

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

Midlothian Health and Care Financial Recovery Plan – Care at Home Review

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Date: 07/04/26

Description

Title of proposed work

Midlothian Health and Care Financial Recovery Plan – Care at home

Purpose/objective of proposed work

This project seeks to identify savings across care at home services in Midlothian. Care at home provides around 9000 hours per week across Midlothian including the in-house service, 3 external independent commissioned providers as well as direct payments and SDS option 2 providers. It is predominantly to people aged over 65 but it does include people with physical disabilities and long-term conditions as well as learning disabilities.

Strategic aims:

Health and wellbeing - proactive approaches to health and wellbeing

Living in the community - use of technology to promote self-management.

Support for carers – ensuring support to unpaid carers.

Workforce – improved working arrangements for staff.

Use of resources – meeting cost efficiency targets.

The demand for care at home increases year on year by around 10%. This data is based on analysis from previous years, demand, waiting list, and demographics.

Who will be affected by this proposed work

People supported by the Care at Home service, in particular those over 65, living with a disability or long-term condition. Their families/carers and the third sector.

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 |

| 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 with religious or protected beliefs | <p>In Scotland in 2022, 51.1% of people had no religion, 20.4% responded ‘Church of Scotland’, the next largest religious groups were ‘Roman 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> | Scotland’s Census 2022 |
| 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 |

| 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 heterosexual, lesbian, gay or bisexual | 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. | Scotland’s Census 2022 |
| 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.] | 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: <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 | 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 |
|-----------------------|---|---|
| | <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> <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>Any potential re-assessment or reduction in care could have negative impacts for those in receipt.</p> <p>Those over 65 could be more affected as most likely using the service. It could lead to an increase in demand of other support.</p> <p>Those of working age that also have carer responsibilities could also be affected if there is a reduction in care provision.</p> | None |
| Disabled people | <p>People with learning disabilities could be affected by the re-assessment. If this resulted in reduction of care it will have a negative impact on the quality of life of those living with a disability in physical, social and mental wellbeing.</p> <p>This reduction could lead increase demand for additional care and/or supported living.</p> | None |
| Trans and non-binary people | 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 this population group, however if they fall into one of the other protected characteristics categories they could be impacted. |

| 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 this population group, however if they fall into one 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 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 | 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 this population group, however if they fall into one of the other protected characteristics categories they could be impacted. |
| Men and women [This may include carers, because many are women.] | <p>Women predominately have more caring responsibilities so therefore if there is a reduction in care this could lead to more of this responsibility falling to them.</p> <p>More caring responsibilities could lead to reduction in income and/or poorer carer wellbeing.</p> | None |

| Relevant group | Potential Negative Impacts | Potential Positive Impacts |
|---|--|---|
| 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 this 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] | 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 this population group, however if they fall into one 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 this 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 (NOTE - there is no legal protection from discrimination on basis of socio-economic disadvantage.) | Any reduction in care provision will have a significant impact on older adults and/or those living with a disability and carers. These groups are already extremely vulnerable to poverty and other inequalities so any reduction of support will exacerbate these conditions. | None |

| Relevant group | Potential Negative Impacts | Potential Positive Impacts |
|---|--|----------------------------|
| People experiencing employment inequalities caused by socio-economic disadvantage (NOTE - there is no legal protection from discrimination on basis of socio-economic disadvantage.) | Any reduction in care provision will have a significant impact on older adults and/or those living with a disability and carers. These groups are already extremely vulnerable to poverty and other inequalities so any reduction of support will exacerbate these conditions. | None |
| Carers (NOTE - there is no legal protection from discrimination on basis of caring responsibilities.) | Any reduction in care provision will have a negative impact on carers wellbeing. In particular their employment opportunities, health and mental wellbeing. | None |

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 |
|---|---|
| <p>A short life working group (already established) meeting regularly to monitor developments and data.</p> <p>This work is part of a service redesign proposal; it is proposed that the ECRIA is reassessed a year after implementation to see if there are other mitigating actions that need added or removed.</p> | <p>This could help mitigate some of the potential disadvantage for some groups.</p> |

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 |
|--|---|
| Review of ECRIA 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 | <p>Yes – any potential re-assessment or reduction in care could have negative impacts for those in receipt.</p> <p>Those over 65 could be more affected as most likely using the service. It could lead to an increase in demand of other support.</p> <p>Those of working age that also have carer responsibilities could also be affected if there is a reduction in care provision.</p> |
| Disabled people | No | <p>Yes – people with learning disabilities could be affected by the re-assessment. If this resulted in reduction of care it will have a negative impact on the quality of life of those living with a disability in physical, social and mental wellbeing.</p> <p>This reduction could lead increase demand for additional care and/or supported living.</p> |

| Relevant group | Could your work result in unlawful discrimination? | Could your work put people at a disadvantage/ make their lives worse? |
|---|--|--|
| Trans and non-binary people | 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 pregnant or on maternity leave | 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 from different ethnic backgrounds | 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 with religious or protected beliefs | 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. |
| Men and women | No | <p>Yes – women predominately have more caring responsibilities so therefore if there is a reduction in care this could lead to more of this responsibility falling to them.</p> <p>More caring responsibilities could lead to reduction in income and/or poorer carer wellbeing.</p> |

| Relevant group | Could your work result in unlawful discrimination? | Could your work put people at a disadvantage/ make their lives worse? |
|---|---|--|
| 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. | Yes – any reduction in care provision will have a significant impact on older adults and/or those living with a disability and carers. These groups are already extremely vulnerable to poverty and other inequalities so any reduction of support will exacerbate these conditions. |
| People experiencing employment inequalities caused by socio-economic disadvantage | There is no legal protection from discrimination on basis of care experience. | Yes – any reduction in care provision will have a significant impact on older adults and/or those living with a disability and carers. These groups are already extremely vulnerable to poverty and other inequalities so any reduction of support will exacerbate these conditions. |

| Relevant group | Could your work result in unlawful discrimination? | Could your work put people at a disadvantage/ make their lives worse? |
|----------------|--|--|
| Carers | <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>Yes – Any reduction in care provision will have a negative impact on carers wellbeing. In particular their employment opportunities, health and mental wellbeing.</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 | 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 |

| 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*] | No | No |
| People who are heterosexual, lesbian, gay or bisexual | No | No |
| Care experienced people | No | No |
| People who experience health inequalities caused by socio-economic disadvantage | No | No |
| People who experience employment inequalities caused by socio-economic disadvantage. | No | No |
| Carers | No | No |

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. | | | |