



**Meeting:** Board Meeting  
**Meeting date:** 26 November 2024  
**Title:** Highland Child Poverty Action Report  
**Responsible Executive/Non-Executive:** Dr Tim Allison; Director of Public Health  
**Report Author:** Lynda Thomson, Senior Health Improvement Specialist

**1 Purpose**

**This is presented to the Board for:**

- Approval

**This report relates to a:**

- Government policy/directive

**This report will align to the following NHS Scotland quality ambition(s):**

Safe, Effective and Person Centred

**This report relates to the following Strategic Outcome(s)**

Start Well	x	Thrive Well	x	Stay Well		Anchor Well	X
Grow Well		Listen Well		Nurture Well		Plan Well	
Care Well		Live Well		Respond Well		Treat Well	
Journey Well		Age Well		End Well		Value Well	
Perform well		Progress well		<b>All Well Themes</b>			

**2 Report summary**

**2.1 Situation**

The Scottish Government require annual updates on progress of joint Local Authority and NHS Board published Child Poverty Action Plan Reports (CPAPR).

An earlier report was taken to the NHH Board in May 24 and covered the period April 2022 to March 2023. Board members requested an update on the work undertaken from April 2023 to March 2024 for the November 2024 Board meeting. This paper and the attached Highland Child Poverty Action Plan

Report provides the requested update. The report covers the Highland area only.

Note that the Argyll and Bute Child Poverty Action Plan Report (2023-2024) has been to the Integrated Joint Board and Argyll and Bute Council for sign off in October 24 and has been submitted to Public Health Scotland and the Improvement Service. The link for this plan is:

<https://www.argyll-bute.gov.uk/social-care-and-health/health-and-social-care-partnership>

## 2.2 Background

In 2017 the Scottish Government introduced the Child Poverty (Scotland) Act which includes duties on both the Scottish Government and local partners to address child poverty. The legislation requires local authorities and health boards to jointly prepare annual Local Child Poverty Action Reports, setting out activities that have been undertaken in the area the previous year to reduce child poverty and identifying future activities.

## 2.3 Assessment

The report provides an update to Board members on:

- Data gathered from the Health Intelligence Team in Public Health to support development of the report and priorities for action.
- Progress made and outcomes achieved in tackling child poverty in 2023/24
- Agreed actions to be taken in 2024/25 in line with the key themes identified within the Highland’s Integrated Children’s Service Plan.

The key drivers that influence the experience of child poverty include income from employment, costs of living and income from social security and benefits in kind.

Whilst many children’s services remain under the provision of Highland Council, NHS Boards have been asked to focus on four identified priority areas to tackle child poverty. These are:

- leadership and accountability,
- staff training,
- our role as an anchor organisation focusing on parental employment
- procurement and income maximisation.

The Highland CPAPR incorporates actions that will support NHS Highland to meet the four identified priority areas outlined above and delivery of NHS Highlands Anchor Strategic Plan.

## 2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial	<input type="checkbox"/>	Moderate	<input checked="" type="checkbox"/>
Limited	<input type="checkbox"/>	None	<input type="checkbox"/>

### Comment on the level of assurance.

The attached update report has taken the level of assurance to Moderate. To meet Substantial levels of Assurance greater scrutiny and reporting of progress

needs to be in place through the Integrated Children’s Service Board from the Poverty Reduction Group that leads on the delivery of the plan on behalf of the Highland Community Planning Partnership Board.

**3 Impact Analysis**

**3.1 Quality/ Patient Care**

Poverty has an impact on the health and wellbeing of communities and specifically for children living in families impacted by poverty. Prioritised and sustained delivery on the identified actions can mitigate some of the worst effects of poverty and reduce the gap in health inequalities for communities who are the most disadvantaged.

**3.2 Workforce**

A route out of poverty can be through access to good quality jobs and Fair Work. NHS Highland is a major employer and can therefore provide increased opportunities. We seek to not only support our workforce through Fair Work and reasonable pay, but also to offer this opportunity to those furthest from the job market and seeking employment. Work is currently underway to develop an employability strategy to widen access that will be inclusive of people living in poverty.

**3.3 Financial**

Many of the actions detailed in the plan rely on doing things differently or in partnership rather than requiring specific financial resources. Some actions may require additional workforce commitment or funding going forward, but there are no specific financial risks identified in the delivery of the plan.

**3.4 Risk Assessment/Management**

There are risks if actions on child poverty are not undertaken. These are primarily long-term risks in relation to poorer health outcomes for children living in poverty. There are reputational risks if NHS Highland does not deliver on the priority actions identified in the report.

**3.5 Data Protection**

There are no identified Data Protection issues in delivery of the actions.

**3.6 Equality and Diversity, including health inequalities**

The actions are targeted to those most in need and living in poverty. A completed Equality Impact Assessment is attached.

**3.7 Other impacts**

No other impacts to note.

**3.8 Communication, involvement, engagement and consultation**

This is an update report and so areas of communication, involvement and engagement have formed part of the original report.

**3.9 Route to the Meeting**

This update report has been considered and supported by the Highland’s Integrated Children’s Service Planning Board which provides partnership oversight to delivery of the plan.

**4 Recommendation**

- **NHS Highland Board is asked to approve the report for submission to the Scottish Government.**

**4.1 List of appendices**

The following appendices are included with this report:

**Appendix one** – Highland Local Child Poverty Action Update Report April 2023 – March 2024.

**Appendix two** – Equality Impact Assessment and UNCR Impact Assessment

# Highland

# Local Child Poverty Action Update Report

## April 2023 - March 2024

November 2024

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## The approach in Highland

There is a strong commitment in Highland to address poverty and inequality within individual agencies and across the Community Planning Partnership. The vision for the Community Planning Partnership through its Highland Outcome Improvement Plan is:

*“To work together to reduce inequality within Highland communities”.*

The Highland Community Planning Partnership brings together public agencies, third sector organisations and other key community groups to work collaboratively with the people of Highland to deliver better outcomes.

The Highland Community Planning Partnership works strategically at a Highland level, through a series of nine geographical local Community Partnerships as well as regional thematic groups. Ultimately these deliver our Local Outcome Improvement Plan.

The Highland Outcome Improvement Plan sets out the vision, purpose and focus for the Highland Community Planning Partnership from 2017-2027. The partnership believes working towards this plan will have a significant impact on reducing inequalities in Highland.

Reducing child poverty is a priority theme within the Highland’s Integrated Children’s Service Plan which sits within a context of the Community Planning Partnership and delivering against the Highland Outcome Improvement Plan.

Our partnership recognises that children’s services planning and planning to reduce child poverty is an ongoing process and that central to good planning is to ensure robust connections between all national and local strategic planning. Our child poverty plan connects the partnership strategic planning within a single framework. This framework provides both the tools for planning, self-evaluation, reporting, performance management and assurance.

Our child poverty plan articulates how partners work together to provide services which are organised, equipped to deliver high-quality, joined-up, trauma-informed and responsive and preventative support to children, young people and families.

Highland’s Integrated Children’s Services Board provides oversight to the on-going work of the plan. This group has broad membership, including lead officers from The Highland Council, NHS Highland, Police Scotland, Scottish Fire and Rescue Service and a number of Third Sector organisations. The Board reports to the Community Planning Partnership Board with additional reporting to Highland Council and NHS Highland Board.

The process to review the Integrated Children’s Services Plan began during 2022/23. A Strategic Needs Assessment was undertaken to create the evidence base for the new plan and evidence from that can be found in the 2022/23 Action Plan Report. Child Poverty remains a core priority, and the actions developed through that process are reflected in section three as actions for 2023/24 – 2025/6. A life courses approach has been taken to the new plan and actions are structured under three life course stages: Getting Started (pre-birth to school), Growing Up (primary) and Moving On (secondary to young adult).

## Section 1: Background and Context

### 1.1 Child Poverty (Scotland) Act 2017

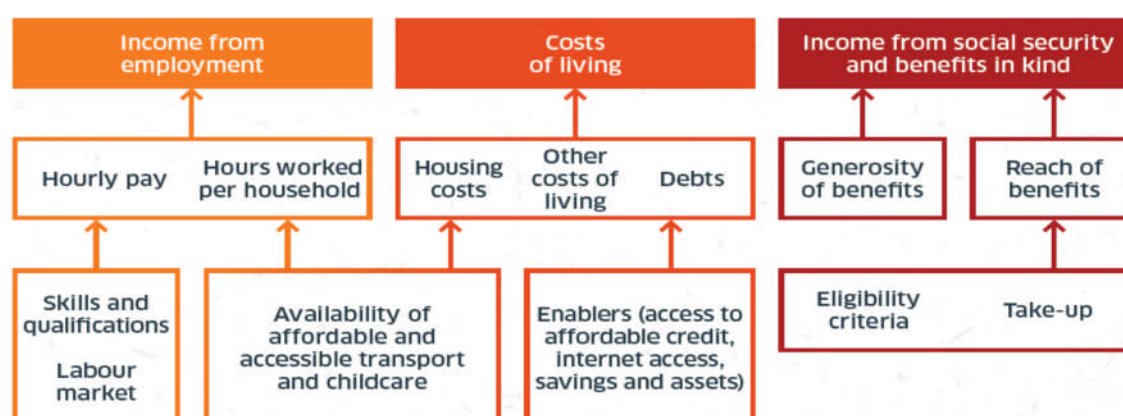
In 2017, the Scottish Government introduced the [Child Poverty \(Scotland\) Act](#). This replaced the previous UK Child Poverty Act 2010 and included duties on both the Scottish Government and local partners to address child poverty. It also introduced income targets as a driver for reducing child poverty across Scotland. Child poverty can have negative effects on the health, wellbeing and educational attainment of the children who experience it. It also has a wider cost for society<sup>1</sup>. By introducing a Child Poverty Act, which sets out clear targets for reducing the number of children living in poverty, progress can be monitored on meeting these targets.

The legislation requires:

- The Scottish Government to produce a Child Poverty Delivery Plan every four years highlighting how it intends to meet the child poverty targets laid out in the Act. It must also publish annual progress reports setting out progress towards meeting the child poverty targets. The Scottish Government's second Delivery Plan – [Best Start Bright Futures](#), <https://www.gov.scot/publications/child-chance-tackling-child-poverty-delivery-plan-2018-22/> sets out policies and proposals to help reach the child poverty targets set for 2030.
- Local Authorities and Health Boards to jointly prepare annual Local Child Poverty Action Reports which set out activities that have been undertaken in the Local Authority area during the previous year to reduce child poverty and contribute to the delivery of the national targets and any planned future activities.

Evidence suggests that there are three key drivers which influence the experience of child poverty. These are income from employment, costs of living and income from social security and benefits. These drivers are set out in figure 1 below.

**Figure 1: Scottish Government, Local Child Poverty Action Report Guidance 2018**



Increasing incomes and reducing costs of living are mechanisms for reducing child poverty but there are many other actions that take place to improve children's quality of life and life chances.

<sup>1</sup> A 2023 study found that child poverty in the UK was costing over £39 billion a year -

<https://cpag.org.uk/news/cost-child-poverty-2023#:~:text=In%202008%2C%20the%20total%20cost,cost%20could%20be%20substantially%20higher.>



## 1.2 Poverty in Highland

### 1.2.1 Child Poverty<sup>2</sup>

In 2022/23, 13,034 children in NHS Highland (Highland and Argyll and Bute) live in poverty after housing costs. 9,776 of these children live in Highland. This means that they live in a household 60% below the UK median income after deducting housing costs.

The average primary school class of 25 pupils in NHS Highland now has around five children living in low-income families. In some of the most deprived areas, this figure is around 12.

Children are much more likely to be exposed to poverty if they live with a lone parent or if they have two or more siblings. Having someone with long-term illness in the household increases the risk due to barriers to employment and caring demands. Ethnic minorities also have higher child poverty rates.

In the past, childhood poverty was related to unemployment. Increasingly, more poor children live with at least one working parent. The current cost of living crisis is pushing more families into poverty. There is a large body of evidence that poverty harms children's health, wellbeing and educational opportunities, impacting the life course.

Rural and island life characteristics are recognised as potential compounders of the main drivers of child poverty. Income from work and earnings can be seasonal and unpredictable, and living costs can be higher with high levels of fuel poverty, higher prices for goods, and unaffordable housing. Lower take-up of welfare support can be an issue in more rural and remote areas.

Scottish policy measures include support through the benefits system, increased childcare provision, school clothing grants, and free school meals, and as part of the Workforce 2030 Vision, transforming the role of school nursing specifically to address the impact of inequalities and child poverty. The Scottish Child Payment was introduced in February 2021. The level has risen to £26.70 a week and was extended to children up to 16 years of age in families receiving means-tested benefits. Families can access means-tested support through Best Start Grants.

Currently, 11,975 children in Highland living in low-income families already receiving qualifying benefits receive the Scottish Child Payment.

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<sup>2</sup> Information extracted from a report produced by the Health intelligence team: NHS Highland. "Child Poverty: Children and young people's health and wellbeing profiles: supplementary report" Publication date: 22<sup>nd</sup> July 2024. Public Health Intelligence, NHS Highland [nshs.publichealthintelligence@nhs.scot](mailto:nshs.publichealthintelligence@nhs.scot)

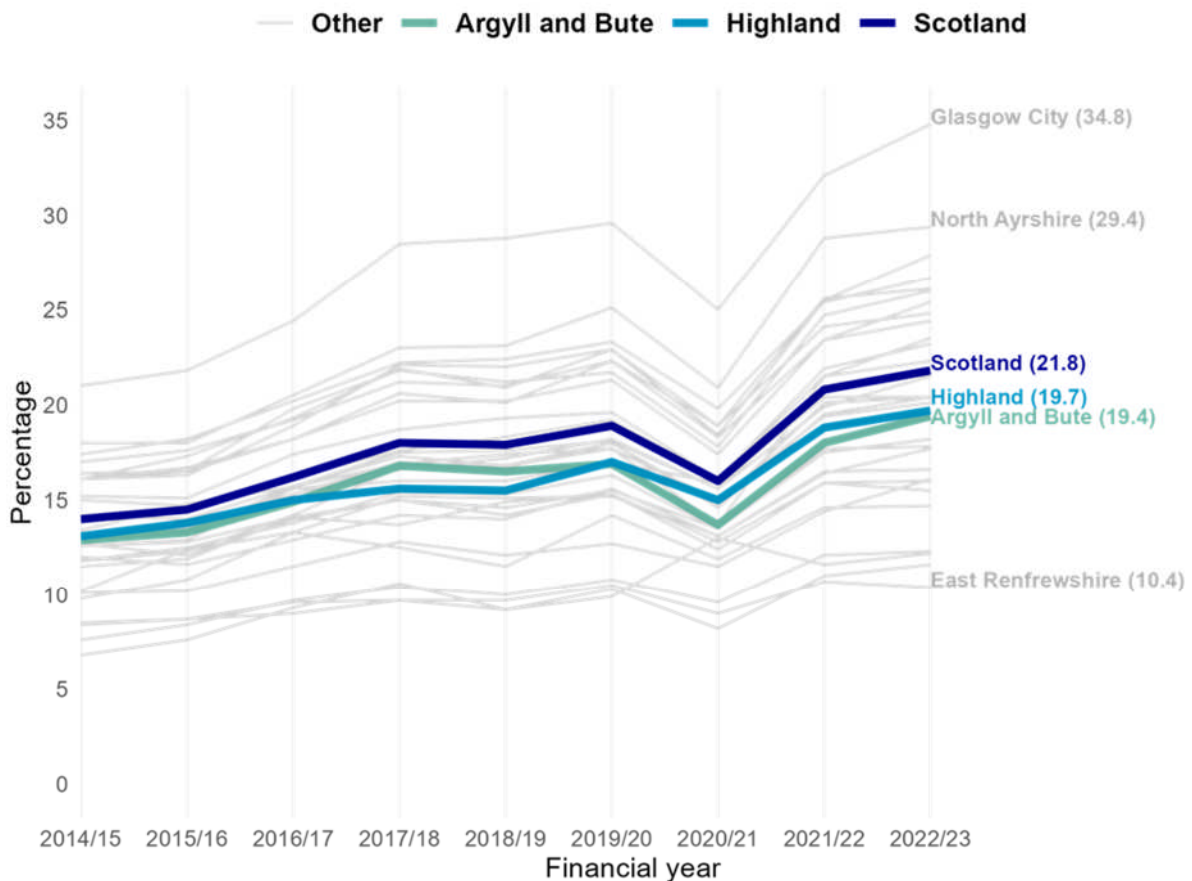
## 1.2.2 Local measures of child poverty

### Children in low-income families

The terms low income refers to being below the poverty threshold.

The chart shows the percentage of children under 16 living in families either receiving out-of-work (mean-tested) benefits or tax credits, where their reported income is less than 60 percent of the contemporary UK median income. The Scottish Government recommends this measure of relative poverty to monitor child poverty locally.

**Figure 2: Percentage of children in low-income families in Local Authority areas**

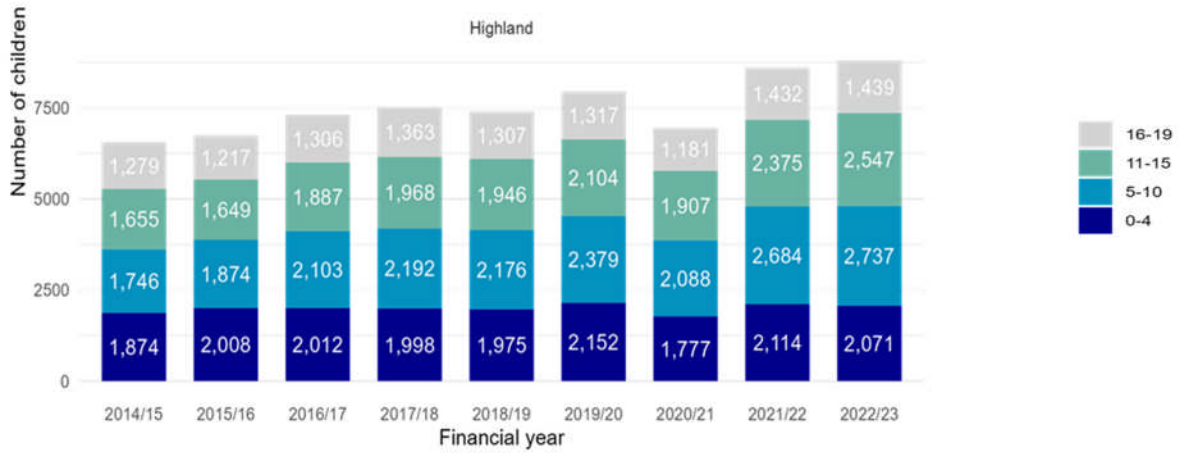


Source: DWP/HMRC children in low-income families local measure (Relative poverty before housing costs).

Whilst the proportion of children in low-income families fell in 2020/21 this was largely due to the additional £20 a week payment added to social security benefits for a six-month period during the pandemic. This uplift stopped in October 2021. Subsequently, rates have risen again in Highland and Scotland. Slow economic recovery from COVID-19 and the cost-of-living crisis have resulted in rapid and sustained price increases that disproportionately impact low-income families already at risk from food, fuel and transport costs.

In 2022/23, 7,355 children under 16 lived in low-income families below the poverty line in Highland.

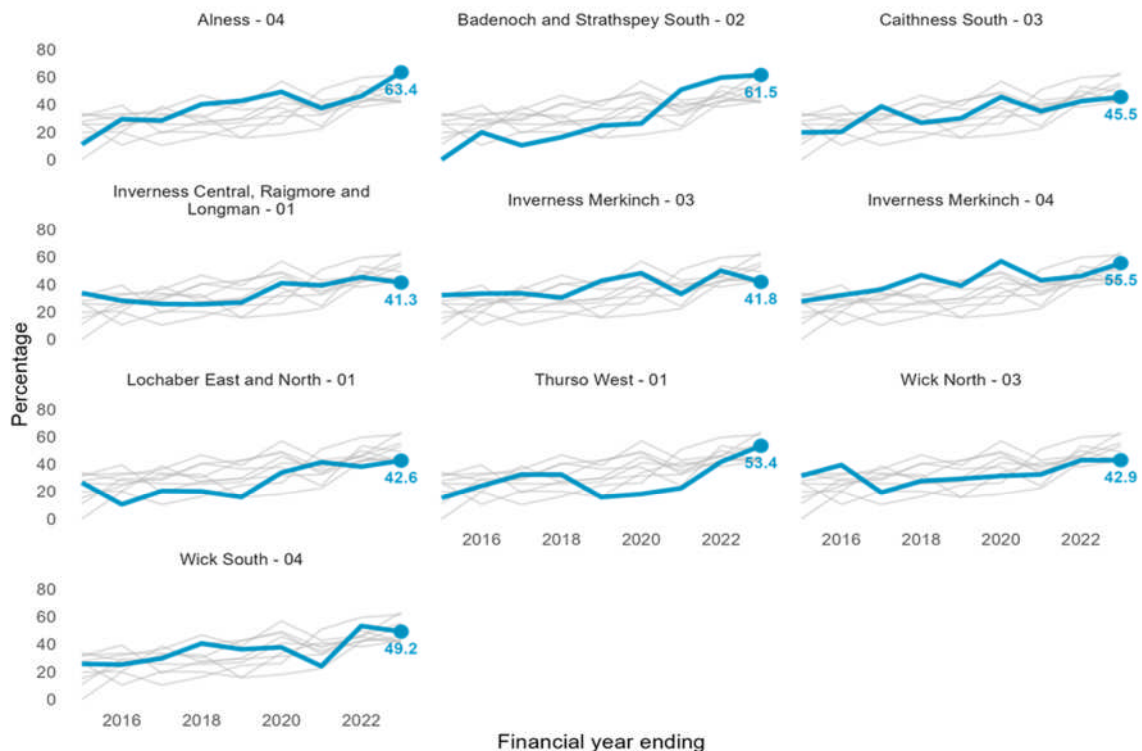
**Figure 3: Number of children in low-income families in Highland**



Source: DWP/HMRC children in low-income families local measure (Relative poverty before housing costs)

Figure 4 highlights areas within Highland with high concentrations of children in low-income households. Some caution should be observed when interpreting the data. The focus should be on the overall trend rather than year-on-year change, which is prone to fluctuations in small populations.

**Figure 4: Ten small areas in Highland with the highest percentage of children under 16 in low-income households in 2023.**

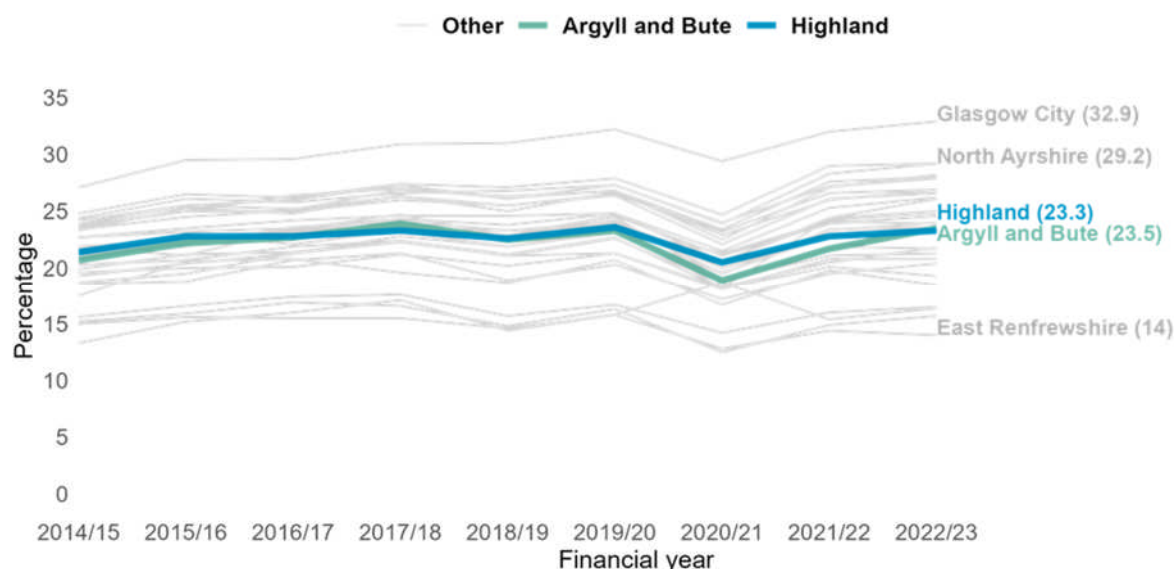


## Child poverty estimates after housing costs

Child poverty after housing costs are reported using data from the Centre for Research in Social Policy at Loughborough University. The data extends the children in low-income families data published by the Dept of Work and Pensions by including modelling for housing costs for Local Authority areas and parliamentary constituencies. Housing is the biggest outgoing for most families. Consequently, the availability of affordable accommodation can have a big impact on poverty numbers.

In 2022/23, 9,776 children in Highland live in poverty after housing costs.

**Figure 5: Percentage of children living in poverty after housing costs by Local Authority area in Scotland**



Source: End Child Poverty Coalition estimates of child poverty rates after housing costs (2024)

1 A child is defined as aged under 15, or aged 16-19 and in full-time education.

## Working households

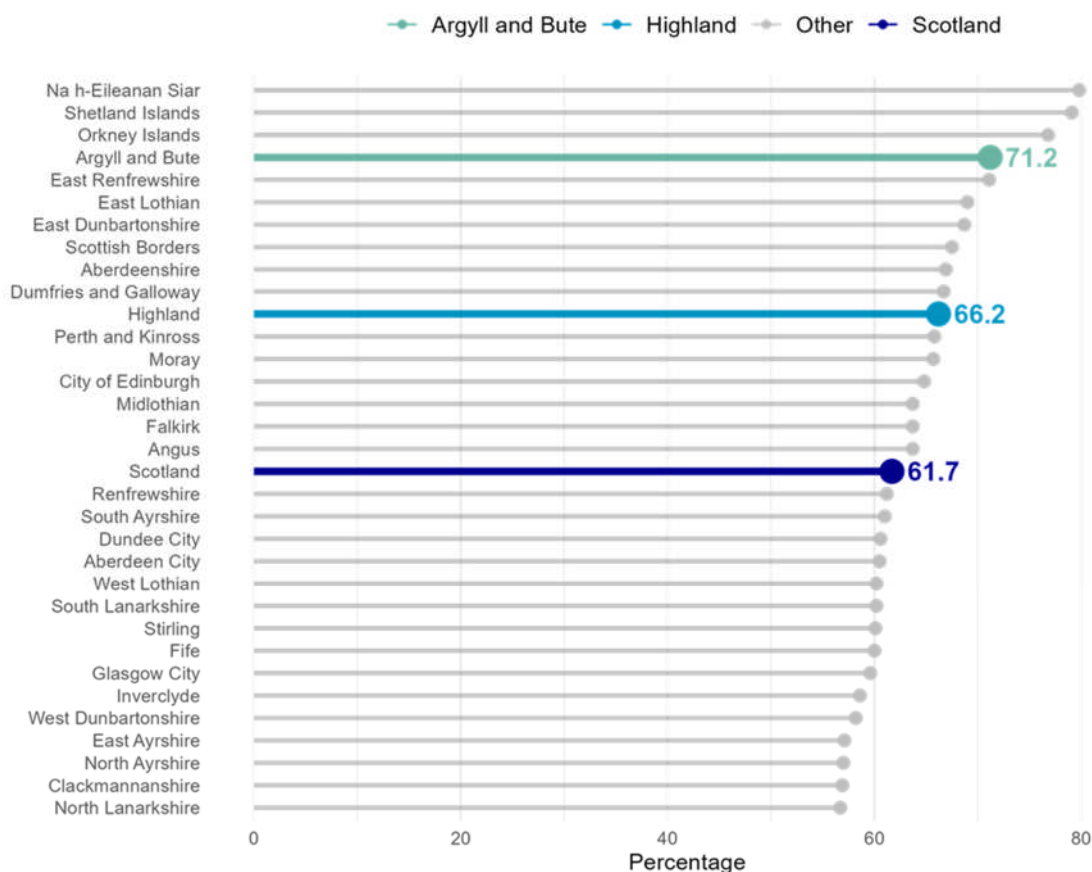
The Department of Work and Pensions data on children in low-income indicates how in-work poverty contributes to overall child poverty in local areas.

Figure 6 shows the percentage of children under 16 in low-income families in a household with at least one adult in work in 2022/23 for the Local Authorities in Scotland. In-work poverty remains more common than out-of-work poverty in all areas.

Six in ten children in poverty live in households where someone is working, and increasingly, only having two parents at work protects against the risk of poverty.

Nearly three-quarters of people experiencing in-work poverty have someone in their family who works in five high-priority industries: hospitality, health and social care, retail, administrative support and manufacturing. Many of these industries are large employers in Highland with a high proportion of part-time workers and seasonal variation in demand.

**Figure 6: Percentage of children in poverty before housing costs who are in a household with at least one adult in work by Local Authority area in Scotland in 2022/23.**



Source: DWP/HMRC children in low-income families local measure (Relative poverty before housing costs)

### Priority Groups – poverty and protected characteristics

Six groups of priority families are identified as a focus for interventions:

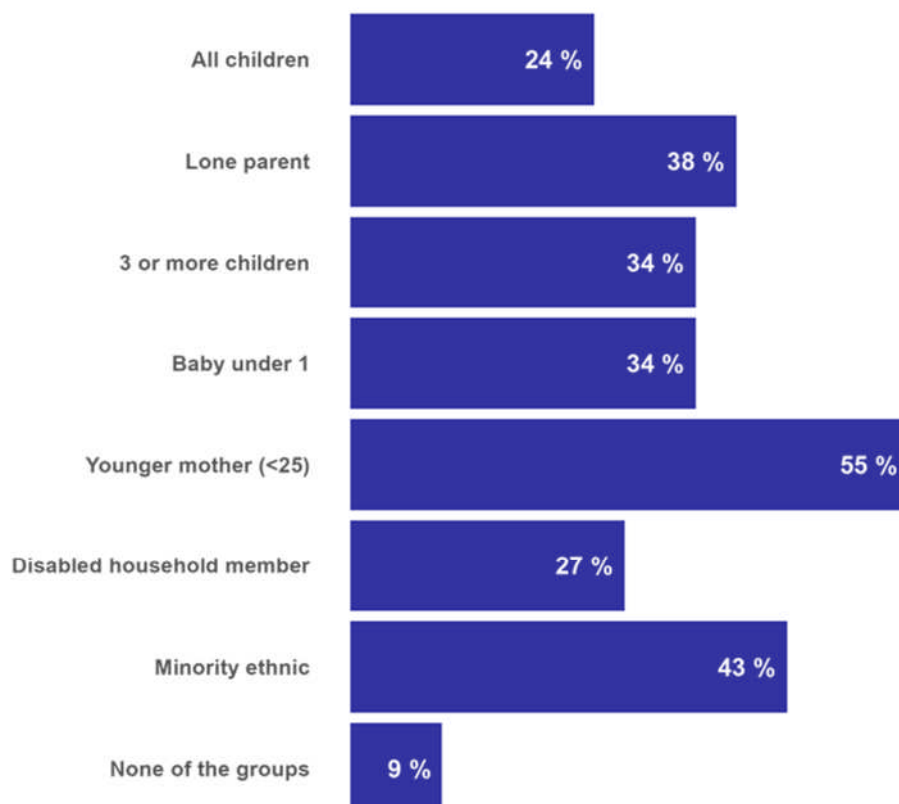
- Lone parent families (majority headed by women)
- Families with a child or adult with a disability
- Larger families with three or more children
- Minority Ethnic families
- Families with a child under one year of age
- Families where the mother is less than 25 years old.

These groupings do not cover all the family types at higher risk of poverty, with nearly one in ten children in poverty living in households with none of these

characteristics. There will also be children living in families where these circumstances apply who do not experience poverty.

Figure 7 summarises the estimated proportion of children who live in poverty in these categories in Scotland. Equivalent data for Local Authorities is not available.

**Figure 7: Proportion of children in priority groups who are in relative poverty in Scotland**



Source: Poverty and Income Inequality Scotland National Statistics Report 2024

1 Estimates are based on data from the DWP Family Resources Survey and use three-year averages\*

2 All figures are for the period 2020/23, with the exceptions of those reported for younger mothers (2015/18) and families with a baby under one (2017/20)

\* Data collection was disrupted during the first year of the pandemic, and the year 2020/21 is excluded from the Scottish Government analysis

Limited data at the local level about the priority groups at risk of experiencing child poverty is routinely produced. Figure 8 summarises numbers who may be at risk from available data, but not all in the categories will be living in poverty.

**Figure 8: Priority family groups in Argyll and Bute and Highland**

Measure	Argyll and Bute	Highland	Scotland
Households with dependent children <sup>1</sup>	6,900	16,300	582,300
Families with children receiving support from Universal Credit <sup>2</sup>	2,563	7,331	199,583
Lone Parent households <sup>3</sup>	1,839	5,347	149,029
Large families <sup>4</sup>	524	1,425	37,767
Households with dependant children where someone has a disability <sup>5</sup>	708	2,134	58,103
Children under 1 <sup>6</sup>	579	1,909	46,959
Mothers under 25 <sup>6</sup>	64	284	6,624
Ethnic minorities population under 25 <sup>7</sup>	773	2,521	171,509

<sup>1</sup> Source: Nomis official census and labour market statistics, Annual population survey 2022.

<sup>2</sup> Source: Stat-Xplore, Households with dependent children receiving support from Universal Credit, February 2024.

<sup>3</sup> Source: Stat-Xplore, Lone parent households with dependent children receiving support from Universal Credit, February 2024.

<sup>4</sup> Source: Stat-Xplore, Households with 3 or more dependent children receiving support from Universal Credit, February 2024.

<sup>5</sup> Source: Stat-Xplore, Households with dependent children receiving support from Universal Credit with Disabled Child Entitlement and/or Limited Capability for Work Entitlement, February 2024.

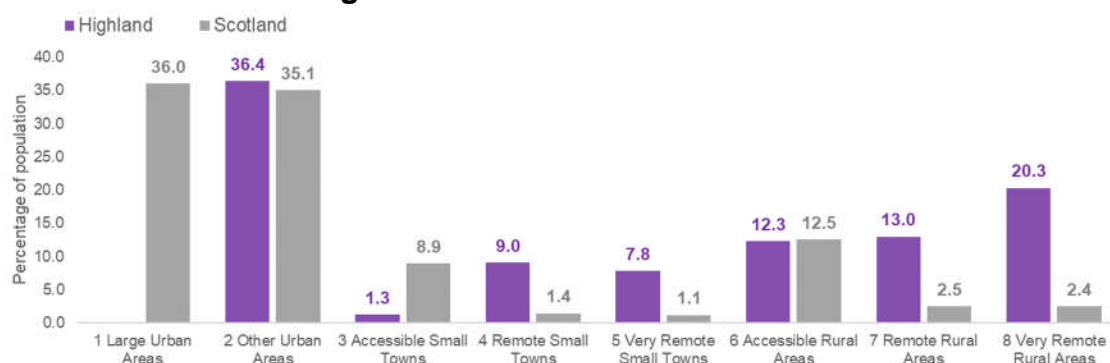
<sup>6</sup> Source: National Records of Scotland, Births 2022.

<sup>7</sup> Source: Ethnic group by age, Scotland's Census 2022. Ethnic minorities including: White: Gypsy/ Traveller, Mixed or multiple ethnic group, Asian, Asian Scottish or Asian British: Total, African: Total, Caribbean or Black: Total, Other ethnic groups: Total.

### 1.2.3 Remote and Rural Factors

In Highland, one in three children and young people under 18 years reside in remote rural areas, with one in five living in very remote rural areas. In contrast, one in twenty children lives in remote rural areas in Scotland, with one in forty living in very remote rural areas.

**Figure 9: Percentage of the population aged under 18 years of age living in urban and rural areas in Highland and Scotland in 2021**



Source: Scottish Government Urban Rural Classification 2020 and NRS Small Area Population Estimates for 2021

Remoteness from services and facilities is an important factor in relation to considering poverty and deprivation in Highland with access challenges compounding other disadvantages. In remote and rural areas, low incomes of

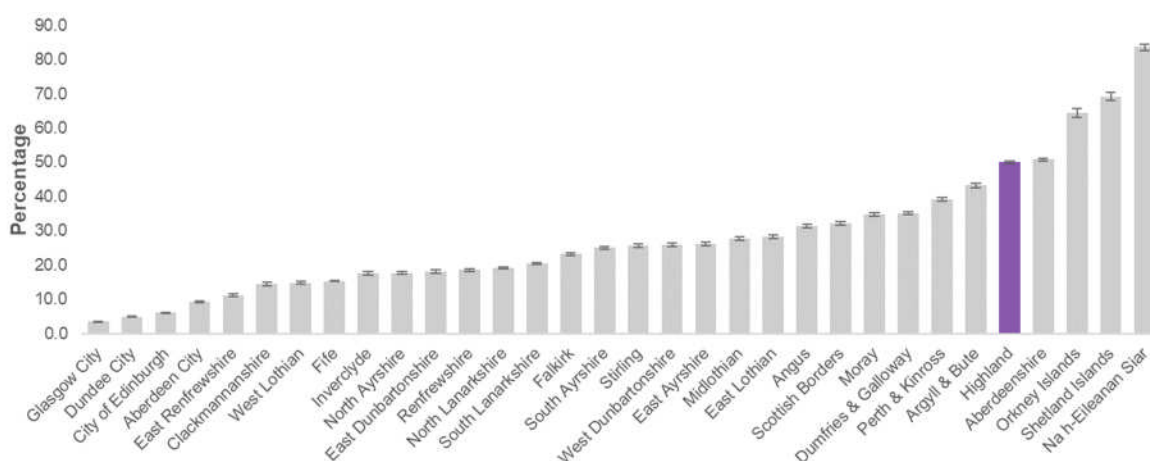
people are exacerbated by additional costs. This includes more expensive food and clothing, more expensive household goods, increased home energy costs and the costs of transport as shown in work on the Minimum Income Standard for Remote Rural Scotland.<sup>3</sup> This highlights that for people living in rural areas of Scotland, a minimum acceptable standard of living typically requires between a tenth and a third more household spending than in urban parts of the UK.

Evidence from the literature highlights that people living in rural areas experience deprivation differently from those living in towns and cities. Particular issues in rural areas include:

- Less accessible key services including health and social care, childcare and high speed digital networks
- Higher consumption of fuel for heating and transport
- 33% of households in Highland experience fuel poverty (average for Scotland is 24%)<sup>4</sup>
- Reduced opportunities to earn adequate income
- Higher cost of living impacted by prices for basic essential supplies
- Limited frequency and coverage of public transport

50% of children and young people in Highland live in the most deprived access quartile according to SIMD. This is amongst the highest levels in Scotland.

**Figure 10: Young people living in the most access deprived quintile, aged 00-25 years in 2020**



Source: ScotPHO Community Profiles – SIMD 2016, Scottish Government and Public Health Scotland

<sup>3</sup> Minimum income standard for Remote Rural Scotland – Policy update 2016, Loughborough University <http://www.hie.co.uk/common/handlers/download-document.ashx?id=90d6c2f6-a461-4ff8-9902-49f073765e39>

<sup>4</sup> <https://www.gov.scot/publications/scottish-islands-data-overview-2023/pages/9/>



In 2022, the Scottish Government and the Scottish Rural College published *Improving our understanding of child poverty in rural and island Scotland*.<sup>5</sup> It identified that interventions to tackle child poverty in rural and island locations should:

- recognise higher costs of living and of service delivery in these locations
  - ensure early intervention and a long-term approach
  - place children and families at the centre of the intervention
  - explore digital approaches as a delivery mechanism, where appropriate
  - involve schools as key partners
  - ensure all interventions are rural and island proofed.
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<sup>5</sup> <https://www.gov.scot/publications/improving-understanding-child-poverty-rural-island-scotland/>

## Section 2: Action in Highland

### What have we done to address Child Poverty in 2023/24

The following summarises the key actions identified in the partnership’s 2023/24 Child Poverty Action Report against each of the core themes. Progress against each of these actions are detailed.

Theme 1: Getting Started Pre-birth – 5 years	
Improvement Priority: We will reduce the financial barriers in order to increase participation, raise aspirations and address the impacts of poverty	
Action 1.1 Develop flexible models of childcare in rural areas	
Progress	Evidence
<p><b>Childcare</b> New models piloted. A more sustainable delivery model in place, including a shift in the balance of ELC delivery between LA and PVI providers.</p> <ul style="list-style-type: none"> <li>• Successful ADAP funding bid focused on new models of delivering rural childcare</li> <li>• Used part of ADAP funding to engage rural consultant to support CALA in development of the integrated Single Care Model (SCM) pathway pilot and working group has met and continues to develop model</li> <li>• Looking to launch early 2025.</li> <li>• Partners include CALA, HIE, Highland Council, NHS Highland, Care Inspectorate and 3<sup>rd</sup>/private providers.</li> <li>• Challenges of rural delivery of childcare been highlighted to Minister for CYP as well as MSPs</li> <li>• CALA working with HIE meeting shortly with Ministers Ms Don and Ms Todd to ask for their support to allow flexibility in models.</li> <li>• Close working with Highland Council and CALA on new models for childminding</li> <li>• Highland Council looking at commissioning models for ELC</li> <li>• National work looking at school aged childcare/need for proportionate regulations to provide greater flex and more services</li> </ul>	<ul style="list-style-type: none"> <li>• Evidence of focus on need for rural flexibility from Scottish Govt policies and narratives.</li> <li>• HIE has childcare in its delivery plan as does Highland Council</li> <li>• Green Freeport citing childcare as key driver for success</li> <li>• Rural health care workforce strategy now includes childcare</li> <li>• Care Inspectorate has internal group looking at flex in regulation in rural areas</li> <li>• Eventually more services will be developed that better meet the needs of children and families rurally</li> </ul>

<p>Exploring joint work with employability service on parental employability courses including providing childcare to reduce barriers to participation.</p> <p>A Rural childcare policy or approach is gathering momentum and will provide greater flexibility to ensure all areas have better access to childcare including childminding to support parental employment as well as benefits for child. Having childcare acknowledged as vital infrastructure to provide economic sustainability in rural areas has been key</p> <p>Highland Employability Service worked with Scottish Child-Minding Association (SCMA) to support people in areas of Highland with no or limited provision to become childminders, supporting training and initial set up costs.</p>	<p>Resulted in 9 new childminders coming on stream by end March 2024.</p>
<p><b>Action 1.2: Implement the Whole Family Approach to mitigate the impacts of poverty</b></p>	
<p><b>Progress</b></p>	<p><b>Evidence</b></p>
<p><b>Whole Family Wellbeing Programme Funding Strategy 24/25 – Tackling Poverty Inequalities Funding</b></p> <p>On 19<sup>th</sup> June 2024 the Integrated Children’s Services Planning Board agreed the Highland Whole Family Wellbeing Programme Funding Strategy 24/25. This strategy outlines the approach to commence funding and self-assessment processes across family support services in Highland. Element 1 Locality Community Based Activity Small Grant Fund will open on 02.09.24 and closed on 30.09.24.</p> <p>This fund, open to locality placed Third Sector organisations, supports local community-based activities, addressing family wellbeing activities based on locality need. It prioritises tackling Poverty based inequality and focuses on the six family types outlined in the Best Start Bright Futures tackling Child Poverty Delivery Plan 2022 – 2026, which are:</p> <ul style="list-style-type: none"> <li>• Families where the mother is under 25</li> <li>• Lone parent families</li> <li>• Families which include children or adults with disability</li> <li>• Larger families (3+ children)</li> <li>• Minority ethnic families</li> <li>• Families with a child under 1.</li> </ul> <p>The Whole Family Wellbeing Programme within Highland will implement holistic whole family support across the system, in line with our Locality and Data/Needs led model.</p>	

A Programme Strategic Needs Assessment has commenced outlining current data around Poverty Inequalities and the six identified family types.

A Quality Improvement approach is being undertaken for all projects funded by the Whole Family Wellbeing Fund in Highland.

Through our Quality Improvement Journey we will implement Holistic Whole Family Support within our whole system, as defined by the Route-map and the National Principles of Holistic Whole Family Support.



This will enable the Programme to articulate exactly what needs to improve and to define what 'better' looks like. This provides the conditions for us to identify clear improvement aims and creates the environment for us to develop meaningful theories and ideas for changes which can then be tested.

**Home –School Link**

This Test of Concept is currently in the design phase and workforce will commence engaging with families and schools within the Associated School Group once that has been agreed. Three Third Sector Holistic Whole Family Support Workers are now recruited and undergoing their induction.

Outcome Measurements will be monitored in line with the National CYPF Outcomes Framework and core Wellbeing indicators.

## Whole Family Wellbeing Programme Data Gathering - Practitioner Participation Sessions

In respect to stakeholder views, specifically in relation to our workforce, Practitioner Participation Sessions, providing the voice of practitioners within Statutory and Third Sector organisations in Highland, who deliver support services to families, was undertaken during November/December 2023 and January 2024.

During these sessions we utilised the Three Horizons Improvement Model, to ask participants in terms of how we support families in Highland, to consider:

- Horizon 1 - What is not working and what we need to stop doing
- Horizon 3 – What do we want to see happen in the future
- Horizon 2 - What are the seeds of change that are required to get us from Horizon 1 to Horizon 3.

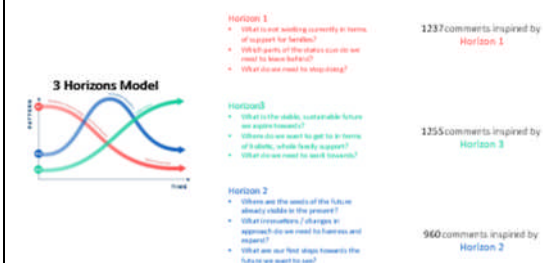
At each session the Horizon 2 themes were then prioritised by each group, into their top three priorities.



In order to truly align to the locality model, the Practitioner Participation Sessions were held in the following localities across Highland. These were also supported by five on-line sessions.

The overall approach and data capture from across these sessions is broken down here:

Total practitioner comments against each Horizon:



A total of 3,452 comments were captured, here we see how those are aligned to the four pillars:



Mentimeter software was utilised to capture data from across Horizon 2 – ‘What are the seeds of future already in the present?’, ‘What innovations / changes in approach do we need to harness and expand?’, ‘What are our first steps towards the future we want to see?’, this provided the following themes:



This data set, along with the Programme Strategic Needs Assessment (Poverty Inequalities) will form the basis for strategic leadership development sessions and further development of our Programme change ideas.

The gathering and analysis of our data set will provide the themes on which prioritised need will be identified for each locality. This will support the prioritisation of improvement activity and funding allocation for each locality as outlined in our Funding Strategy. By prioritising the themes and change ideas, we will be able to produce further iterations of the Funding Strategy in the next Financial Year to allocate funding to address further identified need.

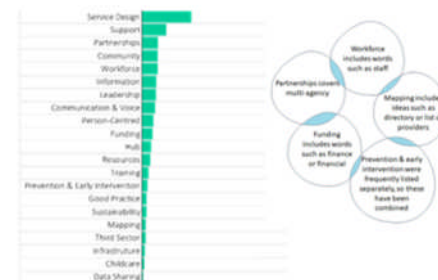
This activity aligns to Pillar 3 whilst providing linkage to the respective Delivery Plans within the Integrated Children's Services Plan 2023 – 2026 to enable required transformational change.

### Highland Employability Service

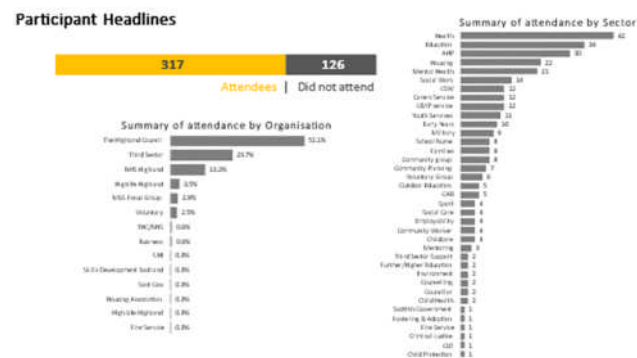
The service helps address child poverty by supporting parents to progress on their journey into employment or supporting parents with in-work progression opportunities

### Key themes from Menti results

Percentage score of most repeated words from summary of all sessions



The below information outlines the summary of attendance by organisation and by sector:



The 3,452 comments have now been fully thematically themed.

In 2023/24 supported 188 parents to progress on their journey towards employment, 143 of whom were new or re-engaged clients. 165 of these clients were unemployed with 23 supported with in-

	work progression opportunities. 46 parents were able to gain new or improved employment.
<p><b>Multiply</b> The Multiply Programme aims to improve adult functional numeracy skills and is part of the UK Government Shared Prosperity Fund (UKSPF). Highland Multiply runs to Dec 24 and is delivered through 12 providers across the region with 7 different intervention priorities, one of which focuses specifically on parents. This provides opportunities for parents to enhance their numeracy skills and also earn a maths qualification, not only benefiting daily life but also providing a stepping stone towards entering the workforce.</p> <p>Providers often adopt a whole-family approach, integrating numeracy into household budgeting, homework support and digital skills.</p> <p>2024 has seen further delivery of projects across the Highlands and sessions to boost numeracy confidence in everyday life ranging from outdoor family fun days to weekly activities within highlife libraries for families to explore everyday numeracy through games, crafts and play. 2024 will also see the introduction of additional evening classes to achieve maths qualifications and the development of digital tools to support learning.</p>	Within this intervention, in 2022-2024, providers delivered 142 adult numeracy courses to 627 participants, with 7 people achieving a maths qualification, up to and including, Level 2 equivalent.
<b>Action 1.3 Develop financial inclusion pathways</b>	
<b>Progress</b>	<b>Evidence</b>
<p><b>Pilot service to person approaches within local areas</b> Work continues in partnership with Employability Team to develop a community-based service to person approach with Lochaber identified as a pilot site and considerations around a mobile solution also.</p>	Ongoing – indicators to be identified to measure impact as pilot progress in development.
<p><b>Welfare Advice &amp; Health Partnership</b> The Welfare Advice &amp; Health Partnership (WAHP) is a joint programme between NHS Highland and the Highland Council funded by Improvement Services until March 2025. It was set up at the end of 2022 and went live in January 2023. The programme is to provide access to money and welfare rights advice in primary care settings. This is achieved by embedding welfare advice specialists in healthcare settings through partnership working between local authorities, health boards and GP practices.</p>	

<p>The WAHP referral pathway is operating to enable GP practices to refer to the Council's Welfare Team. Welfare advice specialists provide an effective support service on all matters relating to welfare benefits and entitlements. The overall aim of the service is to ensure that the correct amount of benefit is paid at the correct time and to assist with budgeting skills so that households can pay their bills, heat their homes, and have a better quality of life.</p>	
<p><b>GP Financial Inclusion Pathway</b>  A referral pathway is operating to enable GP practices to refer to Highland Council's Welfare Team. Welfare advice specialists provide an effective support service on all matters relating to welfare benefits and entitlements. The overall aim of the service is to ensure that the correct amount of benefit is paid at the correct time and to assist with budgeting skills so that households can pay their bills, heat their homes, and have a better quality of life.</p> <p>WAHP's provide GP practices with specialist welfare advice specialists who can support patients to improve their financial situation. There is a strong correlation between improving people's financial situation and improved health outcomes so supporting patients around financial issues should:</p> <ul style="list-style-type: none"> <li>• ensure people are directed to the right support.</li> <li>• help reduce demand on practice time through practice staff being able to identify patients who would benefit from financial advice during appointments allow GP appointments to be more focused on medical matters.</li> </ul>	<p>For 23/24, there were 29 GP referrals via the Welfare &amp; Advice Partnership – the project started in July 2023 and takes time to work and embed.</p>
<p>The Midwifery and Health Visitor Financial inclusion pathways are now embedded in the services following completion of a year-long pilot project in 2023</p> <p>The <i>Highland Information Trail</i> has been introduced to guide professionals to resources available to support and improve maternal and child health across Highland. It covers information from both a national and local perspective from pre pregnancy through to the age of five.</p>	
<p><b>Midwifery Financial Inclusion Pathway</b></p>	



<p>Resources allocated through the Badgernet phone app and/or given to all pregnant women:</p> <p>At booking (8-12 weeks)</p> <ul style="list-style-type: none"> <li>• Worrying About Money leaflet and details about the phone app</li> <li>• Best Start Foods</li> </ul> <p>At 22-25 weeks</p> <ul style="list-style-type: none"> <li>• Find help to balance your budget</li> <li>• Scotland's Baby Box – this is completed by the midwife and posted. Delivery of the baby box is around 34 – 36 weeks.</li> </ul> <p>At 34 weeks – if there is pre-birth contact from the Health Visitor</p> <ul style="list-style-type: none"> <li>• Worrying About money leaflet and details about the phone app</li> </ul> <p>Post-birth and prior to discharge from hospital/home birth</p> <ul style="list-style-type: none"> <li>• Child benefit form</li> </ul>	<p>Unfortunately, with Badgernet it is currently not possible to audit how many women have accessed specific resources. Problematically, Badgernet will show that resources are unread if the whole document has not been downloaded/read. As a result, a random audit of women's notes will highlight poor access. It is therefore challenging to directly evidence impact of provision of information and any differences made at this stage.</p>
<p><b>Health Visitor Financial Inclusion Pathway</b></p> <ul style="list-style-type: none"> <li>• Health Visitors follow the FI Pathway. They routinely enquire after money worries as part of the Health Visitor Universal Pathway. If the family disclose a need, they offer referral to the Welfare Team – this is working well. Health Visitors share the Worrying About Money leaflet with all families.</li> <li>• More training and resources are available to health staff for example, Asking Families About Money Worries – Guidance for Health visitors, Midwives and Family Nurse Partnerships booklet. This was developed by Public Health Scotland and has been added to the Highland Information trail. Child Poverty e-learning hub Course: Child Poverty Learning Hub   PHS Learning <a href="http://www.publichealthscotland.scot">www.publichealthscotland.scot</a></li> </ul> <p>The Whole Family Wellbeing Programme is currently assessing the scope of work to be undertaken to embed FI pathways across the wider system.</p>	<p>Health surveillance data indicates that around 1,600 families receive a home visit from a Health Visitor at least once every quarter. As part of the Universal Health Visiting Pathway, during the home visit, the HV is expected to routinely enquire after money worries and signpost the family to the WAM leaflet and app, if disclosed the HV will offer a referral to the welfare team.</p> <p>Data from Welfare Team indicates 96 referrals in total for 23/24 from the Health visiting teams.</p> <p>There were also the following referrals:</p> <ul style="list-style-type: none"> <li>• The Family Nurse Partnership (HC) 40 referrals</li> </ul>

	<ul style="list-style-type: none"> <li>• Children's services 8 referrals</li> <li>• Child Health &amp; Disability 10 referrals.</li> </ul>
<p><u>Key Issues/ mitigating actions</u></p> <p>The temporary reduction of the delivery of the Universal Health Visiting Pathway in some areas due to staffing pressure. This can impact the frequency of money worries conversations. Staffing is improving following successful recruitment and HV training programme, in turn the coverage of the health visiting contacts is expected to improve.</p>	

<b>Theme 2: Growing Up Primary Years</b>	
<b>Improvement Priority:</b> Mitigate the impact of the cost-of-living crisis.	
<b>Action 2.1</b> Increase the uptake of sanitary products in schools.	
<b>Progress</b>	<b>Evidence</b>
<p>Ongoing promotion amongst schools, GP practices and other outlets has continued.</p> <p>Lead Officer for Period Products has attended various events across the summer in conjunction with the Welfare Support Team. Events attended included Belladrum Music Festival, Inverness Highland Games, Pop up shops in Eastgate Centre, Vision 26 at Eden Court. Positive opportunity to provide products to the public and promote the scheme.</p> <p>Links have been made with Head Teachers to discuss how uptake can be improved, identify and break down barriers within schools to encourage children to access products in these locations.</p>	<p>Since the project passed to the Service Delivery Team to administer we have placed:</p> <ul style="list-style-type: none"> <li>• 40,788 boxes of tampons into the 32 High Schools</li> <li>• 40,992 boxes of pads into the 32 High Schools</li> <li>• 1,253 first period packs into primary schools</li> <li>• 2,544 boxes of Tampons into primary schools</li> <li>• 5,688 boxes of pads into 71 primary schools</li> <li>• 2,378 boxes of products have been handed out by the welfare support team to vulnerable clients or distributed at events.</li> <li>• A total of 2,097 sanitary pads and 2,780 tampons were distributed to a total of 41 different medical practices from Aug 23 to Aug 24</li> </ul>

<p><b>Action 2.2 Develop system for weekend food support</b></p>	
<p>Support the development of sustainable food tables and fridges in order to reduce the stigma associated with accessing food support including the development of a 'How to' guide to support groups wishing to take this forward.</p> <ul style="list-style-type: none"> <li>• Work continued to promote the availability of the Highland Food Activity Map across Highland communities. The map includes: <ul style="list-style-type: none"> <li>• food banks</li> <li>• local food producers</li> <li>• community fridges and larders</li> <li>• community cafés</li> </ul> </li> </ul>	<p>The map is available at <a href="http://www.highlandtsi.org.uk/map">www.highlandtsi.org.uk/map</a></p>
<p><b>Food support Case Study – Inverness Foodstuff</b>  Inverness Foodstuff has been providing two-course lunches on Wednesdays and Fridays in Hilton Community Centre since 1 September 2023.</p> <p>One of the key aims of the Inverness Foodstuff@Hilton project is to address social isolation and loneliness.</p> <p>Participants attending Inverness Foodstuff@Hilton on 10 and 12 April 2024 were invited to complete a short questionnaire seeking their feedback about the service provided to date.</p>	<ul style="list-style-type: none"> <li>• A total of 39 participants chose to complete the questionnaire, approximately 60% response rate. 2,777 lunches produced for the period 1 September 2023 to 29 March 2024</li> <li>• 85% of participants said they had made new friends.</li> <li>• 66% said they felt less lonely since coming to Inverness</li> <li>• 97% felt welcomed and part of a community.</li> <li>• 72% felt their mental health and wellbeing had improved since coming to Inverness Foodstuff@Hilton.</li> <li>• 100% of survey respondents said they looked forward to coming to Inverness Foodstuff@Hilton and enjoyed the lunch.</li> </ul> <p>Overall, the survey results indicate that the participants who come along to Inverness Foodstuff@Hilton have an overwhelmingly positive experience. Participants' feedback and many comments highlight the friendly, welcoming</p>

	<p>atmosphere as well as the great food and excellent service provided by staff/volunteers. Given the main project aim is to address social isolation and loneliness Inverness Foodstuff (IF) appear to be meeting that aim as the majority of participants, 74%, when asked why they came to Inverness Foodstuff@Hilton said they came for the company/to meet new people</p>
<p><b>Food support Case Study – Kyle of Sutherland</b>          Kyle of Sutherland Development Trust use of Vouchers rather than providing food, so people can buy what they need /want. These are made available through local shops which makes it easier for people and also supports the local community. (Only restrictions are No tobacco products, no alcohol &amp; no gambling.) The number of vouchers available are dependent on how much money KoSDT raises /donations are received. KoSDT also managed to raise some vouchers for school clothes / shoes etc.</p>	
<p><b>Food Support Case Study – Dingwall Community Trust</b>          Testimony from service user:</p> <p>Dingwall Community Fridge... "made a significant difference to our lives. Never more so than during COVID and then through the financial crisis. We are managing a bit better now and we only occasionally use the fridge, but I have now become a volunteer and help to collect food and set up the fridge. It's great to give back and be part of a fantastic group of people. They are so committed and dedicated. For me and my family, they ensured that when I was in need I didn't suffer from any stigma, was never made to feel less than anyone else. I recently came across another family, a single mum with 5 kids. The mum and some of the children have severe food allergies. I mentioned them to the Dingwall Community Fridge and they quickly we were able to put together 3 large shopping bags of food to meet their specific needs. I was I so proud of them, so happy we were able to respond so quickly and help another family in need. This is such a great service that helps so many local people".</p>	

### **Action 2.3 Roll out Cost of the School Day Toolkit**

During school session 23-24, 7 schools from Highland signed up to be part of the CoSD Voice Network. The CoSD Voice Participation Officer worked with a group of learners from each school and a member of staff. This took the form of a face-to-face workshop where learners had the opportunity to talk about issues related to costs associated with the school day. The workshop included a rights-based approach with UNCRC rights also being discussed in this context. Initial discussions were introduced using a fictional character who was facing barriers with costs.

The Attainment Advisor provided professional online learning sessions on CoSD for; HTs, Middle Leaders, Supply Teachers, NQTs, student teachers and the learning for sustainability network. A face-to-face workshop on CoSD was provided for ELC managers and practitioners re cost of the ELC/Nursery Day.

Effective practice was shared via HT meetings.

Attainment Advisor provided information and links re CoSD in the termly newsletter issues by the PLL Academy. AA had provided a newsletter for all schools.

The schools involved were; Dalneigh, Bishop Eden's, Lochcarron, Bridgend, South Lodge, Merkinch and Inverness High School.

The Attainment Advisor and COSD Officer plan to bring these schools together to share effective practice with a view to sharing wider across the Local Authority.

<b>Theme 3: Moving On: Secondary and Young Adulthood</b>	
<b>Improvement Priority: We will raise attainment and close the poverty related attainment gap</b>	
<b>Action 3.1 Raise awareness of the impact of poverty amongst children and young people</b>	
<b>Action</b>	<b>Evidence</b>
<p><b>Baseline – Lifestyle Survey</b>            The Highland Lifestyle Survey is a biannual survey completed by pupils in P7, S2 and S4. Pupils participate anonymously and the information gathered informs health and wellbeing improvement actions for Children's Services.</p> <p>Data from this survey are also used as an ongoing measure of the progress made in schools to support the wellbeing of children and young people in Highland.</p>	<p>The 2023 survey had 3,608 responses and includes the following child poverty related findings:</p> <ul style="list-style-type: none"> <li>• 10% of CYP report having a disability</li> <li>• 19% of CYP report having a Child's plan</li> <li>• 21% of CYP have a parent or grandparent born outside UK; a further 11% answered "don't know"</li> <li>• 5% reported having a family member in the Armed Forces</li> <li>• 3% of CYP identify as coming from a Gypsy/Traveller family</li> <li>• 15% children reported having either no lunch or only a drink on their most recent day at school</li> <li>• 15% of CYP reported not having had a dental check up in the past 12 months</li> <li>• 9% of CYP report having a caring responsibility at home (inc. someone with a disability, a medical condition, a long-term illness, a drug or alcohol problem, a mental health issue)</li> </ul>
<p><b>Planet Youth</b>            Highland is piloting the Planet Youth model in partnership with Winning Scotland. Highland is one Local Authority in the Scottish pilot, and currently there are five Highland secondary schools involved: Thurso High School, Wick High School, Golspie High School, Dornoch Academy and Tain Royal Academy. The Planet Youth,</p>	<p>In 2024 348 S4 pupils from 5 Highland High schools completed the survey. The survey results included the following child poverty related data:</p>

<p>Icelandic Prevention Model, originated in Iceland. In the 1990s, Iceland had the highest rates of teen smoking and drug use across Europe. Now they have the lowest. To address the situation, they looked at the risk and protective factors for alcohol, tobacco and other drug use in young people, across four areas of young peoples' lives: family, peers, school and leisure time. They used local, anonymous, survey information from young people to increase protective factors, and reduce risk factors.</p>	<p>Ethnicity</p> <ul style="list-style-type: none"> <li>• 5% were represented by non-White Scottish/ British ethnicities such as white European, Asian/ Asian Scottish/ Asian British</li> </ul> <p>Living arrangements</p> <ul style="list-style-type: none"> <li>• 12% live with one parent</li> <li>• 10% live equally with separated parents</li> </ul> <p>School absenteeism in past 30days:</p> <ul style="list-style-type: none"> <li>• 14% because they were caring for someone</li> </ul> <p>Access to and participation in organised recreational and extracurricular activities:</p> <ul style="list-style-type: none"> <li>• 17% cannot participate due to lack of transport</li> <li>• 7% cannot participate because their parents or carers cannot afford it</li> </ul>
<p><b>Action 3.2 Roll out the Family First Approach</b></p>	
<p><b>Home to Highland Programme</b> Home to Highland's vision aligns with the Human Economic Cost Model where Highland has reinvested its money differently. The programme aims to return care experienced young people to the Highlands from Out Of Authority (OOA) residential placements, whilst also developing services in-area to avoid needing specialist OAA provisions and to allow children to remain in their communities. The programme evidences a reduction of children coming into the care system as well as reducing how many children are being moved out of Highland</p>	<ul style="list-style-type: none"> <li>• The number of care experienced children or young people placed out with Highland will decrease (spot purchase placements)</li> <li>• This data is reported quarterly as part of the data collection for the Home to Highland programme.</li> <li>• The numbers of placements out with Highland are the lowest level recorded since the programme began in 2018. Less than 9 children.</li> </ul>
<p><b>Families First</b> Children's Services strategic vision of Families 1st is to safely keep children within their families and communities. The Families 1st strategy is achieving</p>	

<p>impact with less children coming into the statutory social work system. This is evidenced through our 'Looked After Children' statistics over 4-year trend. (Children Looked After Social Work Statistics Scotland 2023).</p> <p>Over 90 individuals who provide support and / or early intervention to children, young people and families in Highland were interviewed. The aim of the work was to understand the varying roles colleagues were carrying out, identify service gaps and to understand from those working in these roles what was working well and what needed to improve. This work contributes to and aligns with Highland's ambition to strengthen family support across the whole system, from early support right through to intensive support services.</p>	<ul style="list-style-type: none"> <li>• From 2020 to 2023 there has been an 18-20% reduction in Looked After Children from 495 (2020), 469 (2021), 402 (2022) and 405 (2023).</li> <li>• Highland's rate of children per 1,000 (population 0-17) that are Looked After is 9.3, which is less than comparator averages of 13.2 and less than the Scottish average which is 12.3</li> <li>• Number of Children placed in Kinship Care has increased.</li> <li>• Care Inspection findings getting stronger with Good, Very Good and Excellent!</li> <li>• Reduction of 12 beds + 4 3rd Sector with resources shifting to the community.</li> <li>• Lowest numbers in Residential.</li> <li>• Lowest numbers in high-cost external provision</li> <li>• Lowest numbers in Secure Care</li> <li>• Lowest numbers of Looked After Children</li> </ul>
<p><b>Early Prevention – Whole Family Wellbeing Programme Highland</b></p> <p>The Whole Family Wellbeing Programme in Highland is a change and innovation programme driven by several wide-ranging national policies and strategies. The programme is a Community Planning Partnership programme overseen by the Highland integrated Children's Services Planning Board which reports to the Community Planning Partnership Board. The programme is outlined in the Integrated Children's services 2023 -26 plan which can be found at <a href="https://bit.ly/ICSplan2023-26">https://bit.ly/ICSplan2023-26</a>.</p> <p>The programme supports a whole family approach, that is family and person centred, with a strong emphasis on reducing inequalities. These national drivers and strategies include:</p> <ul style="list-style-type: none"> <li>• Scottish Government Route-map and National Principles of Holistic Whole Family Support</li> <li>• The Promise Plan 2021 – 2024</li> </ul>	<p>The Whole Family Wellbeing Programme within Highland will implement holistic whole family support across the system, in line with our Locality and Data/Needs led model as outlined above.</p> <p>A Programme Strategic Needs Assessment has commenced outlining current data around Poverty Inequalities and the six identified family types.</p> <p>A Quality Improvement approach is being undertaken for all projects funded by the Whole Family Wellbeing Fund in Highland.</p> <p>Through our Quality Improvement Journey we will implement Holistic Whole Family Support within our</p>



- Best Start Bright Futures – Tackling Child Poverty Delivery Plan 2022 – 2026
- National Trauma Training Framework
- Families Affected by Drug and Alcohol Use in Scotland – A Framework for Holistic Whole Family Approaches and Family Inclusive practice
- UNCRC
- GIRFEC
- COVID Recovery Strategy – For a Fairer Future

As part of COVID recovery, the Scottish Government set up the Coronavirus (COVID-19) Children and Families Collective Leadership Group, who developed a Vision and Blueprint for Holistic Whole Family support in Scotland. Following this a sub-group, the Family Support Delivery Group was formed. This group developed the [Scottish Government's Route-map and National Principles of Holistic Whole Family Support](#), which is the main policy provided by Scottish Government to promote consistent standards of practice across Scotland, to deliver improved outcomes for children, young people and their families.

The Route-map outlines four key pillars for development of Whole Family Wellbeing Support, which are defined as:

- Children and families at the Centre
- Available and Access
- Whole System Approach/Joined Up Support
- Workforce and Culture

The Principles of Holistic Whole Family Support are:

- Timely and Sustainable
- Rights and Needs Based
- Non-Stigmatising and Non-Judgemental
- Strengths Based Support rooted in GIRFEC
- Collaborative and Seamless
- Assets and Community Based
- Promoted

whole system, as defined by the Route-map and the National Principles of Holistic Whole Family Support.



This will enable the Programme to articulate exactly what needs to improve and to define what 'better' looks like. This provides the conditions for us to identify clear improvement aims and creates the environment for us to develop meaningful theories and ideas for changes which can then be tested

With families involved in design and evaluation at both strategic and community level, we will ensure that families are provided with the support that they need, when they need it, and for as long as they need it.

To meet the vision of The Promise Scotland, change and design will require a real shift and emphasis towards early prevention and intervention and will promote and enable pro-active, self-driven, self-help for families.

A complete cultural shift across all services will be required, to move everyone back from constant crisis intervention and management to effective early and preventative support. Tackling Poverty Inequalities is at the heart of the Programme's approach.

The Scottish Government have made a commitment to provide £32 million on an annually recurring basis across Scotland, up to Financial Year 2025/2026. Or £500 million over the lifetime of this Parliament.

Nationally agreement was reached with CoSLA, that Local Authorities, as the co-statutory lead agency with duties in respect of Children's Services Planning, were to hold and administer the funding.

Highland received £1.42M in Year 1 (2022/2023) and Year 2 (2023/2024) and has been allocated £1.353M for Year 3 (2024/2025) and Year 4 (2025/2026).

In Highland the Whole Family Wellbeing Programme is governed by the multi-agency partnership of the Integrated Children's Services Planning Board, ultimately reporting to the Community Planning Partnership Board.

The Programme links to the nine Community Planning Partnerships to ensure that delivery is at a local, community level, according to the needs of each locality. Matching the scale of activity, to the scale of the problem, drawing on strengths and identifying gaps.

The programme aims to ensure that the transformational change required to reduce the need for crisis intervention shifts investment and activity towards prevention and early intervention, it is vital that that is experienced as integrated by the family.

<p>The Locality Model agreed for Highland is defined as:</p> <ul style="list-style-type: none"> <li>• Place-based and responsive to the needs of the local community.</li> <li>• People led and developed from the locality up with the community voice and the voices of children and families at the centre.</li> <li>• An assets-based approach should be taken, building on local successes and capacity but identifying where gaps may exist.</li> <li>• The model should build on covid learning and resilience approaches developed.</li> <li>• Measuring impact is critical to designing the new approach, being clear about what we want to achieve.</li> <li>• A tiered-intervention approach is adopted with a focus on strengthening supports through universal services.</li> <li>• It is needs led and evidence based.</li> <li>• It tackles inequalities and is trauma informed.</li> </ul>	
<p><b>Action 3.3 Identify way to provide targeted support within universal services</b></p>	
<p><b>Worrying About Money?/ Money Counts</b></p> <p>Highland Community Planning partners including Highland Council and NHS Highland and wider partners including Social Security Scotland, Independent Food Aid Network, Trussell Trust, and Citizens Advice Bureau have collaborated to develop resources aimed at addressing poverty including the Worrying About Money? Leaflet. NHS Highland funded and, in partnership developed a Worrying About Money? app. Both are promoted via fortnightly HC community updates</p> <p>Money Counts training courses have been developed to promote targeted support to universal service users as follows:</p> <ul style="list-style-type: none"> <li>• Level 1 - is aimed at anyone who is in a position to have a brief conversation with individuals around money worries. The course aims to build the confidence of staff to offer income maximisation help and explains how to ask about money worries and where and how to refer for support. Course length – 45 mins</li> <li>• Level 2 - aims to increase confidence of staff working with people that may benefit from income maximisation help. It aims to increase staff's understanding</li> </ul>	<p>In 23/24 NHS Highland ran several Money Counts courses as follows:</p> <ul style="list-style-type: none"> <li>• Level 1 courses: 15 courses with 101 participants</li> <li>• Level 2 courses: 9 courses with 50 participants</li> </ul> <p>Evaluation results received immediately after each course delivered which assessed the difference in confidence and knowledge for participants for attendance at level 1 courses</p> <p>Enhanced evaluation completed for those who attended a level 2 course which explores knowledge against the agreed learning outcomes. A 6 month follow up review was undertaken for those who attended a level 2 course over Oct 22 – March 23</p>

<p>of poverty and the importance of asking about money worries, and what support services are available what they can offer. Course length – 1.5 hrs</p> <ul style="list-style-type: none"> <li>• A Level 3 course aimed at Managers and supervisors has been developed and is being piloted in 24/25</li> </ul>	<p>that helped to inform learning about the impact of the course.</p> <p>In 2023/24 a total of 1941 IFAN leaflets were distributed from HIRS to 28 separate outlets. (Note – this figure would not include any downloads made directly from the IFAN website)</p> <p>In 1 year (23/24) there were 500 hits on the recently developed Worrying About Money app. (WAM app)</p>
<p><b>Free School Meals</b></p> <p>Continued development of strategies to increase uptake of free school meals targeted at secondary provision.</p> <p>Availability of free school meals was promoted during 2023/24 via social media and direct through school network channels.</p> <p>National negotiations are ongoing on data sharing to enable automatic awards of free school meals and ensure families do not have to apply. The Council’s Head of Revenues and Business Support is working with COSLA and the Cabinet office to improve data sharing to enable automatic entitlement to encourage greater uptake.</p>	<p>74 direct free school meal only referrals were made by the welfare support team</p> <p>Note: It is not possible to quantify how many free school meal applications are the result of a general welfare support referral as when assisting a customer with a Benefit claim for any benefit then all relevant benefits and entitlements are assessed, but not individually recorded as referrals.</p>
<p><b>Clothing grants</b></p> <p>During 2023/24, clothing grants were promoted through schools and social media channels. A shared form was developed to jointly promote free school meals and clothing grant uptake. National negotiations are ongoing on data sharing to enable automatic awards of free school meals and ensure families do not have to apply.</p>	<p>In 2023/24, 4822 pupils were entitled to clothing grants, an increase of 424 (+9.6%) from 2022/23.</p>
<p><b>Concessionary Leisure Schemes</b></p> <p>Encourage the uptake of concessionary leisure schemes for children with low-income backgrounds through specific targeting of the opportunity to free school meals and clothing grants recipients</p> <p><u>High Life Highland Budget Leisure Card:</u></p> <ul style="list-style-type: none"> <li>• Individuals and families in receipt of income related benefits are eligible for the budget scheme where customers:</li> </ul>	

<ul style="list-style-type: none"> <li>○ can access leisure centres for fifty pence per visit, or</li> <li>○ take up a subscription for £3 per month for individuals or £5 for families. (This was introduced in 2022 to encourage increased activity levels and bring the budget card into line with the main leisure subscription scheme).</li> <li>● The budget card provides the same access to leisure centres as the regular leisure subscription and includes individual activities as well as instructor led/coached activities and swimming lessons.</li> <li>● Access to the scheme is promoted through schools.</li> </ul>	<p>In relation to concessionary (budget card) HLH holders – 9,667 households (19,252 individuals) across Highland have a registered budget card. Of the 19,252 cardholders, 5,215 are under 18 years old, and 878 are under-five.</p> <p>It should be noted that not all registered cardholders will be regularly accessing services and activities. Those using their cards to access HLH services/activities in the preceding 12-month generally sits around 35-40%</p>
<p><b>Energy and Fuel Advice</b>  During 2023/24 the Highland Council Welfare Support Team identified potential beneficiary households for energy and fuel advice and referred direct to the Energy Advice Project run by CAB</p> <p>Inverness CAB undertake checks and provided advice regarding switching.</p> <p>HC Housing refer tenants to AliEnergy for energy advice</p>	<p>Numbers helped with energy matters in 23/24 were 3290.</p> <p>Inverness CAB undertook checks and provided advice regarding switching to an excess of 3200 households in 23/24.</p> <p>In 23/24 AliEnergy supported 847 HC tenants, 469 of these were referred by HC. The rest were either self-referrals (e.g. signposted by HC staff/ tenant newsletters/ word of mouth etc.) or referred by other agencies</p> <p>AliEnergy also supported 477 households in the Highland region that were not HC tenants,</p>
<p><b>Benefits</b>  Maximise uptake of DWP and Social Security Scotland benefits, including those with childcare costs. Support for families to maximise incomes and ensure households access all entitlements continued to be a focus for partners during 2023/24.</p>	<p>More than 26,500 residents within Highland sought support from Welfare services (Highland Council and CAB) during the financial year 23/24. This generated</p>

Specialist support is available through the Highland Council Welfare Team and CAB Highland network and this was promoted through the wider Partnership and directly signposted to individuals and families who would benefit.

more than 111,300 client contacts seeking advice on a variety of issues including cost of living, welfare, money and housing.

In Highland, financial gains derived for clients during 2023/24, by these welfare services, exceeded £28.8m (+£2.5m compared with 22/23)

**Scottish Child Payment** – Highland - 195,530 payments made up to 30/06/24, value of payments £28,322,766; for the period 2023-2024 - 86,210 payments made, value of payments £15,521,675

**Best Start Grant & Best Start Foods** – Highland – Payments made up to 30/06/24, unfortunately payments cannot be broken down into the financial years

Pregnancy & Baby Payment	Early Learning Payment	School Age Payment	Best Start Foods
£1,398,898	£1,168,450	£1,201,166	£1,844,526

**Child Disability Payment** – Highland - 138,620 payments made up to 30/06/24, value of payments £28,551,040

**Developing the Young Workforce – Equity of Opportunity**

- Through work of the DYW co-ordinators, focus on raising attainment and develop appropriate ambitious guidance
- Expanding and embedding the My Future My Success programme across Highland.

**Highland Employability Service**

Aim High is a collaboration between the Highland Employability Service, My Future My Success and Third Sector partners to provide a smooth transition between school leavers and the employability service. At the core is the level 4 Employability Award, allowing young people to consider their next steps and receive support to progress towards the goal of fair and sustainable employment.

### Section 3: What are we planning to do to address Child Poverty in 2024/25

The actions to address Child Poverty in 2024/25 are outlined below and reflect those agreed as part of the new Integrated Children’s Service’s Plan 2023-2026, where one of the core priorities is Child Poverty. Child Poverty has been a core priority of the Integrated Children’s Service’s Plan since 2021 however the actions identified for the 2024/25 plan reflect the life courses approach taken throughout the whole plan. This reflects a new approach for the child poverty action plan.

The partnership actions to address child poverty are aligned to the Integrated Children’s Plan and are reported as part of the Integrated Children’s Service Plan monitoring.

#### Theme 1: Getting Started Pre-birth – 5 years

##### Improvement priority:

We will reduce the financial barriers in order to increase participation, raise aspirations and address the impacts of poverty.

Actions	Priority Actions for 2024/25
1.1 Develop flexible models of childcare in rural areas	<ul style="list-style-type: none"> <li>• Develop and pilot an Integrated Single Care Model (SCM) in one or 2 areas in Highland.</li> <li>• Continue to push for flexibility and a rural childcare approach/policy including childminding</li> <li>• Provide a toolkit of flexible childcare options for rural communities</li> <li>• Develop and deliver the parental employability programme</li> <li>• Plan and develop a pilot for the Caithness area for childcare to support parents who want to undertake work experience. Local employers will be approached to partake in this pilot.</li> </ul>
1.2 Implement the Whole Family Approach to mitigate the impacts of poverty	<p><b>Whole Family Wellbeing Programme fund:</b></p> <ul style="list-style-type: none"> <li>• Allocate funding to successful applicants following application assessments once the Element 1 fund closed on 30.09.24</li> </ul> <p><b>Building Linkages between schools and local food provision</b></p>



	<ul style="list-style-type: none"> <li>Recruit three third sector Holistic Whole Family Support Workers who will be employed by CALA, Thriving Families and Home-Start East Highland. These providers are forming an alliance to work with families within the Inverness High School ASG, during a test of concept for 18 months</li> </ul> <p><b>Pilot service to person approaches within Local areas</b></p> <ul style="list-style-type: none"> <li>This approach has started with a close look at data to ensure that we target the right areas with a pilot. Liaison between Employability and the WFWP Locality Co-ordinator for Lochaber has taken place. The mobile solution is still in the process of being scoped out by WFWP and Employability Team. Delivery of the service to person approaches will be implemented when preparatory work has completed</li> </ul> <p><b>Employability</b></p> <ul style="list-style-type: none"> <li>Develop and implement a pilot project aimed at progressing unemployed parents in the Wick area into employment, with the SCQF Level 4/5 Employability Award re-designed for adults at its heart and with input from local employers throughout. Childcare, transport, lunch, and all materials will be provided to enable attendance. If successful, the plan would be to roll out the programme to other towns across Highland.</li> <li>The Employability and Whole Family Well-being teams are working together to try out a variety of methods to engage hard-to-reach clients through pilot projects in Fort William and via the High Life Highland mobile library service in remote parts of Highland.</li> </ul> <p><b>Multiply</b></p> <ul style="list-style-type: none"> <li>Further delivery of projects across the Highlands and sessions to boost numeracy confidence in everyday life ranging from outdoor family fun days to weekly activities within highlife libraries for families to explore everyday numeracy through games, crafts and play. Introduce additional evening classes to achieve maths qualifications and develop digital tools to support learning.</li> </ul>
1.3 Develop financial inclusion pathways	<ul style="list-style-type: none"> <li>Adapt FI Pathway for families with infants to access emergency formula milk.</li> <li>Provide Access to emergency funds for families in remote and rural areas and explore cash first approaches.</li> </ul>

	<ul style="list-style-type: none"> <li>• Explore what measures can be put in place to provide assurance on the delivery of the FI Pathway</li> <li>• Cash first approaches are difficult in remote and rural areas. Argyll and Bute have newly developed, an emergency voucher scheme which may be able to be adapted for North Highland and provide a solution. Explore other models of good practice in remote and rural areas to support cash first approaches.</li> <li>• Update The Highland Information Trail .</li> <li>• Provide information on the maternity section of the NHS Highland website. This will enable the information to be reviewed/updated every quarter.</li> </ul>
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## Theme 2: Growing Up – Primary Years

**Improvement priority:** Mitigate the impact of the cost-of-living crisis

<b>Actions</b>	<b>Priority Actions for 2024/25</b>
2.1 Increase the uptake of sanitary products in schools and other public sector facilities.	<ul style="list-style-type: none"> <li>• Ensure free period products are available in Highland to everyone who needs them.</li> <li>• Raise awareness of how to access free period products through community collection, schools or home delivery run by Highland Council or through GP distribution model run by Health Information Service (HIRS)</li> <li>• Increase in product take-up from young people</li> </ul>
2.2 Roll out cost of the school day toolkit	<ul style="list-style-type: none"> <li>• Increase the number of schools using the toolkit</li> </ul>

## Theme 3: Moving On: Secondary and Young Adulthood

**Improvement priority:** We will raise attainment and close the poverty related attainment gap

Actions	Priority Actions for 2024/25
3.1 Raise awareness of the impact of poverty amongst children and young people	<ul style="list-style-type: none"> <li>• Develop and pilot a Money Counts 3 course designed to support teams and services to become more poverty sensitive</li> <li>• Undertake a 3-6 month post evaluation survey for those attending the course</li> <li>• Improve our shared understanding and use of data</li> <li>• Embed Joint Strategic Needs Assessment and Whole Family Wellbeing Strategic Assessment</li> </ul>
3.2 Roll out the Family First approach	<ul style="list-style-type: none"> <li>• Reduce the numbers of children in external residential provision</li> <li>• Increase the proportion of children in kinship care</li> <li>• Increase the number of foster carers</li> <li>• Increase community services and supports</li> <li>• Implement the Whole Family Wellbeing Programme in Highland.</li> </ul>
3.3 Identify way to provided targeted support within universal services.	<ul style="list-style-type: none"> <li>• Deliver 8 Money Counts courses to 40 people over the course of the year- through NHS Highland Public Health training programme.</li> <li>• Distribute around 1500 IFAN Worrying About Money leaflets in 24/25 to those in need of financial support</li> </ul> <p><b>Employability</b> In 2024/25 the aim is to work with 300 parents, either on their journey towards employment or for those already in work and in receipt of Universal Credit, to potentially raise their household income</p>

Employability Child Poverty Co-ordinator in post and working alongside key partners e.g. Job Centre Plus, Citizens Advice Scotland, community organisations and employers, to identify and support parents that could benefit from our offers.

Increase awareness of available supports which include; help with barrier removal, training and skills development, job search and interview skills, volunteering, paid placements in the public and third sectors, self-employment, support for private sector companies to take on employability clients and in-work progression support.

Launch the Highland Employability Partnership's new website [WorkLifeHighland.co.uk](http://WorkLifeHighland.co.uk) to provide a simple point of entry for potential clients and employers to access the range of services on offer across partners.

NHS Highland has developed an Employability Strategy which seeks to reach out to those most in need, including an emphasis on young people and parental employment. These actions are those outlined within our Anchor Strategy. In 24-25 it is hoped to further develop links with Highland Councils employability network in supporting Public Sector Placements and linking with the Councils Child-poverty Co-ordinator.

**Equality Impact Assessment Template: Please complete alongside the guidance document**

<b>Title of work:</b> Highland Local Child Poverty Action Update Report April 2023 – March 2024	<b>Date of completion:</b> 6/11/24	<b>Completed by:</b> Lynda Thomson Senior Health Improvement Specialist Health Improvement Team
<b>Description of work:</b>  The development of The Highland Child Poverty Action Update report is a duty placed on both Highland Council and NHS Highland to jointly develop annual updates which outline the activity that has taken place in the previous year and the actions proposed to be taken in the following year which will address child poverty.  The Highland update Plan is set around the agreed themes and life stages of children and young people identified by the Integrated Children's Services Plan 2023 – 2026.		
<b>Outcome of work:</b>  To address the key drivers of poverty which include Income from employment, costs of living and income from social security and benefits in kind. The overarching outcomes identified for priority action in 2024/25 include: We will reduce financial barriers in order to increase participation, raise aspirations and address the impacts of poverty Mitigate the impact of the cost-of-living crisis We will raise attainment and close the poverty related attainment gap.		
<b>Who will be impacted?</b> Stakeholders: (who will this work affect?)  This work will impact on children and young people and their families; it is specifically aimed at those children living in poverty and those who are most vulnerable. This work will also involve partnership working across public sector, specifically NHS Highland and Highland Council, but will involve actions by third sector and community groups.		

## How do you know:

Around 24% of children in Scotland are likely to experience poverty. In Highland this figure is just above 23% after housing costs are included.

Work by the Public Health Health Intelligence team has identified ten small areas in Highland with the highest percentage of children under 16 in low income households in 2023.



In-work poverty remains more common than out-of-work poverty in all areas. Nearly three-quarters of people experiencing in-work poverty have someone in their family who works in five high-priority industries including hospitality, health and social care, retail, administrative support and manufacturing. Many of these industries are large employers in Highland with a high proportion of part-time workers and seasonal variation in demand.

The Scottish Government identifies 6 priority groups who are most likely to be in poverty including:

- Lone Parent Families (38%)
- Minority Ethnic Families (43%)
- Families with a disabled child or adult (27%)
- Families with a younger mum (55%)
- Families with a child under 1 (34%)
- Larger families (3 or more children) (34%)

The percentage of all children in poverty is 24%.

In Highland one in three children and young people under 18 years live in remote rural areas. Remoteness from services and facilities is an important factor in relation to considering poverty and deprivation in Highland. In remote and rural areas, low incomes are exacerbated by additional costs of living in the area.

**What will the impact of this work be?** (see appendix 1 for list of protected characteristics and other groups that you may wish to identify)

**Sex:** Poverty and Child poverty specifically is most often experienced by women. Actions taken to tackle child poverty will therefore have a positive impact for women living in poverty. We should however, be mindful, that men with children can also be impacted by poverty and therefore should seek to ensure any actions take consideration of households where men are either lone parents or within families with children or that by targeting women we do not negatively impact on households with men.

**Age:** The Child Poverty Act is aimed at specifically children and young people up to the age of 18. The actions will therefore have a positive impact for this age group as well as families with young children. Specific priority should be given to families where there is a young mother, under the age of 25 and for children under the age of 1. Care should be taken to ensure that our proposed actions are aimed at this younger age group when targeting.

**Disability:** 27% of households with a disabled child or adult live in poverty and it is one of the identified 6 priority groups. Actions should be assessed as to whether targeting is taking place for these particular households and where needed more focus given to these households including capturing lived experience where appropriate.

**Religion or belief:** No identified impact

**Race:** 43% of Minority Ethnic Families live in poverty. In Highland there are fewer minority ethnic families living in communities which may result in the needs of these families being hidden. Where universal approaches are made it is important to collect data which might allow us to monitor whether minority ethnic families are supporting to engage with activities or to gain from interventions.

**Sexual orientation:** No identified impact

**Gender reassignment:** No identified impact

**Pregnancy/Maternity:** Actions taken within the child poverty report will have a positive impact for women who are pregnant or following the birth of a baby for those families in poverty. Actions taken at the earliest stage are more likely to support tackling child poverty and are therefore an important part of actions identified, however, we do not want to lose sight of families whose children are older and are living in poverty and therefore consideration is given within this plan to actions that can be taken across the life-stages of children and young people.

**Marriage and Civil Partnership:** No identified impact

**Other Key identified Groups:**

**Unemployed:** Actions taken within the plan will have a positive impact on those who are unemployed, however, it is noted that for many families living in poverty there is an adult in the household in employment so planned actions also need to ensure that these households are supported around income maximisation and cost of living support.

**Lone Parent Families:** 38% of lone parent families live in poverty across Scotland, we therefore need to ensure that actions taken are identifying and targeting these groups and ensuring that we consider barriers such as child care and others that might



present specific difficulties for lone parents in accessing services. It will be important to work alongside organisations that support lone parents to ensure that we are targeting our actions accordingly.

**Those living in remote and rural areas or island communities:** We know that for families and children living in remote and rural communities across Highland there are additional challenges both for cost of living which is higher for those communities but also in access to services and support where available. It will be important to consider the needs of those living in poverty who live in remote rural communities and are often more hidden as a result. We need to also ensure that any actions taken have considered ways in which services can be delivered in order to ensure access from a Highland population.

**Fairer Scotland Duties:** This plan is aimed at those in the lowest socio-economic groups and will therefore have a positive impact for those who live in poverty.

**Given all of the above what actions, if any, do you plan to take?**

1. Discussions will take place about specific actions that may be required to consider the needs of the 10 identified small areas in Highland with the highest percentage of children under 16 in low income households.
2. Discussions will also take place about a consideration of any targeted interventions or partnership work that might be considered to specifically explore the needs of employees with families that work within identified industries where in-work poverty is more prevalent including hospitality, health and social care, retail, administrative support and manufacturing.
3. Discussions will take place about tracking where interventions are having most impact specifically in terms of identified priority groups but also in terms of geographical spread.
4. We will seek to work alongside organisations or community groups that work with identified priority groups e.g lone parents.
5. We will seek to include the voice and participation of young people and children in ongoing actions.

**What is the impact of this policy/service development on infants, children and young people? (The [United Nations Convention on the Rights of the Child](#) places a compatibility duty on public authorities including NHS Highland to ensure the rights of children are protected and promoted in all areas of their life).**

**Please view the EQIA Children's Rights Flowchart and Guidance (see below). To ascertain whether completion of the EQIA Children's Rights Questions is required, first complete the Screening Sheet.**

**For more information or support contact: NHS Child Health Commissioner: [deborah.stewart2@nhs.scot](mailto:deborah.stewart2@nhs.scot)**

**EQIA Children's Rights Questions** – Please first complete the Children's Rights Screening Sheet to ascertain if completing the EQIA Children's Rights Questions below is required.

**What impact will your policy/service change have on Children's Rights?** Will the impact of your policy/service development on Children's Rights be Negative/Positive/Neutral? What articles of the UNCRC does the policy/service development impact on? Will there be different impacts on different groups of children and young people e.g. preschool children; children in hospital; children with additional support needs; care experienced children; children living in poverty?

The actions identified in the updated report are aimed at targeting children living in poverty. The actions will have a positive impact on children in this respect. It may impact on any of the articles of UNCRC but specifically the aim is to have a positive impact on article 27 (adequate standard of living). There are identified priority groups that we know are more at risk of experiencing poverty as already highlighted and we will seek to ensure that we are identifying targeted interventions that will meet the needs of those most vulnerable.

If a **negative impact is assessed** for any area of rights or any group of children and young people, can you explain why this is necessary and proportionate? What options have you considered to modify the proposal, or mitigate the impact?

There are no specific negative impacts assessed.

**In what ways have you taken the views of children and young people in to consideration in the development of this policy/service change?** What evidence have you used or gathered on children's views? How will you monitor the impact of the policy / service change and communicate this to children?

The views of children and young people have been collected through a variety of means including Cost of the School Day Voice Network which involved a number of primary schools in the area and Inverness High School. A survey was also undertaken in 2023 with 3,608

responses from young people which is completed by pupils in P7, S2 and S4 annually. The survey responses help to set ongoing measures of progress made in schools to support young people against key identified issues. Planet Youth have worked with five Highland secondary schools to develop an approach to tackling teen smoking and drug use. Young people are involved in the development of identified key actions which can help including a survey completed by 348 S4 pupils from the identified schools.

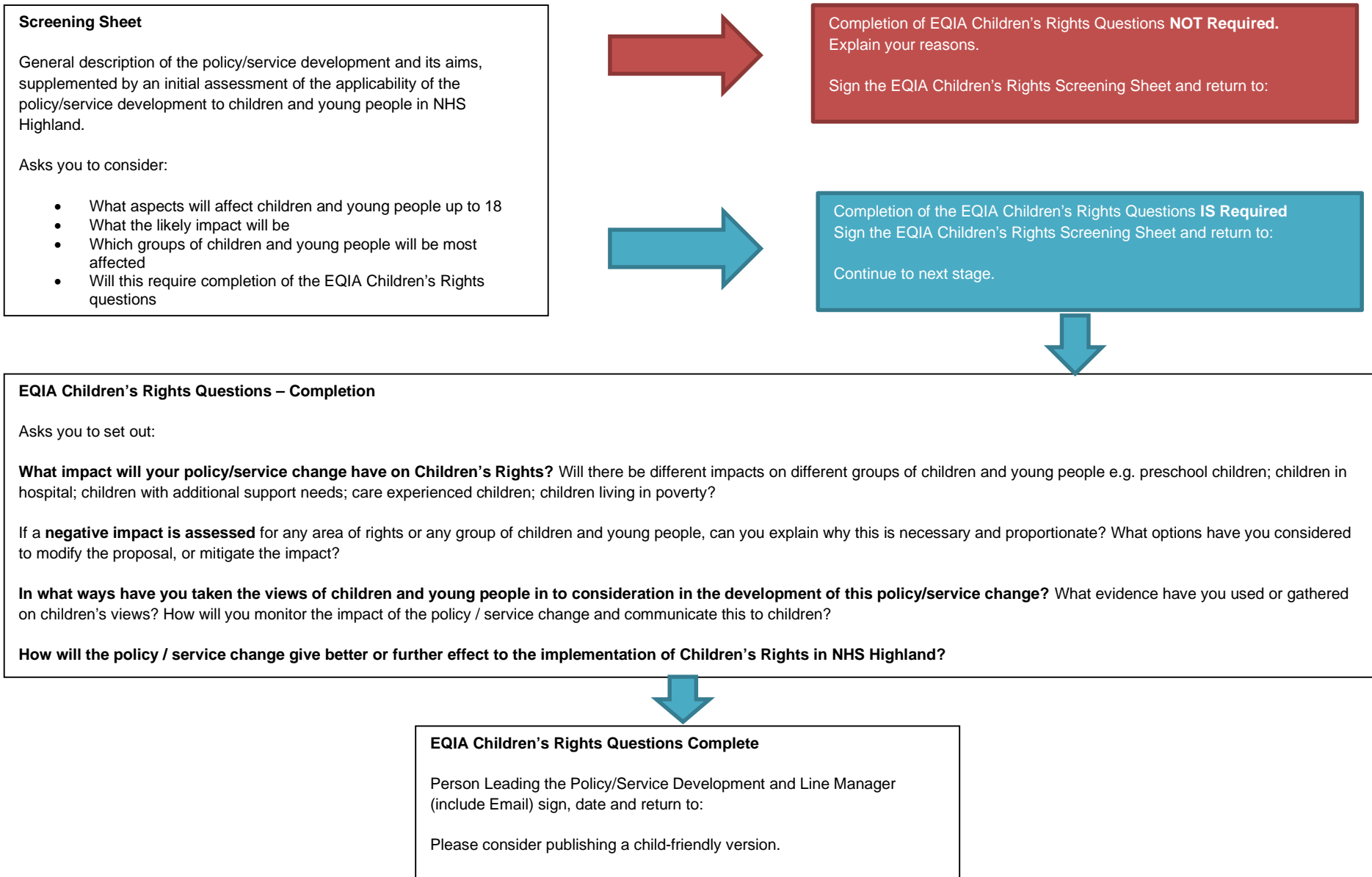
**How will the policy / service change give better or further effect to the implementation of Children's Rights in NHS Highland?**

The update report and identified actions will support the implementation of Children's Rights in NHS Highland.

**Approved by: Cathy Steer. Head of Health Improvement.**

## EQIA Children's Rights – Guidance Notes

### EQIA Children's Rights – Flowchart



## EQIA Children's Rights – Screening Sheet

The [United Nations Convention on the Rights of the Child](#) places a compatibility duty on NHS Highland to ensure the rights of children are protected and promoted in all areas of their life. Completing this Screening Sheet will indicate if completing the **EQIA Children's Rights Questions** is required.

Please note that the actions, or inactions, of public authorities such as NHS Highland can impact children more strongly than any other group in society and every area of policy/service development affects children to some degree, whether directly or indirectly.

For information or support contact: NHS Child Health Commissioner: [deborah.stewart2@nhs.sc](mailto:deborah.stewart2@nhs.sc)

### Overview

Completing the Children's Rights Screening Sheet is a preliminary check on the proposed policy/service development to help determine whether completing the Children's Rights questions in the EQIA is required, and provide a record of that decision.

The Children's Rights screening questions below; ask basic information about the policy/service development and how it will affect children and young people specifically.

Decisions about whether or not to complete the Children's Rights Screening questions as part of the EQIA should take place as early as possible in the formation of the policy/service development.

This is the best way of ensuring that children's rights and wellbeing influence the way in which the policy develops, and that NHS Highland duties to act in a manner compatible with the UNCRC (Incorporation) (Scotland) Act 2024 are met.

Who takes part in the Screening exercise depends on the complexity and potential reach of the policy/service development under consideration.

### **1. What aspects of the policy/service development will affect children and young people up to the age of 18?**

*The Articles of the UNCRC apply to all children and young people up to the age of 18, including non-citizen and undocumented children and young people.*

The actions identified in the updated report are aimed at targeting children living in poverty. The actions will have a positive impact on children in this respect. It may impact on any of the articles of UNCRC but specifically the aim is to have a positive impact on article 27 (adequate standard of living). There are identified priority groups that we know are more at risk of experiencing poverty as already highlighted and we will seek to ensure that we are identifying targeted interventions that will meet the needs of those most vulnerable.

**2. What likely impact – direct or indirect – will the policy/service development have on children and young people?**

*'Direct' impact refers to policies/service developments where children and young people are directly affected by the proposed changes, e.g. in early years, education, child protection or looked after children (children in care). 'Indirect' impact refers to policies/service developments that are not directly aimed at children but will have an impact on them. Examples include: hospital visiting policy, treatment/support to parents, staff parental leave, access to play areas, transport schemes.*

We anticipate direct positive impacts from the implementation and delivery of the identified actions in the report to tackle child poverty.

**3. Which groups of children and young people will be affected?**

*Under the UNCRC, 'children' can refer to: individual children, groups of children, or children in general. Some groups of children will relate to the groups with protected characteristics under the Equality Act 2010: disability, race, religion or belief, sex, sexual orientation. 'Groups' can also refer to children by age band or setting, or those who are eligible for special protection or assistance: e.g. preschool children, children in hospital, care experienced children and young people, children in rural areas, young people who offend, victims of abuse or exploitation, child migrants, or children living in poverty.*

We identify from the research and data as well as the guidance from Scottish Government that there are identified communities and groups of children and families that are most at risk of living in poverty. These are the groups that we plan to target in tackling child poverty in Highland.

**4. Is completion of the EQIA Children's Rights Questions required?**

Please state if completion of the Children's Rights Questions in the EQIA template will be carried out or not. Please explain your reasons.

No – there is some work that we need to develop as identified in the Equality impact assessment under recommendations, but there are no direct negative impacts that have been identified as part of this process and therefore no need for a full EQIA to be completed.

**5. Sign, Date and Authorise**

Person Leading the Policy/Service Development:

Email: Lynda.thomson1@nhs.scot

Signature & Date of Sign Off: Lynda Thomson 6/11/24

Line Manager: Cathy Steer

Email: cathy.steer@nhs.scot

Signature & Date of Sign Off:  08/11/2024

## **Guidance - Screening Sheet**

Completing the Children's Rights Screening Sheet is a preliminary check on the proposed policy/service change to help determine whether completing the Children's Rights questions in the EQIA is required, and provide a record of that decision.

The Children's Rights Screening Sheet asks basic information about the policy/service change and how it will affect children and young people specifically.

Completion of the Children's Rights Screening Sheet as part of the EQIA should take place as early as possible in the formation of the policy/service change.

This is the best way of ensuring that children's rights and wellbeing influence the way in which the policy develops, and that NHS Highland duties to act in a manner compatible with the UNCRC (Incorporation) (Scotland) Act 2024 are met.

Who takes part in the Screening exercise depends on the complexity and potential reach of the policy/service change under consideration. Completion of the Screening Sheet will enable you to decide if completing the EQIA Children's Rights questions is required. The impact assessment process is designed to be proportionate - not every proposed policy/service change will affect children and young people and therefore not automatically require completion of the EQIA Children's Rights questions beyond the Screening stage.

## **Guidance on Completion of the EQIA Children's Rights Questions**

When undertaking the EQIA, you must keep under consideration whether there are any steps which could be taken which would or might secure better or further effect of the UNCRC requirements, and if it is considered appropriate to do so, take any of the steps identified by that consideration.

There are two key considerations when completing the EQIA Children's Rights questions:

**Participation:** The UNCRC gives children the right to participate in decisions which affect them. When assessing the impacts of the policy/service development, you are recommended to consult with children and young people. You can do this directly, through organisations that represent children and young people or through using existing evidence on the views and experiences of children where relevant. Participation of children and young people should be meaningful and accessible.

**Evidence:** You are recommended to gather evidence when assessing the impact of the policy/service development on children's rights and also for measuring and evaluating the policy/service development.

The EQIA Children's Rights questions to be completed with guidance on what to consider are:

**What impact will your policy/service change have on Children's Rights?** Will the impact of your policy/service development on Children's Rights be Negative/Positive/Neutral? What articles of the UNCRC does the policy/service development impact on? Will there be different impacts on different groups of

children and young people e.g. preschool children; children in hospital; children with additional support needs; care experienced children; children living in poverty?

### **Considerations**

#### **Will the impact of your policy/service development on Children's Rights be Negative/Positive/Neutral?**

**Negative** impact i) The policy/service development may impede or actually reverse the enjoyment of existing rights, requiring mitigating measures be put in place; ii) The policy/service development fails to comply with UNCRC and other human rights obligations, requiring modification of the proposal; iii) The policy/service development may have a detrimental impact on children, so should be withdrawn and alternatives presented.

**Positive** impact i) The policy/service development complies with UNCRC requirements; ii) The policy/service development makes changes inline with the UNCRC iii) The policy/service development has the potential to advance the realisation of children's rights.

**Neutral** impact i) The policy/service development brings no discernible lessening of or progress in children's rights or their wellbeing.

#### **What articles of the UNCRC does the policy/service development impact on?**

List all relevant articles of the UNCRC. While all articles of the UNCRC are given equal weight and are seen as complementing each other, the four general principles of the UNCRC; non-discrimination (article 2); the best interests of the child (article 3); the right to life, survival and development (article 6); and the child's right to have their views given due weight (article 12) underpin all other rights in the Convention, and should always be considered in your assessment. Refer to the [UNCRC](#) summary for an overview of UNCRC articles. The most likely articles for consideration are the articles listed above plus; the right to health and health services (article 24). More detailed information on each article can be accessed at: <https://www.unicef.org/child-rights-convention/convention-text>

#### **Will there be different impacts on different groups of children and young people?**

Consideration of which groups of children will be affected by the policy/service development is required, along with any competing interests between different groups of children and young people, or between children and young people and other groups. Under the UNCRC, 'children' can refer to: individual children, groups of children, or children in general. Some groups of children will relate to the groups with protected characteristics under the Equality Act 2010: disability, race, religion or belief, sex, sexual orientation. 'Groups' can also refer to children by age band or setting, or those who are eligible for special protection or assistance: e.g. preschool children, children in hospital, care experienced children and young people, children in rural areas, young people who offend, victims of abuse or exploitation, child migrants, or children living in poverty.

**If a negative impact is assessed for any area of rights or any group of children and young people, can you explain why this is necessary and proportionate? What options have you considered to modify the proposal, or mitigate the impact?**



### **Considerations**

Give careful thought to whether any negative impacts are necessary and proportionate when weighed against the purpose of the policy/service development. For example, are you clear that the public benefits demonstrably outweigh the negative impacts and that your proposals are both justified by evidence, and have the least possible impact on the enjoyment of the Children's Rights in question? Again, you are required to provide evidence, and where possible to have consulted with those groups and communities most likely to be affected. If the assessment indicates a negative impact, you must present options for modification or mitigation of the original proposals. Options should be proportionate, refer to any potential resource implications associated with the change in policy/service development, and indicate how the proposed change(s) will result in a positive impact on Children's Rights.

**In what ways have you taken the views of children and young people in to consideration in the development of this policy/service change? What evidence have you used or gathered on children's views? How will you monitor the impact of the policy / service change and communicate this to children?**

### **Considerations**

As part of the EQIA Children's Rights process, you should ensure that children and young people's views and experiences are sourced, included and recorded, and make it clear how these views have informed the Children's Rights analysis, and conclusions. Participatory policy-making is at the heart of human rights frameworks. Anyone who will be affected by the policy/service development should be given the opportunity to contribute their views. This includes children and young people, their parents/carers, organisations which work with them. where children and young people's views are not known on a matter that is likely to have an impact on them, steps should be taken to obtain their views. Consultation with children and young people can take place using one or more of the following methods:

### **Consultations**

- Adding specific questions aimed at children and young people to a broader public consultation;
- Targeted promotion of public consultations to children and young people through relevant websites, schools/colleges, social media – ensuring that consultation materials are written in a style that is accessible to and suitable for children;
- Making use of existing consultation mechanisms through rights, participation and youth work organisations/structures (including, e.g. local young person-led organisations);
- Setting up/commissioning public consultations with children and young people to gather their views on the proposed measure
- Targeted consultations with the specific groups of children and young people who will be affected by the proposed measure, e.g. children in care, traveller children and families, children affected by domestic violence, children in hospital, children accessing NHS Highland services.

**Where direct consultation is not possible, consider the following:**

- Relevant published research that involved and collected the views of children and young people;
- A re-analysis of children and young people's responses to a recent consultation that is relevant to this policy/service development area;

- Sending out a 'call for evidence' to service providers to ask them for any unpublished or difficult-to-locate information they have collected on the views and experiences of the children and young people who use them;
- Asking organisations which work with or on behalf of children and young people to submit the views of those they work with - this is particularly useful to identify case study information, or the experiences of groups of children and young people living in particular circumstances;
- Looking at inspection reports that reflect the views of children and young people.

However, existing evidence may need to be supplemented. Where there is insufficient, contradictory or only anecdotal evidence, you will have to decide whether you are able to make a well-informed assessment of the potential impact on Children's Rights without commissioning further research and/or consulting with children and young people, and other stakeholder groups, to fill that evidence gap. The reasoning behind your decision should be recorded in the EQIA. If a consultation or the opportunity to work more collaboratively with children and young people are not possible at this stage additional efforts should be made to ensure children and young people are involved at a later date as part of the monitoring and review of the policy/measure.

#### **National and local resources are available to support engagement with children and young people:**

National Resource: [Participation of Children and Young People in Decision-making](#)

Local Resource: Insert link to the Highland Children and Young People Participation Strategy, once available.

Local Resource: [NHS Highland Engagement Framework 2022 - 2025](#)

Local Resource: Insert THC Children's rights website, once available.

Training and awareness raising resources on [Children's Rights \(UNCRC\)](#) is available via Turas. Please note that you must be signed in to your Turas account to view and access the eLearning modules.

#### **How will the policy / service change give better or further effect to the implementation of Children's Rights in NHS Highland?**

##### **Considerations**

Your assessment may reveal that the policy/service development not only complies with the articles of the UNCRC but takes things further and helps progress the realisation of children's rights in Highland; i.e. gives better or further effect to the UNCRC. Completing the EQIA Children's Rights questions can provide a means to record that policy development.

All the information you provide on the EQIA Children's Rights screening sheet and EQIA Children's Rights questions will inform a report by NHS Highland to the Scottish Government that is required by law every 3 years.

**For further information and support** contact NHS Child Health Commissioner@deborah.stewart2@nhs.scot or visit the [Children's Rights](#) section of the NHS Intranet.