide for these age groups.
Disabled people	No	Yes - Midlothian has a higher prevalence rate of adults with a Learning Disability known to Social Care (6.3 per 1,000) in comparison to the Scottish average (5.2 per 1,000). This creates the potential for the need for support to exceed service ability to provide. The methods we use to provide information need to take into consideration the different needs of people with learning/intellectual disabilities. Practical barriers to accessing information online include lack of internet access, restrictive support hours, and lack of privacy,

Relevant group	Could your work result in unlawful discrimination?	Could your work put people at a disadvantage/ make their lives worse?
		which can be compounded by overprotective and discriminatory attitudes
Trans and non-binary people	No	None specific
People who are pregnant or on maternity leave	No	None specific
People from different ethnic backgrounds	No	Yes - the 2022 census shows that the majority of people in Midlothian identify as "White Scottish", 82.4%. or "White Other British", 7.8%. Whilst those identifying as a from "minority ethnic background" represent 9.8%. This creates the potential for the needs of people from different ethnic backgrounds to be overlooked in planning and designing services.
People with religious or protected beliefs	No	None specific

Relevant group	Could your work result in unlawful discrimination?	Could your work put people at a disadvantage/ make their lives worse?
<p>Men and women [This may include carers, because many are women.]</p>	<p>No</p>	<p>Yes - in 2022, there were more females (51.7%) than males (48.3%) living in Midlothian. The ambition to move care 'closer to home' has the potential to increase the reliance on unpaid carers, the majority of whom are women.</p>
<p>People who are heterosexual, lesbian, gay or bisexual</p>	<p>No</p>	<p>None specific</p>
<p>People who are married or in a civil partnership [only in employment situations]</p>	<p>No</p>	<p>None specific</p>
<p>Care experienced people</p>	<p>NOTE - there is no legal protection from discrimination on basis of care experience.</p>	<p>None specific</p>
<p>People experiencing health inequalities caused by socio-economic disadvantage [This may include people living in different or difficult circumstances such as people experiencing homelessness, who are in prison or</p>	<p>NOTE - there is no legal protection from discrimination on basis of socio-economic disadvantage.</p>	<p>Yes – health inequalities caused by socio-economic disadvantage have the potential to be increased by a lack of accessible information in relation to health and wellbeing.</p> <p>Midlothian's rapidly expanding population is likely to drive a shift in the overall demographic and SIMD</p>

Relevant group	Could your work result in unlawful discrimination?	Could your work put people at a disadvantage/ make their lives worse?
are ex-offenders, people with addictions and people involved with prostitution. Note – travel costs have a particular impact on people experiencing poverty.]		profile, potentially masking any increase in health inequalities.
<p>People experiencing employment inequalities caused by socio-economic disadvantage</p> <p>[This may include people living in different or difficult circumstances, such as people experiencing homelessness, who are in prison or ex-offenders, people with addictions, ex-service personnel/veterans and people involved with prostitution. Note – travel costs have a particular impact on people experiencing poverty.]</p>	NOTE - there is no legal protection from discrimination in employment on basis of socio-economic disadvantage.	None specific.
Carers	NOTE - there is no legal protection from discrimination on basis of caring responsibilities. Women continue to have the majority of caring responsibilities and can be put at a particular disadvantage in connection	Yes - in 2022, there were more females (51.7%) than males (48.3%) living in Midlothian. The ambition to move care 'closer to home' has the potential to increase the reliance on unpaid carers, the majority of whom are women.

Relevant group	Could your work result in unlawful discrimination?	Could your work put people at a disadvantage/ make their lives worse?
	<p>with this. This may be unlawful indirect sex discrimination.</p>	<p>Whilst there is no legal protection from discrimination on basis of caring responsibilities, or economic deprivation, there is a need to be mindful of the potential for indirect discrimination in relation to women.</p> <p>Across Scotland the largest proportion of households with a carer (28%) are in the 20% most deprived data zones in the Scottish Index of Multiple Deprivation.</p> <p>In the 2021 VOCAL Carers survey, 79% of respondents in Midlothian agreed that being a carer has affected their mental health, with 38% strongly agreeing. This is an increase on the 2017 survey where 55% agreed with the statement “being a carer has made my health worse” (VOCAL, Midlothian Carer Survey 2021)</p> <p>Intensive caring can result in carers being more likely to experience ill-health than non-carers: 64% agreed that being a carer affected their physical health.</p> <p>The survey demonstrated that respondents have experienced barriers accessing care for themselves due to caring responsibilities, 49% of respondents</p>

Relevant group	Could your work result in unlawful discrimination?	Could your work put people at a disadvantage/ make their lives worse?
		<p>have experiences at least one barrier to accessing care for themselves.</p> <p>In the 2021 survey, 51% of carers agreed they felt isolated from family and friends, which is an increase from 42% in 2017, the pandemic could have impacted on this response.</p>

Positive impact

Using the evidence you have collected, explain if and how your proposal could have a positive impact on reducing inequalities experienced by groups of people sharing these characteristics.

Note – answer yes/ no and if yes provide brief reasons.

Relevant group	Can your work advance equality of opportunity? [reduce disadvantage, meet needs, increase participation]	Can your work foster good relations? [reduce prejudice + increase tolerance]
People in different age groups	Yes	Yes – the ambition to create integrated datasets could create the insight required to inform pathway redesign for older people.
Disabled people	Yes	Yes - the ambition to create integrated datasets could inform more accurate modelling and projections of future need in relation to children transferring to adult services when they turn 18.
Trans and non-binary people	None specific	None specific
People who are pregnant or on maternity leave	None specific	None specific

Relevant group	Can your work advance equality of opportunity? [reduce disadvantage, meet needs, increase participation]	Can your work foster good relations? [reduce prejudice + increase tolerance]
People from different ethnic backgrounds	Yes	Yes – the aim is to provide differing formats of information, as well as giving consideration to different cultural / religious practices to minimise any negative impact.
People with religious or protected beliefs	None specific	None specific
Men or women [This may include carers, because many are women]	Yes	Yes
People who are heterosexual, lesbian, gay or bisexual	None specific	None specific
Care experienced people	None specific	None specific
People who experience health inequalities caused by socio-economic disadvantage	Yes	Yes – providing care and support closer to home reduces the need to travel, the cost of which creates additional barriers for those already experiencing health inequalities caused by socio-economic disadvantage.

Relevant group	Can your work advance equality of opportunity? [reduce disadvantage, meet needs, increase participation]	Can your work foster good relations? [reduce prejudice + increase tolerance]
[This may include people in different or difficult circumstances, such as people experiencing homelessness, who are in prison or ex-offenders, people with addictions and people involved with prostitution. Note – travel costs have a particular impact on people experiencing poverty.]		
People who experience employment inequalities caused by socio-economic disadvantage. [This may include people in different or difficult circumstances, such as people experiencing homelessness, who are in prison or ex-offenders, people with addictions, ex-service personnel/veterans and people involved with prostitution. Note – travel costs have a particular impact on people experiencing poverty.]	None specific	None specific

Relevant group	Can your work advance equality of opportunity? [reduce disadvantage, meet needs, increase participation]	Can your work foster good relations? [reduce prejudice + increase tolerance]
Carers	Yes	<p>Yes – the majority of unpaid carers are women who, as a result of their carer responsibilities, face reduced life chances, including employability.</p> <p>Working with our commissioned services for carers, the third and voluntary sectors to increase the profile of, and support for, unpaid carers will ensure that they have a voice in planning and making decisions relating to the support provided to the cared-for person.</p>

Impact on UNCRC rights

Guidance pages 23-25

If your proposal does not affect children and young people do not complete this section.

If your proposal affects children and young people up to age 18, use the evidence you have collected to explain how your proposal could impact Children's Rights. Not all UNCRC rights may apply to your proposal. If this is the case, simply say 'Neutral.'

UNCRC right	Is your work compatible with this right?	How will your work progress this right?	Are any groups of children particularly impacted
1 – we must make sure everyone under 18 years old can enjoy all UNCRC rights	Neutral		
2 – we must make sure all UNCRC rights apply to every child without discrimination.	Neutral		
3 – we must make sure the best interests of the child are a top priority in all decisions and actions that affect the child.	Yes	Health Visiting and Preschool immunisations are delegated. These services provide support to families with very young children, and promote prevention and early intervention. Vaccination activity data indicate high levels of equity.	Children aged 0-2. Preschool children.

UNCRC right	Is your work compatible with this right?	How will your work progress this right?	Are any groups of children particularly impacted
4 - we must create systems that promote and protect UNCRC rights.	Neutral		
5 – we must respect the rights and responsibilities of parents and carers to provide guidance and direction to their child as they grow up, recognising the child's capacity to make their own choices.	Neutral		
6 – we must do everything we can to ensure that children survive and develop to their full potential.	Yes	Health Visiting and Preschool immunisations are delegated. These services provide support to families with very young children, and promote prevention and early intervention.	Children aged 0-2. Preschool children.
7 – we must respect the right to be registered at birth, to have a name and nationality and as far as possible for children to know and be cared for by their parents.	Neutral		
8 – we must respect and protect children's right to an identity and prevent a child's name, nationality or family relationships from being changed unlawfully.	Neutral		

UNCRC right	Is your work compatible with this right?	How will your work progress this right?	Are any groups of children particularly impacted
9 – we must not separate children from their parents against their will unless it is in their best interests and uphold the right to stay in contact with both parents, unless this could cause them harm.	Neutral		
10 – we must respond quickly and sympathetically if a child or their parents apply to live together in the same country. The right to visit and keep in contact with both parents if they live in different countries.	Neutral		
11 – we must do everything we can to stop children being taken out of their own country illegally by their parents or other relatives, or being prevented from returning home.	Neutral		
12 – we must respect the right for children to express their views, feelings and wishes in all matters affecting them, and to have their views considered and taken seriously.	Neutral		
13 – we must make sure every child is free to express their thoughts and opinions and to access all kinds of	Neutral		

UNCRC right	Is your work compatible with this right?	How will your work progress this right?	Are any groups of children particularly impacted
information, as long as it is within the law.			
14 – we must respect children's right to think and believe what they choose and also to practise their religion as long as they are not stopping other people from their rights. We must respect the rights and responsibilities of parents to guide their child as they grow up.	Neutral		
15 – we must respect the right to meet with other children and join groups and organisations as long as this does not stop other people from enjoying their rights.	Neutral		
16 – we must respect the right to privacy and protecting the child's private, family and home life, including protecting children from unlawful attacks that harm their reputation.	Neutral		
17 – we must ensure children have access to reliable information from a variety of sources, and help to protect children from materials that could harm them.	Neutral		

UNCRC right	Is your work compatible with this right?	How will your work progress this right?	Are any groups of children particularly impacted
18 – we must support parents by creating support services for children and giving parents the help they need to raise their children.	Yes	Health Visiting and Preschool immunisations are delegated. These services provide support to families with very young children, and promote prevention and early intervention.	Children aged 0-2. Preschool children.
19 – we must do everything we can to protect children from all forms of violence, abuse, neglect and bad treatment by their parents or anyone else who looks after them.	Neutral		
20 – we must give children who cannot be looked after by their immediate family special protection and assistance, that is continuous and respects their culture, language and religion.	Neutral		
21 – the process of adoption must be safe, lawful and prioritises children's best interests.	Neutral		
22 – if a child is seeking refuge or has refugee status, we must provide them with appropriate protection and assistance (within our remit/ functions) to help them enjoy UNCRC rights.	Neutral		

UNCRC right	Is your work compatible with this right?	How will your work progress this right?	Are any groups of children particularly impacted
23 – we must do all we can to support disabled children and their families to enjoy their right to live a full and decent life with dignity and as far as possible independence and to play an active part in the community.	Neutral		
24 – we must provide good quality health care and education on health and well-being so that children can stay healthy.	Yes	Health Visiting and Preschool immunisations are delegated. These services provide support to families with very young children, and promote prevention and early intervention.	Children aged 0-2. Preschool children.
25 – we must make sure children who have been placed away from home for the purpose of care or protection (e.g. in hospital) can have a regular review of their treatment, the way they are cared for and their wider circumstances.	Neutral		
26 – Governments must provide social security, including financial support and other benefits to families in need of assistance.	Neutral		
27 – we must help families (within our remit, functions) who cannot afford to, to provide their child with a standard of living that is good enough to meet their	Neutral		

UNCRC right	Is your work compatible with this right?	How will your work progress this right?	Are any groups of children particularly impacted
physical and social needs and support their development.			
28 – every child has the right to an education and discipline in schools must respect children’s dignity and their rights.	Neutral		
29 – education must develop every child’s personality, talents and abilities to the full and encourage child’s respect for human rights, as well as respect for their parents, their own and other cultures and the environment.	Neutral		
30 – we must respect that every child has the right to learn and use their language, customs and religion of their family, whether or not these are shared by the majority of the people in the country where they live.	Neutral		
31 – we must respect the right of every child to relax, play and take part in a wide range of cultural and artistic activities.	Neutral		

UNCRC right	Is your work compatible with this right?	How will your work progress this right?	Are any groups of children particularly impacted
32 – we must protect children from economic exploitation and work that is dangerous or might harm their health, development or education.	Neutral		
33 – we must protect children from the illegal use of drugs and from being involved in the production or distribution of drugs.	Neutral		
34 – we must protect children from all forms of sexual abuse and exploitation.	Neutral		
35 – we must protect children from being abducted, sold or moved illegally to a different place in or outside their country for the purpose of exploitation.	Neutral		
36 – we must protect children from all other forms of exploitation (e.g. by the media, or for medical research)	Neutral		
37 – we must not torture or cause suffering or other cruel or degrading treatment or punishment. Children should be detained only as a last resort and for the shortest time possible. They	Neutral		

UNCRC right	Is your work compatible with this right?	How will your work progress this right?	Are any groups of children particularly impacted
must be treated with respect and care and be able to keep in contact with their family.			
38 – we must do everything we can to protect and care for children affected by war and armed conflicts.	Neutral		
39 – we must provide special support to help children who have experienced neglect, abuse, exploitation, torture or who are victims of war to recover their health, dignity, self-respect and social life.	Neutral		
40 – we must treat a child accused or guilty of breaking the law with dignity and respect.	Neutral		
41 – we must comply with national laws and standards that go further than UNCRC rights.	Neutral		

UNCRC right	Is your work compatible with this right?	How will your work progress this right?	Are any groups of children particularly impacted
42 – we must actively work to make sure children and adults know about UNCRC.	Neutral		