

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

Midlothian Health and Care Financial Recovery Plan – Midlothian Community
Hospital Bed Base Review

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Date: 1.4.26

Description

Title of proposed work

Midlothian Health and Care Financial Recovery Plan – Midlothian Community Hospital Bed Base Review.

Purpose/objective of proposed work

Midlothian Community Hospital provides 20 rehabilitation beds and 16 complex care and palliative care availability to the older population of Midlothian. Loanesk is a 16 bedded Unit which supports complex care frailty and palliative care, the ward supports individuals whose care cannot be provided in alternative setting other than inpatient. Edenview is a 20 bedded Rehabilitation ward for older people. The purpose of this proposed model of care, is to support financial recovery of £1.5m, whilst maintaining patient and care provision for Midlothian’s most vulnerable/frail older people population.

The proposed change is for Loanesk to close with the current capacity (10 beds) to be transferred to community and Edenview (6 beds). The current workforce model would be placed on redeployment.

Edenview to reduce to 10 beds inpatient rehabilitation. The reprovision of 10 beds will be absorbed as part of service flow, using Highbank as alternative rehabilitation pathway to inpatient. This retains the current 20 bedded model. This will support the transfer of 10 beds from Loanesk to be integrated into Edenview.

What	Current – How many	Current - Where	Proposed – How many	Proposed - Where
Palliative Care beds	10	Loanesk	4 6	Edenview Community
Rehab beds	20	Edenview	10 10	Highbank Edenview
Complex Care	6	Loanesk	6	Edenview

Who will be affected by this proposed work

It could potentially impact the whole of Midlothian’s population, however initially it most affects people living with complex health needs, people facing end of life care, their families and Health and Social Care staff.

Evidence

Relevant group	What you found e.g. who uses your service, what inequalities do they experience what barriers do they have accessing your service	Source of evidence e.g. data, research, consultations
People in different age groups	<p>98,260 people live in Midlothian. This is an increase of 1.3% from 97,040 in 2022. Over the same period, the population of Scotland increased by 0.8%.</p> <p>Midlothian is projected to have the 22nd highest population out of the 32 council areas in Scotland in 2028. The National Records of Scotland estimates a projected population increase of 15.1% from 2018 to 2029. Other estimations based on housing expectation reports that 125,300 people may live in Midlothian by 2036. This would be an increase of 27% from 2023 - 2036.</p> <p>Between 2018 and 2029, each age group is projected to increase in size. The largest absolute increase is expected in the 30-44 age group, which is projected to overtake the 45-59 group and become the largest of the age groups.</p> <p>The largest proportional increase is expected in the 75+ age group (+44%).</p>	Scotland's Census 2022 National Records of Scotland 2023

Relevant group	What you found e.g. who uses your service, what inequalities do they experience what barriers do they have accessing your service	Source of evidence e.g. data, research, consultations
Disabled people	<p>As of the 2022 Scotland Census, in Midlothian 9.7% of people self-identified as living with a long-term health problem or disability that limits their day-to-day activity a lot, and has lasted, or is expected to last, at least 12 months, which is below the Scotland percentage of 10.8%.</p> <p>As of July 2025, records show that there are 526 adults (18 and over) with a physical disability who require support and receive a service from adult and social care in Midlothian. 7,060 people in Midlothian have a blue badge as of July 2025.</p> <p>As of July 2025, 391 people with a learning disability require support and receive a service from adult and social care in Midlothian.</p> <p>In the 2022 Census, 6,709 people in Midlothian reported deafness or a partial hearing impairment.</p> <p>In Midlothian, 640 people are on the Royal National Institute of blind People Blind Register (315 as blind; 325 as partially sighted). In the 2022 Census, 2,267 people in Midlothian reported blindness or a partial visual impairment.</p>	Scotland’s Census, 2022 Midlothian Council, 2025 Royal National Institute of Blind People, 2022

Relevant group	What you found e.g. who uses your service, what inequalities do they experience what barriers do they have accessing your service	Source of evidence e.g. data, research, consultations
Trans and non-binary people	Results from the 2022 census show that 0.29% of people in Midlothian identify as trans or have a trans history, compared to 0.44% of people in Scotland as a whole.	Scotland’s Census 2022
People who are pregnant or on maternity leave	<p>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.</p> <p>In 2021, Midlothian was the council area with the highest standardised birth rate.</p>	National Records of Scotland, 2023
People from different ethnic backgrounds	In the 2022 census 82.4% in Midlothian chose ‘White Scottish’, 7.8% ‘White Other British’ and 9.8% chose ‘minority ethnic group’ in 2022. ‘Minority ethnic group’ is used here to refer to all other ethnic groups. This includes some ethnic groups that were in the White category on the census form such as Irish, Polish, Gypsy/Traveller, Roma and Showman/Showwoman.	Scotland’s Census 2022
People with religious or protected beliefs	In Scotland in 2022, 51.1% of people had no religion, 20.4% responded ‘Church of Scotland’, the next largest religious groups were ‘Roman	Scotland’s Census 2022

Relevant group	What you found e.g. who uses your service, what inequalities do they experience what barriers do they have accessing your service	Source of evidence e.g. data, research, consultations
	<p>Catholic’ (13.3%), ‘Other Christian’ (5.1%) and ‘Muslim’ (2.2%).</p> <p>60% of Lothian’s adult population said they had no religion, an increase from 47% in 2011. All four local authorities had higher proportions of the population responding that they had no religion compared with Scotland. Midlothian had the highest percentage of non-religious people (64%).</p>	
Men and women	<p>In 2022 there are slightly more males than females up to the age of 29 in Midlothian. From the age of 30 there are more females in each age group (30-44, 45-59, 60-74, 75+). Over 56% of the 75 plus age group are females. The life expectancy at birth in Midlothian is slightly above the Scottish average (2021/23) for both males and females.</p> <p>Women’s overall life expectancy is higher than men’s in Midlothian (2021-2023, male life expectancy was 77.8 years and females 81.62 years).</p>	National Records of Scotland 2024
People who are heterosexual, lesbian, gay or bisexual	<p>In the 2022 census 89.7% of people in Midlothian self-reported as heterosexual, 3.1% as gay, lesbian, bisexual or another sexual orientation and 7.2% did not respond.</p>	Scotland’s Census 2022

Relevant group	What you found e.g. who uses your service, what inequalities do they experience what barriers do they have accessing your service	Source of evidence e.g. data, research, consultations
People who are married or in a civil partnership [only in employment situations]	Marriages have declined in Midlothian, from 701 in 2005 to 319 in 2021. Civil Partnerships have also declined since their introduction in 2005, averaging 5 per year from 2006-2014 and recording 5 in total from 2015-2021.	National Records of Scotland, 2023
Care experienced people		
People experiencing health or employment 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 are ex-offenders, people with addictions and people involved with prostitution.]	<p>The Scottish Index of Multiple Deprivation 2020 identifies places experiencing deprivation. There are 10 data zones in Midlothian within the most deprived 20% data zones in Scotland:</p> <ul style="list-style-type: none"> •2 in the most deprived 5% - both in Dalkeith. •1 in the most deprived 5-10% - in Dalkeith •2 in the most deprived 10-15% - in Easthouses and Mayfield •5 in the most deprived 15-20% - in Straiton, Mayfield, Easthouses, North Gorebridge and Gorebridge & Middleton <p>Some examples of health inequalities in Midlothian, presented as the risk for those living in the most deprived areas (SIMD quintile 1) compared to those living in the least deprived areas (SIMD 5) are:</p>	Office for National Statistics, 2024 ScotPHO Profiles, Public Health Scotland 2025

Relevant group	What you found e.g. who uses your service, what inequalities do they experience what barriers do they have accessing your service	Source of evidence e.g. data, research, consultations
	<ul style="list-style-type: none"> • Early death due to coronary heart disease: 3.1 times more likely • Emergency admissions (aged 65+): 1.4 times more likely • Alcohol-related hospitalisations: 4.5 times more likely • Prescription for anxiety/ depression: 9.3% higher <p>Workers in Midlothian (by place of residence) earn a similar amount to the Scottish median earnings per week. Female full-time workers in Midlothian (by place of residence) earned on average £90.60 less per week than the overall male full time employee average figure in 2024.</p> <p>In December 2024, there were 1,270 people claiming out-of-work benefits, this represents 2.3% of the resident population aged 16-64, a decrease of 0.89% since December 2021. The proportion of people claiming out-of-work benefit is higher in Scotland at 3.0% and higher again in the UK at 4.1%.</p>	

Relevant group	What you found e.g. who uses your service, what inequalities do they experience what barriers do they have accessing your service	Source of evidence e.g. data, research, consultations
Carers	The 2022 census reported that 12.5% of the Midlothian population are carers compared to 11.86% of the Scottish population. In Midlothian 59.4% of carers are female and 2,839 people reporting providing 50 or more hours of unpaid care per week.	VOCAL, Midlothian Carer Survey 2021

Summary of the ECRIA:

Relevant group	Potential Negative Impacts	Potential Positive Impacts
People in different age groups	<p>This option could put people at a disadvantage, especially older people who would be most affected. It may reduce patients with complex care needs choices, and they may have to travel to another area for care, care in their own home (which may not be suitable) or a facility that is not designed for their care needs. Demand for additional care and/or supported living could increase.</p>	<p>Redesigning services could potentially increase access and choice for older people. It may reduce travel time and cost if closer to home in the community.</p>
Disabled people	<p>This option could put disabled people at a disadvantage. It may reduce patients with complex care needs choices, and they may have to travel to another area for care (which may not be suitable), at home or a facility that is not designed for their care needs.</p> <p>Demand for additional care and/or supported living could increase.</p>	<p>Redesigning services could potentially increase access and choice. It may reduce travel time and cost if closer to home in the community.</p>
Trans and non-binary people	<p>N/A – at present this change would not directly affect this population group, however if they fall into one of the other protected characteristics categories they could be impacted.</p>	<p>N/A –at present this change would not directly affect the population group, however if they fall into one or more of the other protected characteristics categories they could be impacted.</p>

Relevant group	Potential Negative Impacts	Potential Positive Impacts
People who are pregnant or on maternity leave	N/A – at present this change would not directly affect this population group, however if they fall into one of the other protected characteristics categories they could be impacted.	N/A –at present this change would not directly affect the population group, however if they fall into one or more of the other protected characteristics categories they could be impacted.
People from different ethnic backgrounds	N/A – at present this change would not directly affect this population group, however if they fall into one of the other protected characteristics categories they could be impacted.	N/A –at present this change would not directly affect the population group, however if they fall into one or more of the other protected characteristics categories they could be impacted.
People with religious or protected beliefs	N/A – at present this change would not directly affect this population group, however if they fall into one of the other protected characteristics categories they could be impacted.	N/A –at present this change would not directly affect the population group, however if they fall into one or more of the other protected characteristics categories they could be impacted.
Men and women [This may include carers, because many are women.]	It could put people at a disadvantage. There are more women than men (13,437 and 11,305 respectively) in Midlothian over the age of 60 years old. Women's overall life expectancy is also higher than men's in Midlothian. Women predominantly have more caring responsibilities so therefore reduction respite provision could lead to more of this responsibility falling to them.	Redesigning services could potentially increase access and choice. This could help to reduce caring responsibilities, which are predominantly undertaken by women.

Relevant group	Potential Negative Impacts	Potential Positive Impacts
	This option would cause redeployment for staff, a higher percentage of nursing staff are female.	
People who are heterosexual, lesbian, gay or bisexual	N/A – at present this change would not directly affect this population group, however if they fall into one of the other protected characteristics categories they could be impacted.	N/A –at present this change would not directly affect the population group, however if they fall into one or more of the other protected characteristics categories they could be impacted
People who are married or in a civil partnership [only in employment situations]	N/A – at present this change would not directly affect this population group, however if they fall into one of the other protected characteristics categories they could be impacted.	N/A –at present this change would not directly affect the population group, however if they fall into one or more of the other protected characteristics categories they could be impacted
Care experienced people (NOTE - there is no legal protection from discrimination on basis of care experience.)	N/A – at present this change would not directly affect this population group, however if they fall into one of the other protected characteristics categories they could be impacted.	N/A –at present this change would not directly affect the population group, however if they fall into one or more of the other protected characteristics categories they could be impacted

Relevant group	Potential Negative Impacts	Potential Positive Impacts
<p>People experiencing health inequalities caused by socio-economic disadvantage (NOTE - there is no legal protection from discrimination on basis of socio-economic disadvantage.)</p>	<p>Potentially – a change in care provision within MCH may have a significant impact on people experiencing health inequalities due to travel costs and potential extra caring costs. These groups are already extremely vulnerable to poverty and other inequalities so any reduction of support could exacerbate these conditions. For staff it increases the risk of financial insecurity through redeployment.</p>	<p>Redesigning services could potentially increase access and choice.</p>
<p>People experiencing employment inequalities caused by socio-economic disadvantage (NOTE - there is no legal protection from discrimination on basis of socio-economic disadvantage.)</p>	<p>Potentially – a change in care provision within MCH will have a significant impact on people experiencing employment inequalities and their families by having to travel for the care they need. These groups are already extremely vulnerable to poverty and other inequalities so any reduction of support will exacerbate these conditions.</p>	<p>Redesigning services could potentially increase access and choice.</p>
<p>Carers (NOTE - there is no legal protection from discrimination on basis of caring responsibilities.)</p>	<p>Potentially – a change in care provision within MCH could result in unpaid carers giving up employment/ reduction in hours. It could also worsen carer health and wellbeing which could further widen inequalities for a vulnerable group.</p>	<p>Redesigning services could potentially increase access, choice and could reduce carer responsibility.</p>

Recommendations

This ECRIA is submitted to Midlothian IJB as part of the Midlothian Health and Care Financial Recovery Plan. The specific recommendations 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
Create clear eligibility criteria for new model of care. Develop care pathways to meet changing needs of the population. Targeted early intervention and prevention approaches could support improved outcomes.	This could help mitigate some of the potential disadvantage for some groups.

Sharing with decision-makers

Due to time restrictions, there is limited wider consultation around the proposal. This ECRIA is based on a service redesign proposal; it is proposed that the ECRIA is reassessed a year after implementation with wider stakeholders to see if there are other mitigating actions that need added or removed. The ECRIA will be considered at the Integration Joint Board for a final decision and then will be disseminated through a communications strategy as part of the wider transformation work.

Monitoring the impact

What information will you start or continue to collect and report on?	What impact are you measuring
The EQIA will be considered at the Integration Joint Board for a final decision and then will be disseminated through a communications strategy as part of the wider transformation work.	Access to services, quality and equity across SIMD, age, disability. Experience of care.
Review of EQIA once the proposal has been implemented.	Impact on equality and socio-economic inequality.

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	With the over 75+ year olds in Midlothian due to increase by 44% by 2029, the number of people affected will increase. However, there is no change to age range of services provided. This option could put people at a disadvantage, especially older people who would be most affected. It may reduce patients with complex care needs choices, and they may have to travel to another area for care, care in their own home (which may not be suitable) or a facility that is not designed for their care needs. Demand for additional care and/or supported living could increase.
Disabled people	No	This option could put disabled people at a disadvantage. It may reduce patients with complex care needs choices, and they may have to travel to another area for care (which may not be suitable), at home or a facility that is not designed for their care needs.

Relevant group	Could your work result in unlawful discrimination?	Could your work put people at a disadvantage/ make their lives worse?
		Demand for additional care and/or supported living could increase.
Trans and non-binary people	No	N/A – at present this change would not directly affect this population group, however if they fall into one of the other protected characteristics categories they could be impacted.
People who are pregnant or on maternity leave	No	N/A – at present this change would not directly affect this population group, however if they fall into one of the other protected characteristics categories they could be impacted.
People from different ethnic backgrounds	No	N/A – at present this change would not directly affect this population group, however if they fall into one of the other protected characteristics categories they could be impacted.
People with religious or protected beliefs	No	N/A – at present this change would not directly affect this population group, however if they fall into one of the other protected characteristics categories they could be impacted.
Men and women	No	It could put people at a disadvantage. There are more women than men (13,437 and 11,305 respectively) in Midlothian over the age of 60 years old. Women's overall life expectancy is also higher than men's in Midlothian. Women predominantly have more caring responsibilities so therefore reduction respite provision could

Relevant group	Could your work result in unlawful discrimination?	Could your work put people at a disadvantage/ make their lives worse?
		<p>lead to more of this responsibility falling to them.</p> <p>This option would cause redeployment for staff, a higher percentage of nursing staff are female.</p>
People who are heterosexual, lesbian, gay or bisexual	No	N/A – at present this change would not directly affect the population group, however if they fall into one of the other protected characteristics categories they could be impacted.
People who are married or in a civil partnership [only in employment situations]	No	N/A – at present this change would not directly affect the population group, however if they fall into one of the other protected characteristics categories they could be impacted.
Care experienced people	There is no legal protection from discrimination on basis of care experience.	N/A – at present this change would not directly affect the population group, however if they fall into one of the other protected characteristics categories they could be impacted.
People experiencing health inequalities caused by socio-economic disadvantage	There is no legal protection from discrimination on basis of care experience.	Potentially – a change in care provision within MCH may have a significant impact on people experiencing health inequalities due to travel costs and potential extra caring costs. These groups are already extremely vulnerable to poverty and other inequalities so any reduction of support could exacerbate these conditions. For staff it increases the risk of financial insecurity through redeployment.

Relevant group	Could your work result in unlawful discrimination?	Could your work put people at a disadvantage/ make their lives worse?
<p>People experiencing employment inequalities caused by socio-economic disadvantage</p>	<p>There is no legal protection from discrimination on basis of care experience.</p>	<p>Potentially – a change in care provision within MCH will have a significant impact on people experiencing employment inequalities and their families by having to travel for the care they need. These groups are already extremely vulnerable to poverty and other inequalities so any reduction of support will exacerbate these conditions.</p>
<p>Carers</p>	<p>There is no legal protection from discrimination on basis of caring responsibilities. However, carers may be protected from direct discrimination, if they are treated less favourably because of their association with another person who has a protected characteristic (e.g. a disabled person or someone who is pregnant). Carers may also be protected from indirect sex discrimination because women continue to have the majority of caring responsibilities.</p>	<p>Potentially – a change in care provision within MCH could result in unpaid carers giving up employment/ reduction in hours. It could also worsen carer health and wellbeing which could further widen inequalities for a vulnerable group.</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.

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	Redesigning services could potentially increase access and choice for older people. It may reduce travel time and cost if closer to home in the community.	Continuing discussions through the Joint Older Peoples Planning Group to help deliver the Older Peoples Strategy which helps to bring together different sectors to work together to help improve outcomes for older people in Midlothian.
Disabled people	Redesigning services could potentially increase access and choice. It may reduce travel time and cost if closer to home in the community.	Continuing discussions through the Disability Planning Group which helps to bring together different sectors to work together to help improve outcomes for disabled people in Midlothian.
Trans and non-binary people	N/A –at present this change would not directly affect the population group, however if they fall into one or more of the other protected characteristics categories they could be impacted.	.
People who are pregnant or on maternity leave	N/A –at present this change would not directly affect the population group, however if they fall into one or more of the other protected characteristics categories they could be impacted.	.
People from different ethnic backgrounds	N/A –at present this change would not directly affect the population group, however if they fall into one or more of the other protected characteristics categories they could be impacted.	.

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 with religious or protected beliefs	N/A –at present this change would not directly affect the population group, however if they fall into one or more of the other protected characteristics categories they could be impacted.	.
Men or women [This may include carers, because many are women*]	Redesigning services could potentially increase access and choice. This could help to reduce caring responsibilities, which are predominantly undertaken by women.	Continuing discussions through the Carers Planning Group which helps to bring together different sectors to work together to help improve outcomes for carers in Midlothian.
People who are heterosexual, lesbian, gay or bisexual	N/A –at present this change would not directly affect the population group, however if they fall into one or more of the other protected characteristics categories they could be impacted.	.
Care experienced people	N/A –at present this change would not directly affect the population group, however if they fall into one or more of the other protected characteristics categories they could be impacted.	.
People who experience health inequalities caused by socio-economic disadvantage	Redesigning services could potentially increase access and choice.	Continuing discussions through various existing Groups which helps to bring together different sectors to work together to help improve outcomes around poverty and inequalities in Midlothian.
People who experience employment inequalities caused by	Redesigning services could potentially increase access and choice.	Continuing discussions through various existing Groups which helps to bring together different sectors to work together to help improve

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]
socio-economic disadvantage.		outcomes around poverty and inequalities in Midlothian.
Carers	Redesigning services could potentially increase access, choice and could reduce carer responsibility.	Continuing discussions through the Carers Planning Group which helps to bring together different sectors to work together to help improve outcomes for carers in Midlothian.

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			
2 – we must make sure all UNCRC rights apply to every child without discrimination.			
3 – we must make sure the best interests of the child are a top priority in all decisions and actions that affect the child.			
4 - we must create systems that promote and protect UNCRC rights.			

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.			
6 – we must do everything we can to ensure that children survive and develop to their full potential.			
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.			
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.			
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.			

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.			
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.			
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.			
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.			
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			

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.			
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.			
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.			
18 – we must support parents by creating support services for children and giving parents the help they need to raise their children.			
19 – we must do everything we can to protect children from all forms of violence, abuse, neglect and bad			

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.			
21 – the process of adoption must be safe, lawful and prioritises children's best interests.			
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.			
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.			

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.			
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.			
26 – Governments must provide social security, including financial support and other benefits to families in need of assistance.			
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.			
28 – every child has the right to an education and discipline in schools must respect children's dignity and their rights.			

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.			
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.			
31 – we must respect the right of every child to relax, play and take part in a wide range of cultural and artistic activities.			
32 – we must protect children from economic exploitation and work that is dangerous or might harm their health, development or education.			
33 – we must protect children from the illegal use of drugs and from being involved in the production or distribution of drugs.			

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.			
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.			
36 – we must protect children from all other forms of exploitation (e.g. by the media, or for medical research)			
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.			
38 – we must do everything we can to protect and care for children affected by war and armed conflicts.			

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.			
40 – we must treat a child accused or guilty of breaking the law with dignity and respect.			
41 – we must comply with national laws and standards that go further than UNCRC rights.			
42 – we must actively work to make sure children and adults know about UNCRC.			