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

Midlothian Integration Joint Board Participation and Engagement Statement

Contents

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Midlothian HSCP Integration Manager
Date: 25/09/2025

Description

Title of proposed work

Midlothian Integration Joint Board's Public Participation and Engagement Statement and Improvement Plan 2025 – 2028.

Purpose/objective of proposed work

The Integration Joint Board's Public Participation and Engagement Statement and Improvement Plan sets out how we will engage with and involve people in service planning, strategy, and design, and delivery.

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 may need to make use of health and social care services at any time across their lifetime and so should be included.

Some groups of people may experience disproportionate barriers to engaging with us including people with certain protected characteristics and people experiencing socio-economic deprivation, carers, people with experience of the justice system and people with substance and alcohol use challenges.

Evidence

This Midlothian Demographic Profile is based on the 2011 and 2022 census data, Midlothian Council Internal Data, the Joint Needs Assessment and other data reports. On 30 June 2023, the population of Midlothian was estimated as 98,260 (National Records of Scotland, 2023).

Age

The 45 to 64 age group was the largest age group in 2021, with a population of 25,841.
The 75 and over age group was the smallest age group, with a population of 8,123 (2022 Census)

Sex

There were roughly equal numbers of men and women (females 51.7%, males 48.3%). (National Records of Scotland 2022)

Disability

8.8% of people lived with a physical disability that had lasted or was expected to last at least 12 months. (2022 Census)

3,179 people over 18 had a physical disability
1,200 people over 18 were wheelchair users,
5,681 people over 18 had a blue badge.
785 people over 18 had a Learning Disability
(Midlothian Council Internal Data: 2023)

66.4% of adults with learning disabilities lived in mainstream accommodation without support.
(Scottish Commission for Learning Disability, 2019)

Gender reassignment

230 people over 16 were trans or had a trans history.
(Scotland Census 2022 – National Records of Scotland)

Pregnancy & maternity

There were 970 births in Midlothian in 2023.
The standardised birth rate was 9.7 per 1,000 population.
(National Records of Scotland)

Race

92,527 White
2,219 Asian, Asian Scottish, Asian British
474 African
95 Caribbean or Black
562 Other ethnic groups
(2022 Census)

Religion and Belief

45.2% no religion
33.7% Church of Scotland
9.8% Roman Catholic
4% other Christian,
0.6% Muslim
0.5% Other religion
6.2% didn't state their religion.
(2011 Census National Records of Scotland)

Sexual orientation

90% of people aged 16 and over were Straight/Heterosexual.
3% of people aged 16 and over identified as Gay or Lesbian, Bisexual or 'Other sexual orientation'
7% did not answer.
(Scotland Census 2022)

Socio-economic Deprivation

Areas in the most deprived 20% of Scotland were around Dalkeith, Mayfield, Easthouses and Gorebridge.
Areas in the most deprived 20-30% of Scotland were spread more widely including Thornybank, Penicuik and Newtongrange.
(Midlothian HSCP, Joint Needs Assessment 2024)

Summary of the ECRIA:

This Equality and Children's Rights impact Assessment (ECRIA) was undertaken following the Midlothian Integration Joint Board's completion of the Healthcare Improvement Scotland Community Self-Evaluation Framework, and presented as an agenda item for scrutiny at the Midlothian Strategic Planning Group on 25 September 2025 where it was approved for publication.

The Strategic Planning Group (SPG) consists Integration Joint Board Members, representatives of both NHS and Midlothian Council Partners, commissioned partners, the Third and Independent sectors, people, community groups, and officers of Midlothian Health and Social Care Partnership.

Positive impacts

- 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.

Negative impacts

- Should all ambitions of the plan be delivered, it was considered to be likely that the plan would have no negative impact on people with protected characteristics.

Recommendations

The specific actions 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
No changes recommended	

Sharing with decision-makers

This ECRIA was shared with all members of SPG for final review and agreement who are satisfied that all actions have been identified for delivery.

Monitoring the impact

What information will you start or continue to collect and report on?	What impact are you measuring
• Completion of an annual survey to understand local experience. • Hold biannual 'Townhall' meetings in person and online. • Host quarterly themed 'drop in' sessions. • Follow Planning with people guidance regarding consultation activity. • Develop a Participation and Engagement section of our website.	People are engaged at an early stage in policy / service development, with proportionate representation of stakeholders. Evidence of representation at all stages of service planning, strategy and design is collected.
The Annual Performance Report contains information about how engagement has influenced strategies, plans, and policies.	Communication of how engagement has made a difference to policy including decisions and new models.
Evidence of increased participation in networks to reach more seldom heard groups e.g. • minority ethnic population, • speakers of other languages, • people experiencing homelessness, • people living in residential care or prisons.	Barriers to engagement are identified and engagement activity is evaluated.

What information will you start or continue to collect and report on?	What impact are you measuring
• Recruitment and support provided to representative members of the Integration Joint Board and Strategic Planning Group. • Host reference groups for Representative members before each meeting of the Integration Joint Board. • Record of training provided on public participation and engagement to Board members and staff who work within Midlothian Health and Social Care Partnership.	Board members and staff are supported to complete engagement following best practice.
Evidence how engagement has influenced decision making in our: • Reports and papers for meetings of the Integration Joint Board and its Committees • Strategies and Plans.	We have reliable processes for sharing learning from engagement and explanation of decision-making.
Board members' and senior leaders' attendance at community and engagement events i.e. • Third Sector Summit, and • local Confederation of Community Council meetings.	Board members and senior leaders have regular opportunities for to engage with people.
Completion of an evaluation of our engagement activity, by developing, testing and improving a process to • identify engagement opportunities • undertake engagement activities • record engagement outcomes • evaluate the impact of engagement. Complete regular updates of our Strategic Governance Map relating to public engagement activities.	We have evidence of robust governance demonstrating that our engagement meets our statutory duties.

What information will you start or continue to collect and report on?	What impact are you measuring
Evidence of assurance from Midlothian Health and Social Care Partnership on their Participation and Engagement activity. Evidence of assurance from Midlothian HSCP that demonstrates • Progress towards developing a Communication and Engagement Strategy, • Service engagement and participation activities, • Third Sector and Community membership on Planning Groups • Service feedback engagement mechanisms, and • Information about how feedback has led to improvement.	We have evidence of assurance from Midlothian HSCP on their • engagement activities, • feedback engagement mechanisms, and • related improvements.
The Annual Performance Report contains information describing the effectiveness of engagement activities, following evaluation / review.	Our engagement activities are effective.
Completion of a review of resources required to meet statutory engagement requirements.	Our resources are sufficient to enable us to meet the statutory requirements relating to engagement.
Evidence of budget monitoring and control in relation to requirement to meet statutory duties e.g. volunteer expenses, venue hire, alternative formats, etc.	Our engagement budget achieves Best Value.

Impact on equality & socio-economic disadvantage

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.

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	No
Disabled people	No	No
Trans and non-binary people	No	No
People who are pregnant or on maternity leave	No	No
People from different ethnic backgrounds	No	No
People with religious or protected beliefs	No	No
Men and women	No	No
People who are heterosexual, lesbian, gay or bisexual	No	No

Relevant group	Could your work result in unlawful discrimination?	Could your work put people at a disadvantage/ make their lives worse?
People who are married or in a civil partnership [only in employment situations]	No	No
Care experienced people	No	No
People experiencing health inequalities caused by socio-economic disadvantage	No	No
People experiencing employment inequalities caused by socio-economic disadvantage	No	No
Carers	No	No

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.

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 – improving our engagement with people who use the services we plan and direct will improve the services to better meet their needs. Engagement activities that are designed to include people of all age groups, will reduce the barriers often experienced by more seldom heard age groups, e.g. people living in residential care for older people. In our Citizen's Panel survey, people told us that one of the top sources of information they use is word of mouth (56%). We also know that providing information in person is not everyone's preferred option. People told us that they use social media (56%) just as much as seeking information face to face. We know that younger adults are often confident in their digital skills, so the development of a Participation and Engagement section on our website will better meet their needs. Our annual survey to understand local experience will have an option to respond online, and our	Yes – ensuring we provide a range of engagement opportunities, and improving how we explain the impact of engagement on decisions, should improve understanding of the needs of people in all age groups, in ways that more accurately reflect the population profile in Midlothian, and increase feelings of inclusion.

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]
	biannual 'Townhall' meetings will have an online attendance option. Older adults are often less confident in their digital skills, so our annual survey to understand local experience will have an option to respond using a paper survey. Our biannual 'Townhall' meetings will have an option to attend in person, and we will host quarterly themed 'drop in' sessions. These opportunities to engage face to face will better meet the needs of older adults.	
Disabled people	Yes – improving our engagement with people who use the services we plan and direct will improve the services to better meet their needs. Engagement activities that are designed to include people living with disabilities will reduce the barriers often experienced by underrepresented groups. Using data collected in 2023, we know that • 3,179 people over 18 living in Midlothian had a physical disability • 1,200 people over 18 were wheelchair users • 5,681 people over 18 had a blue badge • 785 people over 18 had a Learning Disability.	Yes – ensuring we use accessible venues, providing information in alternative formats, and improving how we explain the impact of engagement on decisions should improve understanding of the needs of people living with disabilities, and increase feelings of inclusion.

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]
	We will ensure that wherever possible, our engagement events are held in accessible venues, and that we will provide information in alternative formats.	
Trans and non-binary people	Yes – improving our engagement with people who use the services we plan and direct will improve the services to better meet their needs. Engagement activities that are designed to include people who identify as trans and non-binary will reduce the barriers often experienced by underrepresented groups. The 2022 Census data tell us that 230 people aged over 16, living in Midlothian, described themselves as trans or had a trans history. We will ensure that Board members and staff employed by the Midlothian Health and Social Care Partnership are trained to conduct engagement activities that are designed to include people who identify as trans and non-binary.	Yes – by requiring assurance from Midlothian Health and Social Care Partnership that staff are trained in public participation and engagement, we should improve understanding of the needs of trans and non-binary people, and increase feelings of inclusion.

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 who are pregnant or on maternity leave	Yes – improving our engagement with people who use the services we plan and direct will improve the services to better meet their needs. Engagement activities that are designed to include people who are pregnant or on maternity leave, will reduce the barriers often experienced by underrepresented groups. There were 970 births in Midlothian in 2023. The standardised birth rate was 9.7 per 1,000 population. (NRS). Out of the 32 council areas in Scotland, Midlothian had the joint 4th highest rate in 2023, and this is higher than the rate of 1.3 for Scotland as a whole. Midlothian HSCP hold vaccination clinics for children aged five and under in a range of community venues. Health Visitors provide support to families with children under the age of 2, as part of the Universal Health Visiting Pathway. They also need to provide extra support to help some children to meet their developmental milestones. The majority of additional visits in 2024/25 were for children under 1, in the family home, to monitor child development.	Yes – ensuring we follow Planning with People guidance regarding consultation activity, receiving assurance of proportionate representation of people who are pregnant or on maternity leave on appropriate Planning Groups, monitoring volunteer expenses budgets, and improving how we explain the impact of engagement on decisions should improve understanding of the needs of people who are pregnant or on maternity leave and increase feelings of inclusion.

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]
	We will ensure that we follow Planning with People guidance regarding consultation activity, and receive assurance of proportionate representation of people who are pregnant or on maternity leave on appropriate Planning Groups. We will monitor budgets to ensure we meet our statutory duties for engagement relating to volunteer expenses.	
People from different ethnic backgrounds	Yes – improving our engagement with people who use the services we plan and direct will improve the services to better meet their needs. Engagement activities that are designed to include people from different ethnic backgrounds, and speakers of other languages, will reduce the barriers often experienced by underrepresented groups. The 2022 Census data tell us that the Midlothian population is: • **92,527** White • **2,219** Asian, Asian Scottish, Asian British • **474** African • **95** Caribbean or Black • **562** Other ethnic groups.	Yes – ensuring we provide information in alternative formats, and improving how we explain the impact of engagement on decisions should improve understanding of the needs of people from different ethnic backgrounds, and increase feelings of inclusion.

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]
	We will ensure that wherever possible, the information we produce in relation to our engagement activities is provided in alternative formats, e.g. languages other than English.	
People with religious or protected beliefs	Yes – improving our engagement with people who use the services we plan and direct will improve the services to better meet their needs. Engagement activities that are designed to include people with religious or protected beliefs, will reduce the barriers often experienced by underrepresented groups. The 2011 Census data tell us that the Midlothian population is: • **45.2%** No religion • **33.7%** Church of Scotland • **9.8%** Roman Catholic • **4%** Other Christian • **0.6%** Muslim • **0.5%** Other religion • **6.2%** Didn't state their religion. We will ensure that wherever possible, our engagement events are held in venues that appropriately consider the needs of people with religious or protected beliefs.	Yes – ensuring we use appropriate venues, and improving how we explain the impact of engagement on decisions, should improve understanding of the needs of people with religious or protected beliefs and increase feelings of inclusion.

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]
Men or women [This may include carers, because many are women*] *Please see Carers Section	Yes – improving our engagement with people who use the services we plan and direct will improve the services to better meet their needs. Engagement activities that are designed to include men and women, will reduce the barriers often experienced by underrepresented groups. The Midlothian population is roughly equal numbers of men and women (females 51.7%, males 48.3%). (National Records of Scotland 2022). The percentage of women increases in older age groups, as women generally live longer than men. In Midlothian, men are more likely than women to be in receipt of out of work benefits. In March 2025, 1,405 Midlothian residents were receiving out of work benefits. This included a greater number of men (805) than women (595). We will ensure that we follow Planning with People guidance regarding consultation activity, and receive assurance of proportionate representation of men and women on appropriate Planning Groups. We will monitor budgets to ensure we meet our statutory duties for engagement relating to volunteer expenses.	Yes – ensuring we follow Planning with People guidance regarding consultation activity, receiving assurance of proportionate representation of men and women on appropriate Planning Groups, monitoring volunteer expenses budgets, and improving how we explain the impact of engagement on decisions should improve understanding of the needs of men and women and increase feelings of inclusion.

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 who are heterosexual, lesbian, gay or bisexual	Yes – improving our engagement with people who use the services we plan and direct will improve the services to better meet their needs. Engagement activities that are designed to include people who are heterosexual, lesbian, gay or bisexual will reduce the barriers often experienced by underrepresented groups. The 2022 Census data tell us that • **90%** of people aged 16 and over were Straight/Heterosexual • **3%** of people aged 16 and over identified as Gay or Lesbian, Bisexual or 'Other sexual orientation' • **7%** did not answer. We will ensure that Board members and staff employed by the Midlothian Health and Social Care Partnership are trained to conduct engagement activities that are designed to include people who are heterosexual, lesbian, gay or bisexual.	Yes – by requiring assurance from Midlothian Health and Social Care Partnership that staff are trained in public participation and engagement, we should improve understanding of the needs of people who are heterosexual, lesbian, gay or bisexual, and increase feelings of inclusion.

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]
Care experienced people	Yes – improving our engagement with people who use the services we plan and direct will improve the services to better meet their needs. Engagement activities that are designed to include Care experienced people, will reduce the barriers often experienced by underrepresented groups. We will ensure that we follow Planning with People guidance regarding consultation activity, and receive assurance of Care experienced people representation on appropriate Planning Groups. We will monitor budgets to ensure we meet our statutory duties for engagement relating to volunteer expenses.	Yes – ensuring we follow Planning with People guidance regarding consultation activity, receiving assurance of Care experienced people representation on appropriate Planning Groups, monitoring volunteer expenses budgets, and improving how we explain the impact of engagement on decisions should improve understanding of the needs of Care experienced people and increase feelings of inclusion.
People who experience health inequalities caused by socio-economic disadvantage	Yes – improving our engagement with people who use the services we plan and direct will improve the services to better meet their needs. Engagement activities that are designed to include people who experience health inequalities caused by socio-economic disadvantage, will reduce the barriers often experienced by underrepresented groups.	Yes – ensuring that wherever possible, Board members and senior leaders will attend the Third Sector Summits, monitoring volunteer expenses budgets, and improving how we explain the impact of engagement on decisions should improve understanding of the needs of people who experience health inequalities caused by

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]
	Life expectancy varies by up to 10 years across different parts of Midlothian, because of poverty and social disadvantage. Early deaths of people aged under 75 years from cancer and chronic heart disease have both been reducing over time. Some areas with higher deprivation are experiencing increasing rates. Early death from chronic heart disease varies across areas. Dalkeith had the highest rate of early deaths with the next highest rate in Easthouses, whilst Pentland had the lowest rate. Areas in the most deprived 20% of Scotland were around Dalkeith, Mayfield, Easthouses and Gorebridge. Areas in the most deprived 20-30% of Scotland were spread more widely including Thornybank, Penicuik and Newtongrange. (Midlothian HSCP, Joint Needs Assessment 2024). The Third Sector is a vital part of health and social care in Midlothian. There are at least 700 voluntary sector group and organisations in Midlothian, and 228 registered charities (voluntary organisations or community groups) who identify their main operating area to be Midlothian.	socio-economic disadvantage and increase feelings of inclusion.

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]
	Approximately 40 organisations are commissioned by Midlothian Health and Social Care Partnership to provide services and support for people and communities. We will ensure that wherever possible, Board members and senior leaders will attend the Third Sector Summits, so they have regular opportunities for to engage with people who represent the economic diversity of Midlothian's population. We will monitor budgets to ensure we meet our statutory duties for engagement relating to volunteer expenses.	
People who experience employment inequalities caused by socio-economic disadvantage.	Yes – improving our engagement with people who use the services we plan and direct will improve the services to better meet their needs. Engagement activities that are designed to include people who experience employment inequalities caused by socio-economic disadvantage, will reduce the barriers often experienced by underrepresented groups. • In 2024, the economically active population of Midlothian was 81.5% of the total working age population, which is a decrease from 2020 (83.3%).	Yes – ensuring we monitor volunteer expenses budgets, and improving how we explain the impact of engagement on decisions should improve understanding of the needs of people who experience employment inequalities caused by socio-economic disadvantage and increase feelings of inclusion.

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]
	• 11,200 people were classed as economically inactive. • 29.2% were inactive due to long-term sickness (this has been relatively consistent over the past 10 years). • 25.6% of people were retired, an increase from 17.6% in the past 10 years. We will monitor budgets to ensure we meet our statutory duties for engagement relating to volunteer expenses.	
Carers	Yes – improving our engagement with people who use the services we plan and direct will improve the services to better meet their needs. Engagement activities that are designed to include carers will reduce the barriers often experienced by underrepresented groups. We know it can be difficult to get involved in engagement activities is having enough free time. Free time can be limited by several factors, but one of the most significant is having caring responsibilities. Unpaid carers tell us that it can be difficult to arrange cover, or respite care, for the person they look after. 12.5% of the Midlothian population are carers.	Yes – ensuring we follow Planning with People guidance regarding consultation activity in the development of the Midlothian IJB Carers Strategy, receiving assurance of Carer representation on appropriate Planning Groups, monitoring volunteer expenses budgets, and improving how we explain the impact of engagement on decisions should improve understanding of the needs of carers and increase feelings of inclusion.

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]
	Some groups are more affected than others with more women identifying as carers, and 28% of carers live in the 20% most deprived data zones. A 2023 survey of carers in Midlothian found that • 80% reported effects on their mental health, 66% on their physical health. • More than half said caring responsibilities reduced their ability to see health professionals. • 28% of survey respondents have left the workforce entirely. • 27% have reduced their hours at work. • 14% have lost pension and National Insurance contributions. • 24% of carers have used personal savings for care. • 13% have relied on food banks. We will ensure that we follow Planning with People guidance regarding consultation activity in the development of the Midlothian IJB Carers Strategy, and receive assurance of Carer representation on appropriate Planning Groups. We will monitor budgets to ensure we meet our statutory duties for engagement relating to volunteer expenses.	

Impact on UNCRC rights

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.	Neutral		
4 - we must create systems that promote and protect 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
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.	Neutral		
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		
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		

UNCRC right	Is your work compatible with this right?	How will your work progress this right?	Are any groups of children particularly impacted
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 information, as long as it is within the law.	Neutral		
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	Neutral		

UNCRC right	Is your work compatible with this right?	How will your work progress this right?	Are any groups of children particularly impacted
respect the rights and responsibilities of parents to guide their child as they grow up.			
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		
18 – we must support parents by creating support services for children and giving parents the help they need to raise their children.	Neutral		
19 – we must do everything we can to protect children from all forms of violence, abuse, neglect and bad	Neutral		

UNCRC right	Is your work compatible with this right?	How will your work progress this right?	Are any groups of children particularly impacted
treatment by their parents or anyone else who looks after them.			
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		
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		

UNCRC right	Is your work compatible with this right?	How will your work progress this right?	Are any groups of children particularly impacted
24 – we must provide good quality health care and education on health and well-being so that children can stay healthy.	Neutral		
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 physical and social needs and support their development.	Neutral		
28 – every child has the right to an education and discipline in schools must respect children's dignity and their 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
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		
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		

UNCRC right	Is your work compatible with this right?	How will your work progress this right?	Are any groups of children particularly impacted
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 must be treated with respect and care and be able to keep in contact with their family.	Neutral		
38 – we must do everything we can to protect and care for children affected by war and armed conflicts.	Neutral		

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