

CRWIA Front Sheet	
Policy/measure A general description of the policy/measure	NHS Lanarkshire Children and Young People's Health Plan 2021 – 2023. This plan is a collaborative document which provides a central driving point to improve health and health services for children and young people across NHS Lanarkshire and North and South Lanarkshire Health and Social Care Partnerships.
Project Initiation Document Add link to the document	On agenda
Initiating department The responsible team or division. If this is a cross-cutting policy, name the team that has overall responsibility	The NHS Lanarkshire Children and Young People's Health Plan 2021 – 2023 has been led by NHS Lanarkshire's Department of Public Health. Team members include, Consultant in Public Health, Programme Manager – Maternal and Child Health, NHS Lanarkshire Child Health Commissioner and members of the NHS Lanarkshire Child Health Services Improvement and Planning Group.
Policy aims What the policy or measure is trying to achieve; what are the expected outcomes	The aim of the NHS Lanarkshire Children and Young People's Health Plan 2021 – 2023 is to improve health and health services for children and young people across NHS Lanarkshire and North and South Lanarkshire Health and Social Care Partnerships. An associated Improvement Plan is included in the plan where outcomes to be achieved are detailed.
Timetable What is the time frame for a policy announcement/ consultation/ implementation?	Draft in May 2021 then circulate – governance boards from June 2021 – 6 monthly updates from December 2021
Date	May 2021
Signature	Irene Campbell, Programme Manager Maternal and Child Health

CRWIA Stage 1 Screening - key questions

1. What aspects of the policy/measure will affect children and young people up to the age of 18?

The Articles of the UNCRC and the wellbeing indicators under the Children and Young People (Scotland) 2014 apply to all children and young people up to the age of 18, including non-citizen and undocumented children and young people.

As the NHS Children and Young People's Health Plan, Lanarkshire is aimed at improving health and health services, all children and young people could be potentially affected by the improvement actions detailed within the plan.

2. What likely impact - direct or indirect - will the policy/measure have on children and young people?

'Direct' impact refers to policies/measures 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/measures that are not directly aimed at children but will have an impact on them. Examples include: welfare reforms, parental leave, housing supply or local transport schemes.

The overarching function of the plan is to improve the health and wellbeing of infants, children, young people and families and reduce inequalities by targeting services at those most in need. The measures contained within the plan will have a direct impact on infants, children, young people and their families. Particular vulnerable groups of infants, children and young people e.g. those with exceptional healthcare needs, care experienced children and young people, those affected by homelessness, poverty, disability, young carers, etc.

3. Are there particular groups of children and young people who are more likely to be affected than others?

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. It may be possible to align the CRWIA with the EQIA in these cases. 'Groups' can also refer to children by age band or setting, or those who are eligible for special protection or assistance e.g. pre-school children, children in hospital, children in rural areas, looked after children, young people who offend, victims of abuse or exploitation, child asylum-seekers, or children living in poverty.

As stated at point 2, particular groups of infants, children and young people may be more affected than others e.g. those with exceptional healthcare needs, care experienced children and young people, those affected by homelessness, poverty, disability, young carers, children and young people experiencing poorer mental health and wellbeing, etc.

4. Who else have you involved in your deliberations?

Have you included all policy leads who may have an interest in these developments?

Consultant in Public Health, Maternal and Child Health, Child Health Commissioner and wider consultation with key stakeholders.

5. Will this require a CRWIA?

Explain your reasons

Yes publication of the NHS Lanarkshire Children and Young People's Health Plan 2021 – 2023 will require a CRWIA due to the impact of all areas of this plan on infants, children and young people in Lanarkshire.

CRWIA Declaration

Tick relevant section, and complete the form.

CRWIA required

Yes

Policy Lead

CRWIA not required

Date

CRWIA Front Sheet, Screening and Publication Template

Name, title, division Irene Campbell, Programme Manager Maternal and Child Health, Department of Public Health	May 2021
Deputy Director or equivalent Name, title, division To be advised	Date

CRWIA Stage 2 Scoping - key questions

1. What children's rights are likely to be affected by the policy/measure?

List *all* relevant Articles of the UNCRC and Optional Protocols (see Annex 1). All UNCRC rights are underpinned by the four general principles: non-discrimination; the best interests of the child; the right to life; survival and development; and the right to have children's views given due weight.

All relevant UNCRC Articles:

Article 2

Non-discrimination – children should not be discriminated against in the enjoyment of their rights. No child should be discriminated against because their situation or status of their parents/carers.

Article 3

Best interests of the child. Every decision and action taken relating to a child must be in their best interests. Governments must take all appropriate legislative and administrative measures to ensure that children have the protection and care necessary for their wellbeing – and that the institutions, services and facilities responsible for their care and protection conform with established standards.

Article 6

Life, survival and development. Every child has the right to life and to develop to their full potential.

Article 12

Respect for the views of the child. Every child has the right to express their views and have them given due weight in accordance with their age and maturity. Children should be provided with the opportunity to be heard, either directly or through appropriate body.

Article 16

Right to privacy. Every child has the right to privacy. The law should protect the child's private, family and home life, including protecting children from unlawful attacks that harm their reputation.

Article 18

Parental responsibilities and state assistance. Both parents share responsibility for bringing up their child and should always consider what is best for their child. Governments must support parents by creating support services for children and giving parents the help they need to raise their children.

Article 19

Protection from violence, abuse and neglect. Governments must do all they can to ensure that children are protected from all forms of violence, abuse, neglect and bad treatment by their parents or anyone else who looks after them.

Article 20

Children unable to live with their family. If a child cannot be looked after by their immediate family, the government must give them special protection and assistance. This includes making sure the child is provided with alternative care that is continuous with and respects the child's culture, language and religion.

Article 21

Adoption. Governments must oversee the process of adoption to make sure it is safe, lawful and that it prioritises children's best interests. Children should only be adopted outside of their country if they cannot be placed with a family in their own country.

Article 24

Health and health services. Every child has the right to the best possible health. Governments must provide good quality health care, clean water, nutritious food, and a clean environment and education on health and wellbeing so that children can stay healthy. Richer countries must help poorer countries achieve this.

Article 25

Review of treatment in care. If a child has been placed away from home for the purposes of care or protection (for example with a foster family or in hospital), they have the right to a regular review of their treatment, the way they are cared for and their wider circumstances.

Article 26

Social security. Every child has the right to benefit from social security. Governments must provide social security, including financial support and other benefits, to families in need of assistance.

Article 27

Adequate standard of living. Every child has the right to a standard of living that is good enough to meet their physical and social needs and support their development. Governments must help families who cannot afford to provide this.

<p><u>Article 31</u> Leisure, play and culture. Every child has the right to relax, play and take part in a wide range of cultural and artistic activities.</p> <p><u>Article 39</u> Recovery from trauma and reintegration. Children who have experienced neglect, abuse or exploitation, or torture or who are victims of war must receive special support to help them recover their health, dignity, self-respect and social life.</p> <p><u>Article 42</u> Knowledge of rights. Governments must actively work to make sure children and adults know about the Convention.</p>
<p>2. How will the policy/measure affect children’s wellbeing as defined by the wellbeing indicators? <i>List all wellbeing indicators relevant to the policy/measure (see Annex 2). The indicators are: Safe, Healthy, Achieving, Nurtured, Active, Respected, Responsible and Included.</i></p> <p>Wellbeing indicators relevant to the Children and Young People’s Health Plan, Lanarkshire are: Safe, Healthy, Achieving, Nurtured, Active, Respected, Responsible and Included.</p>
<p>3. How many children and young people are likely to be affected by the policy or measure? <i>List potential sources of official and other data, or note the need to locate this information. Are there different levels of impact for different groups of children?</i></p> <p>Population demographics are contained within the NHS Lanarkshire Children and Young People’s Health Plan. In 2019 the population of Lanarkshire was 661,900. Children under 5 years made up 5.3% of the population (n= 34,844), children aged 5 – 14 made up 11.5% of population (n = 76,186) and young people aged 14 – 24 made up 11.5% of the population (n = 74,171). Data has been gathered from a variety of sources and updated where relevant. See relevant section in plan Sources used:</p> <p>NHS Information Services Division Public Health Scotland National Records of Scotland HMRC Scottish Government: Scottish Surveys Core Questions Scottish Government: Scottish Household Survey</p> <p>A Maternal and Child Health Dashboard is currently being reviewed and updated and links to outcome measures contained within the improvement plan.</p>
<p>4. What research evidence is available? <i>Preliminary identification of the research base for this policy/measure</i></p> <p>A variety of sources of evidence have been referenced within the NHS Lanarkshire Children and Young People’s Health Plan. These provide the context and status/trends covering a range of indicators.</p>
<p>5. Has there been any public or stakeholder consultations on the policy/measure? <i>Stakeholders include children and young people, parents/carers, children’s workforce, NGOs</i></p> <p>A variety of methods have been used across a range of partners to capture the views of infants, children, young people and families and are contained within the plan. There will be further stakeholder consultation on the final draft of the plan prior to implementation/launch of the plan.</p>
<p>6. Has there been any estimate of the resource implications of the policy/measure? <i>Capital costs, expenditure, recruitment and training costs for the workforce etc.</i></p> <p>There has not been any estimate of the resource implications relating to the NHS Lanarkshire Children and Young People’s Health Plan as resources are available across the range of services included in the plan.</p>

CRWIA Stage 3

Data Collection, Evidence Gathering, Involvement of/Consultation with Stakeholder

Groups - key questions

1. What does the evidence tell you?

The evidence base may include demographic information, academic research, service monitoring/inspection reports, service evaluation reports, user surveys etc. Identify any gaps in the evidence base. In particular, look at what the evidence tells you about children and young people's views and experiences of the relevant service(s); and/or what it tells you about children and young people's views of the policy proposal

2. What further data or evidence is required?

Is the evidence up to date, robust and reliable, sufficiently relevant to what is being proposed, or do you need to commission new research?

Yes the evidence is up to date, robust and reliable, sufficiently relevant to what is being proposed. An exercise has been carried out to review evidence and data is up to date. There is no need to commission new research at this stage.

3. Has there been any consultation on the development of the proposal(s)?

Public or targeted consultation with children and young people, their parents/carers, the children's workforce - is there enough information on the views of the children and young people who will be affected by the policy/measure?

Views have been sought from a range of key stakeholders involved in the development and subsequent review of the NHS Lanarkshire Children and Young People's Health Plan. Examples are given in the plan.

4. Should children and young people be further involved in the development of this policy? Are there particular

groups of children and young people whose views should be sought?

Specify how - outline the purpose, format, timetable and the questions you want to ask

Yes children should be further involved in the development of the NHS Lanarkshire Children and Young People's Health Plan. New development workers are in the process of being recruited to support the implementation of "The Promise", two of whom will have a specific remit for liaising with NHS services with a focus on care experienced children and young people. Plans will be developed to ensure we capture the views of this group of children and young people. It is hoped that these postholders will become members of the NHS Lanarkshire Child Health Services and Improvement Group to ensure effective involvement in future developments.

5. Should other stakeholders and experts be further involved in the development of this policy?

Specify how - outline the purpose, format, timetable and the questions you want to ask

Stakeholders from within NHS Lanarkshire have been involved in the development of the NHS Lanarkshire Children and Young People's Health Plan. The plan will seek to be approved by the governance arrangements as highlighted in the NHS Lanarkshire Children and Young People's Health Plan.

CRWIA Stage 4**Assessing the Impact and Presenting Options - key questions****1. What likely impact will the policy have on children's rights?**

Negative/positive/neutral. For those assessed as having a negative impact, list options for modification or mitigation of the policy/measure, or suggested alternatives to the policy/measure

The NHS Lanarkshire Children and Young People's Health Plan will have a positive impact on the children's rights referenced at Stage 2 Key Question 1.

2 How will the policy/measure contribute to the wellbeing of children and young people?

Provide any additional assessment using the wellbeing indicators framework.

SHANARRI Indicator	Description	UNCRC Articles
Safe	Protected from harm and abuse	11 (abduction and non-return of children), 19 (protection from violence), 22 (refugee children), 32 (child labour), 33 (drug abuse), 34 (sexual exploitation), 35 (abduction, sale and trafficking), 36 (other forms of exploitation), 37 (inhumane treatment and detention), 38 (war and conflicts)
Healthy	Best possible standards of physical and mental health; support to make healthy choices	3 (best interests of children), 6 (life survival and development), 24 (health and health services), 39 (recovery and rehabilitation of child victims)
Achieving	Accomplishing goals and thereby boosting skills, confidence and self esteem; being all they can be	4 (children's rights protected), 18 (parental responsibility and state assistance), 28 (right to an education), 29 (goals of education)
Nurtured	Having a loving and stimulating place to live and grow	4 (children's rights protected), 5 (parental guidance and child's evolving capacities), 18 (parental responsibility and state assistance), 20 (children deprived of a family), 21 (adoption), 25 (review of treatment in care), 27 (adequate standard of living)
Active	Having opportunities to take part in a wide range of activities	3 (best interests of the child), 23 (children with disabilities), 31 (leisure, play and culture)
Respected	Being enabled to understand their world, being given a voice, being listened to, and being involved in the decisions that affect their wellbeing	2 (non-discrimination), 3 (best interests of the child), 4 (children's rights protected), 5 (parental guidance and child evolving capacities), 8 (protection and preservation of identity), 12 (respect for

		the views of the child), 13 (freedom of expression), 14 (freedom of thoughts, beliefs and religion), 16 (right to privacy), 17 (access to information), 18 (parental responsibility and state assistance), 30 (right to learn and use the language customs and religion of the family)
Responsible	Taking an active role within their home, school or community	3 (best interests of the child), 12 (respect for the views of the child), 14 (freedom of thought, conscience and religion), 15 (freedom of association), 40 (juvenile justice)
Included	Being a full member of the communities in which they live, learn, receive help and guidance to overcome inequalities	3 (best interests of the child), 6 (life survival and development), 18 (parental responsibilities and state assistance), 23 (children with disabilities), 26 (social security), 27 (adequate standard of living)
<p>3. Are some children and young people more likely to be affected than others? <i>Which groups of children and young people will be affected by the policy/measure? Are there competing interests between different groups of children and young people, or between children and other groups? List options for modification or mitigation of the proposal.</i> All infants, children and young people accessing NHS Lanarkshire services will be affected by the plan and associated improvement activity supporting the plan.</p>		
<p>4. Resource implications of policy modification or mitigation <i>If recommending any changes to the policy/measure, include estimates of cost implications</i> No recommendations are being made with regards to resource implications.</p>		
<p>5. How does the policy/measure promote or impede the implementation of the UNCRC and other relevant human rights standards? <i>This will inform Scottish Ministers' duty to report to Parliament on children's rights under the Children and Young People (Scotland) Act 2014.</i> There are key performance indicators contained within the improvement plan. These will be monitored at regular review periods. Linked UNCRC Articles are referred to in the improvement plan and will be promoted and reinforced throughout the lifespan of the plan.</p>		

Key learning points:

1. To carry out both EQIA and CRWIA (using the Scottish Government template) is a time consuming process and could possibly inhibit services to carry both assessments out.
2. The NHS Lanarkshire EQIA reporting template is much better laid out and easier to complete.
3. Is there a possibility of merging the EQIA/CRWIA/Fairer Scotland Duty Assessment into the one document? (Elspeth Russell to include Irene in discussions with Hina Sheikh regarding this)
4. Include some key questions from the CRWIA Scottish Government template in the NHS Lanarkshire EQIA reporting template.
5. North Ayrshire have created a joint EQIA and CRWIA process encompassing the Fairer Scotland Duty : <https://www.north-ayrshire.gov.uk/Documents/SocialServices/eia-and-cria-tool-kit-2019.pdf>
6. North Ayrshire joint EQIA/CRWIA example here: <https://www.north-ayrshire.gov.uk/Documents/CorporateServices/ChiefExecutive/PolicyandPerformance/2019-20-review-of-Primary-and-Secondary-School-Staffing-online-form.pdf>

Supporting documentation:

1. When and how best to use the Children's Rights and Wellbeing Impact Assessment (CRWIA): Guidance (Scottish Government)

[advice-and-guidance/2015/06/childrens-rights-wellbeing-impact-assessments-crwia-guidance](https://www.scotland.nhs.uk/advice-and-guidance/2015/06/childrens-rights-wellbeing-impact-assessments-crwia-guidance)

2. An introduction to Children's Rights in Scotland – 20 minute training tool (Scottish Government):

[advice-and-guidance/2016/03/childrens-rights-wellbeing-impact-assessments-crwia-training-tool](https://www.scotland.nhs.uk/advice-and-guidance/2016/03/childrens-rights-wellbeing-impact-assessments-crwia-training-tool)

3. A summary of the United Nations Convention on the Rights of the Child:

[UNCRC_summary](#)