NHS GRAMPIAN DIRECTOR OF PUBLIC HEALTH REPORT 2024

Children and Young People

Foreword

The Director of Public Health report this year is about children and young people in Grampian. As adults we have inherited the responsibility to ensure a world that is safe and secure for all children to grow up in, and to ensure that there is a future to pass on to them. Children rely on us adults to be responsible stewards – of the environment, our institutions, the economy – until these responsibilities are passed on in turn. The United Nations Convention on the Rights of the Child (UNCRC) remains an invaluable guide for us in thinking about how to deliver against these responsibilities, and reminds us that every child has the right to express their views, feelings and wishes in all matters affecting them, and to have their views considered and taken seriously.

The four threats to population health in Grampian, and across Scotland that were set out in previous reports continue to be our challenge. These are poverty, inequities in health, the sustainability of health and social care services, and climate change. In this report, these challenges are explored through the lens of children. I am very grateful to the children and young people who spoke openly and honestly about what matters to them. You will read their views, and those of their families, throughout this report.

None of the work described in this report has been done by one team or one organisation alone, but represents the strength of collaborative work across different sectors in Grampian. I would like to take this opportunity to recognise and thank my predecessor, Susan Webb, for her leadership in developing and establishing the population health system in the North East, laying the foundations for strong collaborative working that enable us to do our best for (and with) the population in Grampian. With the continued commitment and support of the public sector leaders in the North East we have come together to as a Population Health Alliance with a shared commitment to reduce inequities in the social determinants of health and create a healthier, safer, fairer place to live. We all have a role to play in giving children the best start in life. As the examples in this report show, we make a difference when we work together. Working together effectively is all the more important now, given the challenging financial landscape. The recently published Population Health Framework and Service Renewal Framework from Scottish Government both provide a clear steer towards a prevention focussed system, and ensuring children have the best start in life is a key component.

Children and young people in Grampian have many positive experiences but they are also telling us that there is more we can do to support them to be happy, healthy and prepared for adulthood. We now need to do everything we can to act on what they tell us and work with them to enable the futures they want to achieve.

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Introduction

Listening to children and young people

When Scottish children and young people were asked about their experiences, nearly half said they did not believe that services respect their rights as set out in the United Nations Convention on the Rights of the Child.[1]

A number of youth groups in Aberdeenshire met with us to inform this report. The methodology is set out in appendix one. They told us about the present, what might change, and what the future holds. What they told us was consistent with what we learned from recent consultations with children and young people in Aberdeen City and Moray. In Aberdeen City, care-experienced young people highlighted mental health—particularly anxiety and depression—as their main health concern, expressing a need for more support options and faster access. In Moray, young people with disabilities and their families identified the cost of accessing healthcare as a major issue.

Young people in Grampian value a future involving safety, equality, and meaningful inclusion, where young people's voices are not only heard but acted upon.

'Make adults listen to us! Include us in decisions that affect us.'

Young people's ideas and feelings have been included throughout this report. Broad themes have been summarised below. There was general agreement around broad topics, which are also reflected in national Scottish surveys and in the Scottish Youth Parliament manifesto.[2]

The following word cloud illustrates what young people said when they were asked 'What does it mean to be a young person today?'

Figure 1: Word cloud capturing responses from young people when asked 'What does it mean to be a young person today?'

When asked to think about things they would want to keep, young people were positive about attending youth groups and wanted to see more of these. Young people felt life outside of school was generally better than being in school, although they all liked to learn.

As with all groups, sometimes children and young people disagreed. For example, in some schools in Grampian, young people put their phones in a 'phone box' during the school day. Some young people said they liked this as it helps everyone focus, however others explained they were concerned about safety. However, young people also told us that being young is hard, and adults do not always understand.

Figure 2: Responses from young people on things to keep and things needed for the future

Things to keep	Things needed for the Future
Youth Groups	Easier Transitions (primary to secondary and into working life)
Choice	Relevant skills at school and different methods of learning
Outdoor Space	Climate change action
Adult supervision	Freedom of expression
	Combat bullying including cyber bulling and online trolls
	Improved methods to tackle misinformation and harmful content online
	Extracurricular activities (including more that are not sport based)
	Improved mental wellbeing and mental health services

What this report will cover

Previous reports have described the four threats to population health in Grampian.[3] These are poverty, inequities in health, the sustainability of health and social care services, and climate change. These are also recognised as challenges for the whole of Scotland.[4] Here we explore these challenges through the lens of children.

- **Growing up in poverty** can be bad for health. Growing up in poverty surrounded by wealth can be more so. Poverty is associated with many adversities. The Scottish Government has made a law to stop children growing up in poverty.[5,6] This is one of four themes addressed in this report.

- **Inequities are unfair** and preventable differences in health seen across populations. Inequities in health begin in infancy (even during pregnancy) and can last a lifetime. Actions in the early years are vital to prevent inequities in health, and reduce need for health and social care, into the future. This is the second theme of this report.

- **Mental health and neurodiversity** is the third theme of the report because young people have told us that it is a difficult time, and that adults do not always understand and sometimes downplay this. Poor mental health can adversely affect every part of life, so a good understanding and the right support is critical.

- Children and young people are rightly concerned about **climate change**. They wonder what kind of world adults are going to pass on to them. Children and young people will be the group most affected by climate change so they must be heard and included in decisions that will affect their future. This is the fourth theme of the report.

Children and young people in Grampian

The number of babies being born in all three local authorities in Grampian is reducing.[7]
In 2024 there were 4478 babies born in Grampian. This is nearly one third (30%) fewer babies born than a decade earlier.
Over two fifths of new-born babies are registered in Aberdeen City (43%) and Aberdeenshire (42%), with under one fifth registered in Moray (15%).

As the number of births reduced over the last decade, the number of children aged 0 to 4 has also reduced.

The number of children aged 5 to 11 has increased in Aberdeen City, stayed the same in Aberdeenshire and reduced in Moray.

The number of children aged 12 to 17 has increased in Aberdeen City and Aberdeenshire, but stayed the same in Moray.

In total, over 113,000 infants, children and young people live in Grampian. Nearly half live in Aberdeenshire (48%), over one third live in Aberdeen City (36%), and just over one sixth live in Moray (16%).

Table 1: Mid-year population estimates by age group by Local Authority area

Aberdeen City

Age		2015	2016	2017	2018	2019	2020	2021	2022	2023
	0-4	11,813	11,714	11,565	11,319	11,302	11,117	10,680	10,709	10,837
	5-11	14,232	14,494	14,782	15,002	15,205	15,291	15,579	16,122	16,911
	12-17	12,088	12,467	12,581	12,510	12,706	12,953	12,328	12,522	13,390

Aberdeenshire

Age		2015	2016	2017	2018	2019	2020	2021	2022	2023
	0-4	15,262	15,209	14,821	14,663	14,380	13,876	13,171	13,079	12,482
	5-11	21,905	22,265	22,542	22,432	22,495	22,439	22,589	22,248	22,350
	12-17	17,305	17,073	16,959	17,065	17,282	17,791	18,438	19,270	19,732

Moray

Age		2015	2016	2017	2018	2019	2020	2021	2022	2023
	0-4	4,833	4,781	4,674	4,494	4,415	4,389	4,261	4,250	4,130
	5-11	7,214	7,338	7,310	7,295	7,264	7,057	7,041	6,979	6,901
	12-17	6,389	6,149	5,961	5,835	5,927	6,160	6,259	6,556	6,637

If fewer babies continue being born, then over time the number of children will reduce. At the same time the number of people aged over 65 is increasing.

Many health conditions become more common as people get older. We are also seeing more people developing long-term health conditions like diabetes, high blood pressure and heart problems earlier in life, as they approach their mid-forties. This means that many people are living with multiple health problems for many years of their life.

This change is being seen in the most recent Healthy Life Expectancy (HLE) rates.[8] HLE rates in the older age group have remained stable while HLE at birth has reduced, suggesting the overall reduction in HLE is being driven by worsening health in younger age groups.

A population that has more older than younger people will require new thinking about how long people work, how health and care is provided, and how people are looked after in their own homes. At the same time, children and young people have their own health and care needs. It is vital that these needs are not forgotten as the number of older people increases.

The future needs to be planned for, and that planning has to start now with the views of children and young people listened to so they can help inform and influence the decisions that will have to be made.

Theme one: poverty

Listening to children and young people

Young people said that they need:

> *'Capable government who take care of the economy and that our parents do not complain about.'*

Young people in Grampian told us that tackling poverty in schools is vital. They want equal opportunities, including access to free school meals, uniforms, and school trips. Going hungry affects their ability to focus in school. Feeling socially isolated because of lack of money is stigmatising. Worrying about money affects their mental health.

> *'Free school lunches for everyone so we don't feel broken and outcast.'*

> *'If we do have to wear uniform make it affordable.'*

Young people recognise the additional costs that can come from making these changes but believe it is an important investment.

> *'Increase taxes to help everyone by making necessities free, or if not free then cheap.'*

> *'Donate money to local charities to help everyone.'*

Free and accessible public transport is important for young people to get to school and college. While bus travel is free in Scotland until you are 22, young people attending college explain that buses can be infrequent and getting the train is often faster, so they sometimes opt for this, but it is expensive.

> *'All your money goes on travel. Public transport should be free.'*

Context

Not everyone who grows up in poverty is harmed by it, and strong family relationships and friendships can really help. But not having enough money limits where we can live, it makes it difficult to pay bills, to eat well and healthily, to take part in things, to travel or go on holiday, to manage when things break down, to keep up with everyone around us, or to feel good about ourselves. For all these reasons and more, poverty is bad for health and wellbeing.[9]

Poverty forces people to focus on short-term survival, making it harder to plan for the future.[10] It limits choices in food, activities, and energy levels. Children born into poverty often face health and development challenges and may struggle with taking part in social activities. They might miss out on events, trends, and friendships, leading to feelings of shame or exclusion. Growing up in poverty can reduce future job prospects and earning potential. Adults who experienced poverty as children tend to

earn less and need more public support.[11] Poverty can also pass down through generations, making it difficult to break the cycle.[12]

Being a parent isn't always easy, but most parents give their children the love, security and support they need to grow up healthy, confident and secure. Parents often sacrifice their own needs to support their children, sometimes skipping meals or cutting back on personal activities.[13] Mothers, in particular, experience high stress, which can affect their interactions with their children.[14] Children notice these struggles and may avoid asking for money or they take on jobs to help, which can provide independence but also affect their schoolwork. The beliefs and values of young people are often shaped by the adults in their lives, and parents' worries and aspirations can become those of young people.

Poverty makes parenting more difficult, especially for parents who may also have mental health problems, or who misuse drugs or alcohol. This can cause harm to themselves and those around them.[15] Children whose parents misuse drugs or alcohol can experience the world as unpredictable, uncontrollable and unsafe, alongside stigma.[16] Children in this situation can be at greater risk of neglect, abuse and injuries, and have greater difficulties with emotional and physical development.[17]

The current situation

The Scottish Government wants fewer than one in ten (10%) children to be growing up in relative poverty by 2030. Relative poverty is defined as households having less than 60% of the UK median income after housing costs.[18,19] Scottish Government provide links to a variety of relevant statistics.[20]

The UK Department for Work and Pensions publish the percentage of children living in low income families, defined as below 60% of median income, before housing costs.[21,22] In 2023/24 they report that one in six children (16%) in Moray, one in eight children (12%) in Aberdeen City, and one in eleven children in Aberdeenshire (9%), are growing up in low income families.

Loughborough University use the DWP data to estimate the number of children living in low income families after housing costs, and these are published by End Child Poverty.[23] Once housing costs are taken into account, around one in five children are growing up in relative poverty in Moray (23%) and Aberdeen City (19%), and one in seven children in Aberdeenshire (15%). These figures have not changed much over the past ten years.

Table 2: Number and *percentage* of children in relative poverty after housing costs	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24
Moray	3,896 *21%*	4,082 *22%*	4,156 *23%*	4,028 *23%*	4,010 *22%*	4,248 *23%*	3,973 *21%*	4,228 *24%*	4,182 *24%*	3,944 *23%*
Aberdeen City	6,722 *19%*	7,075 *20%*	7,682 *21%*	7,872 *22%*	6,062 *21%*	7,279 *21%*	7,456 *18%*	7,994 *20%*	8,476 *22%*	7,825 *19%*
Aberdeenshire	8,444 *16%*	8,960 *17%*	9,372 *17%*	9,257 *18%*	7,927 *16%*	9,210 *17%*	8,074 *14%*	8,799 *16%*	8,846 *16%*	8,164 *15%*

Figure 3: Percentage of children in relative poverty after housing costs
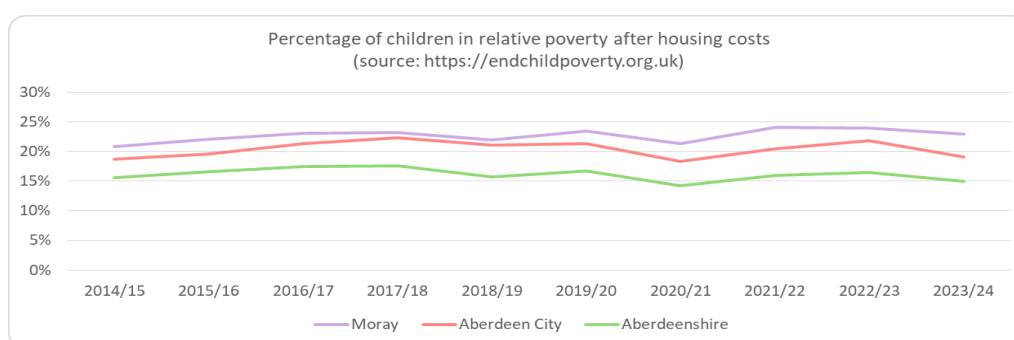
The Child Poverty (Scotland) Act 2017 places a statutory duty on local authorities and Health Boards to jointly prepare and publish annual Local Child Poverty Action Reports.[24] These reports outline actions taken to reduce child poverty and are a key part of the country's strategy to meet the 2030 child poverty targets. This is a key part of Scotland's strategy to reduce child poverty by ensuring a coordinated, local approach to tackling the issue and improving outcomes for children and families.

Working together to use data, evidence and lived experience to provide practical help to families living in poverty.

Low Income Family Tracker project

Aberdeen City Council and partners in the Health Determinants Research Collaboration Aberdeen secured funding from Scottish Government's Child Poverty accelerator fund for the low income families tracker project.

This project has linked administrative data from different sources to allow a more strategic and targeted approach to tackling child poverty and wider financial insecurity in the city. This has improved the accuracy and granularity of our intelligence on the prevalence and nature of child poverty in Aberdeen.

Using this tool, we have identified

- 96 households claiming Universal Credit who were affected by the benefit cap and so far, 29 of these households have received Discretionary Housing Payment (DHP) awards totalling £63,485.77.
- 63 families who were affected by the under-occupancy charge and had not claimed a DHP.
- 76 households experiencing both relative poverty and fuel poverty were targeted for Rent Assistance Fund, resulting in £69,125.28 being awarded to clear their rent arrears and 106 children no longer living in a household with the threat of legal action due to rent arrears.
- Additional households eligible for Free School Meals (**1,282 children**) and the School Clothing Grant (**2,016 children**).
- **£141,993** in Pension Credit for pensioners.

Further work is needed to explore how we can include other sources of data, for example from health and Social Security Scotland, particularly regarding Scottish Child Payment (SCP) and Best Start Grants. This will allow us to ensure we maximise the support that is available to eligible families.

Moray Child poverty project

Moray has developed a localised dataset in order to enhance understanding of child poverty. This combines national Scottish Index of Multiple Deprivation (SIMD) measures with local analysis to provide an accurate internal picture of Moray, using mainly 2021-2023 data. The national picture shows Moray having a child poverty rate of 24.1% in comparison to the national rate of 24.5%. Since 2014 Moray's poverty ranking (based on the Child Poverty after Housing Costs data) has moved from 20th out of the 32 local authorities, to between 11th and 16th.

Health Equity & Learning Project (HELP)

Local health professionals have told us that many parents have difficulties attending healthcare appointments due to lack of transport, or not being able to get time off work. While services are trying to reduce the number of appointments, or offering digital appointments if appropriate, sometimes people do need to be seen in person, and not everyone has easy access to the internet.

The **Health Equity & Learning Project (HELP)** is funded by Scottish Government's Child Poverty accelerator fund. The project is run by NHS Grampian, and will benefit families across Aberdeen City, Aberdeenshire, Moray and the Island Communities. The aim is to help families avoid being pushed into poverty due to the costs of attending healthcare appointments.

> *Julie (not her real name) is a young lone parent, whose infant required a scan at Royal Aberdeen Children's Hospital. The appointment was scheduled for early morning. Julie lives rurally and doesn't have access to a car. She is reliant on income from social security, as she lost her job before her baby was born. Julie was facing a choice between an (unaffordable) overnight stay near the hospital or choosing to postpone the scan (and delay the diagnosis) by months.*

The HELP approach involved a cash first approach, enabling Julie to make the travel arrangements that best suited her, and allowed her to bring her baby to hospital to receive the scan. This meant that Julie's baby received a diagnosis and was able to start treatment more quickly, immediately improving their quality of life and improving outcomes for the future.

Using the lived experience panel approach in Aberdeenshire we engaged with Council staff and trusted partners (third sector organisations with a recognised relationship with the council) who work with families to recruit members. Potential members met with the Poverty + Inequities and Fairer for Families workers to discuss the project, why they wanted to be involved, commitment and expectations. The group has been meeting 1-3 times a month online, in the evening since March 2025 with communication between meetings.

What is being heard:
- Transport to appointments can be difficult – costly, time consuming, not disability friendly, not always available or reliable and not appropriate for certain health conditions. Some families experience forced car ownership as they have no alternative way of attending appointments.
- Food and drinks – are expensive for family members who are in hospital with a child. The child is provided for but the parent/carers are not. This may also include siblings if there is no alternative care for them.
- Information and support around income maximisation – can be lacking or inconsistent.

What is being done:
- Development of a flexible fund to reduce barriers for families in accessing hospital appointments. Working with Aberdeenshire Council Cash First Team to consider how a cash first approach could be taken to support families, removing up-front costs and the need to wait for reimbursement. This approach could also help with accommodation if required (for an early morning appointment, for example)
- Expand support for families who are accessing planned or emergency appointments through the Archie Foundation and hospital based teams to consider how food and refreshment provision for families could be managed within the hospital.
- Exploring various options for colleagues to feel confident in supporting families in regard to financial support needs, providing good information, offering support directly and making warm handovers where appropriate.

In addition, all services who work with the public should have **financial inclusion pathways** in place. For example, midwives, health visitors and family nurses routinely ask all pregnant women and families about money worries, and refer to income maximisation services where this is needed.

There is also an **infant feeding in a crisis pathway** to provide low-income families with a 'cash first approach' to support with First Stage Formula and for food when they need it. The family is also supported to maximise income. The service has been successfully piloted in Aberdeenshire, and then rolled out across Grampian. Recent training for health visitors and midwifes in Moray led to 94% of families being asked about financial supports. Since January 2024, 56 families have been supported across Grampian. The lessons learned from our experience in Grampian has been used to inform practice across Scotland.

Co-locating services, for example, with food banks, also increases access for those who require support. For example, Royal Aberdeen Children's Hospital hosts a foodbank that is open to those in need. The Moray Baby Bank charity has combined with a new pre-loved charity to expand the range of free items available for families and a financial wellbeing worker is part of the support included in the newly commissioned intensive family support service, Families Together (Children 1st) in Moray.

Theme two: health inequities

Listening to children and young people

Young people in Grampian identified equality and listening to children's voices as the most important aspect of their future. Unfair inequities amongst those of different ethnicities and socio-economic status were raised by young people. They think everyone should have opportunities to thrive, irrespective of their background.

'Make sure everyone is safe, feeling safe is not common.'

'Treat everyone equally... We don't want discrimination or suffering.'

'Bigger push for equality, if we don't all feel equal, we feel depressed.'

Make adults listen to us! Include us in decisions that affect us.'

'Listen to us!'

'We want everyone to be happy.'

'Everyone should get the job they want and deserve.'

*'Encourage everyone to be nice to each other.'*

Feeling 'safe, equal, and included' is vital for young people. Racism was an unacceptable issue that young people describe being exposed to frequently online.

'I see racist 'jokes' on TikTok and Instagram.'

Life online is important but comes with pros and cons. Children and young people like their online connections with friends and family, and social media is valued for entertainment and news. But they are concerned about trolling and hateful content. Young people also explain that social media can lead to negative stereotypes and insecurities about body image.

'Social media pushing on people's body insecurities.'

Young people are worried about job opportunities when they are older. Beyond their local communities, young people feel more should be done to tackle inequities globally with 'worldwide communication' and they are also worried about the state of foreign affairs.
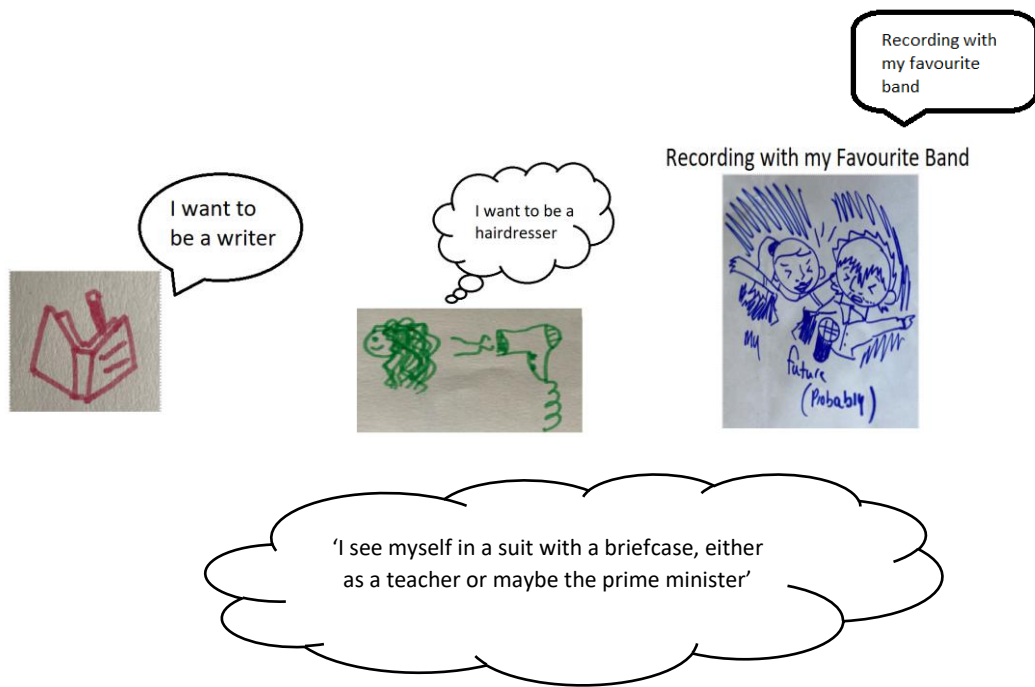
Context

Our health throughout our lives starts from the moment we are conceived. The lives we have when we are growing up affects the lives we have as adults.[25,26]

Growing up surrounded by love and affection, in comfort and safety, feeling secure and hopeful, with support and encouragement, makes it more likely that we will grow up to be healthy adults. But sometimes bad things happen to us, or around us, when we are growing up. Sometimes life is very difficult. This is called adversity. Adversity affects how we grow up, and can have lasting effects on our health, even when we become adults.[27,28]

Adversity can happen to anyone, but when we look at the health and wellbeing of a population, we often find that there are differences in health between different social groups. Sometimes these differences are avoidable. This makes them unfair. Then they are called health inequities or inequities.[29] Reducing these unfair differences means we have to improve the social, economic, physical and cultural conditions that shape our lives and our behaviours.

These unfair differences start to take shape as early as during pregnancy and infancy. They develop through childhood and can influence health and wellbeing throughout adult life. The infographic illustrates stages of development, highlighting the critical role early development plays in influencing life-long outcomes.

Protective Factors for Good Outcomes

Preconception
- Maternal healthy diet
- Physically active
- No alcohol consumption
- Up to date with immunisations
- Non-smoking
- Stable home life & supportive relationships
- Access to antenatal care

Infancy & Early Years (0 – 5 Years)
- Breastfeeding
- Early learning & language development
- Immunisation uptake
- Good early nutrition
- Sensitive, loving parenting
- Parental employment
- Secure & warm home
- Access to green space for play & physical activity

Childhood & Adolescence (5 – 24 Years)
- Engaged schooling
- Physically active
- Balanced healthy diet
- Avoidance of smoking, drugs & other behaviours
- Mental health awareness
- Support for neurodiversity
- Secure & warm home
- Access to green space for play & physical activity
- Affordable transport links to access healthcare, education & employment

Adulthood & Working Age (16 – 64)
- Health promoting behaviours
- Social connections & community engagement
- Secure employment
- Work-life balance & low stress

Older Adults (65+)
- Health promoting behaviours
- Active lifestyle
- Social participation

Risk Factors for Poorer Outcomes

Preconception
- Maternal obesity
- Poor maternal diet
- Maternal smoking
- Maternal drug & alcohol use
- Teenage pregnancy
- Untreated mental health
- Domestic violence

Infancy & Early Years (0 – 5 Years)
- Child poverty
- Passive smoking
- Poor nutrition
- Limited access to early learning & playing
- Delayed or infrequent immunisations or health visits
- Lack of caregiving
- Gender based violence
- Housing insecurity
- Food & fuel poverty

Childhood & Adolescence (5 – 24 Years)
- Early exposure to alcohol, vaping or smoking
- Low school engagement
- Poor diet
- Unrecognised neurodiversity
- Sedentary lifestyle
- Mental health issues
- Gender based violence
- Housing insecurity
- Food & fuel poverty
- Lack of a trusted adult

Adulthood & Working Age (16 – 64)
- Chronic disease
- Poor mental wellbeing
- Lower income & job instability

Older Adults (65+)
- Lower healthy life expectancy
- Early onset of multimorbidity
- Isolation & poor mental health

The social, economic, physical and cultural conditions that lead to unfair differences in health are not randomly allocated across the population. Instead they cluster geographically and can persist from generation to generation. Some people experience greater deprivation in relation to these conditions compared to others. The Scottish Index of Multiple Deprivation (SIMD) is one way to objectively measure these relative deprivations.

SIMD divides all of Scotland up into small geographical areas, and measures a deprivation score for each area. This allows the population to be divided into five equal quintiles. These range from quintile 1 (the fifth of the population who live in the areas with the most deprivation) to quintile 5 (the fifth of the population who live in areas with the least deprivation).[30]

In relative terms, over half of children in Grampian are growing up in areas with the least deprivation in Scotland. However, one in twenty-five children are growing up in some of the most deprived areas of Scotland. This is true of every local authority area, but is especially noticeable in Aberdeen City.[31] These children potentially face a very different future from their more affluent friends.

Table 3: % Children under 16 by national SIMD 2020 quintile					
	Quintile 1 (most deprived)	2	3	4	5 (least deprived)
Aberdeen City	11%	23%	14%	14%	38%
Aberdeenshire	3%	8%	19%	40%	31%
Moray	3%	15%	31%	38%	13%

Figure 3:
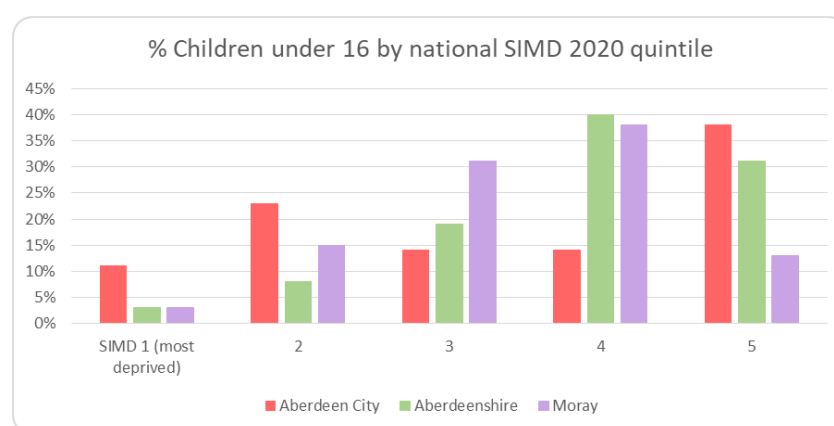
The current situation

Health inequities are apparent from infancy through adolescence. At each stage, children living in the most deprived areas face significantly poorer outcomes than their peers in the least deprived areas, a pattern that begins early and compounds over time.

An increasing proportion of young children have an identified developmental concern, particularly in communication and speech skills. Increases have been seen across the population, with the largest increase in those living in the most deprived areas. More than one in six (16%) children aged 13-15 months living in the most deprived areas have one or more developmental concerns, compared to one in ten (10%) living in the least deprived areas.
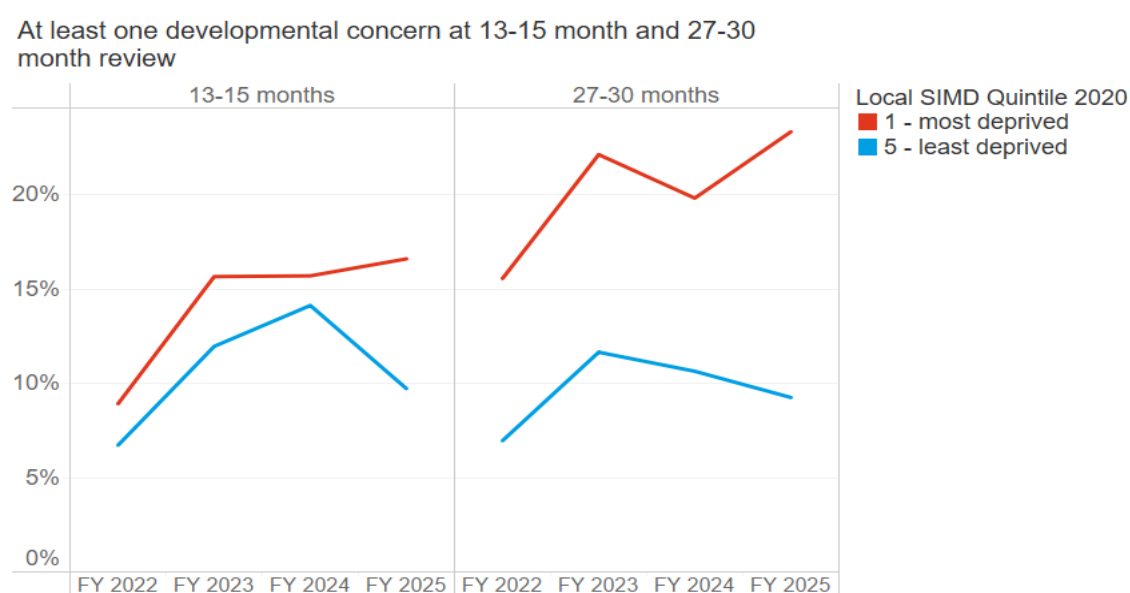
This inequity widens as children age. Nearly one in four (23%) children aged 27-30 months living in the most deprived areas have one or more developmental concerns, compared to less than one in eleven (9%) living in the least deprived areas.

At least one developmental concern at 13-15 month and 27-30 month review

Figure 4: Percentage of children in Grampian with at least one developmental concern at 13-15 month and 27 – 30 month review

At 6-8 weeks, one in three (35%) babies in the most deprived areas are exclusively breastfed, compared to almost half (46%) in the least deprived. These early disparities widen further.

Over one in four (29%) primary one children in the most deprived areas are at risk of obesity, compared to under one in six (18%) in the least deprived.

One in three (34%) primary seven children in the most deprived areas have evidence of tooth decay, compared to one in seven (15%) in the least deprived.

Seven in ten (70%) S3 girls in the most deprived areas receive the HPV vaccine, compared to nine in ten (92%) in the least deprived.

Girls aged 15-19 in the most deprived areas are nearly four times more likely to experience a teenage pregnancy (47 per 1,000), compared to girls in the least deprived areas (12 per 1,000).

Impact of Health Inequalities on a Child's Life Course

Baby / Infant (0 – 1 years)	Toddler (1 – 3 years)	Primary 1 (4 – 5 years)	Primary School Age (4 – 11 years)	Secondary School Age (12 – 18 years)	Under 18
Exclusively breastfed at 6-8 week visit	At least one developmental concern at 27-30 month review	At risk of obesity	Primary 7 children with no obvious tooth decay	Uptake of HPV vaccine in S3 girls	Teenage pregnancy
35% / 46%	23% / 9%	29% / 18%	64% / 85%	70% / 92%	47 per 1,000 / 12

1 – most deprived quintile
5 – least deprived quintile

From birth, children in the most deprived communities face significantly shorter lives than those in the least deprived. In Aberdeen City, boys born in the most deprived areas can expect to live 10 years less than their peers in the least deprived areas; for girls the gap is over 8 years. Aberdeenshire tells a similar story, with a 6.5 year gap for males and a 5 year gap for females. Even in Moray, where outcomes are slightly better overall, boys in the most deprived area still live 5.1 years less than those in the least deprived and girls 2.1 years less.

Aberdeen City

MALES
- Most deprived: 71.7 years
- Least deprived: 81.1 years

FEMALES
- Most deprived: 76.4 years
- Least deprived: 84.8 years

Aberdeenshire

MALES
- Most deprived: 75.0 years
- Least deprived: 81.5 years

FEMALES
- Most deprived: 79.3 years
- Least deprived: 84.3 years

Moray

MALES
- Most deprived: 74.6 years
- Least deprived: 80.7 years

FEMALES
- Most deprived: 81.1 years
- Least deprived: 83.2 years

Working together to reduce health inequities in Grampian

NHS Grampian's five-year **Health Equity Plan** aims to reduce the gap in healthy life expectancy between the most and least deprived groups in society. The plan includes ensuring health equity is considered when planning and making decisions about how health and care is provided, leveraging the social and economic possibilities of anchor institutions, increasing equitable access to vaccination and screening services, promoting fair working conditions, addressing child poverty, reducing drug-related deaths, and embedding prevention in health and care pathways.

The health equity plan is complemented by the **Collaboration for Health Equity in Scotland** Learning System. Public Health Scotland, Aberdeen City Council, NHS Grampian, and University College London's Institute of Health Equity are working together to strengthen and accelerate action to improve health and reduce inequity.

As **anchor organisations** the NHS and Local Authorities can make large, positive differences in their areas.[32] They do this because they employ many people, spend large amounts of money, own and manage land and assets, and deliver crucial public services. By directly considering inequities in their populations, such large public sector organisations can make decisions that improve life for everyone in a local area, particularly benefitting those with the highest level of inequity.

Using data and lived experience to address health inequities

Living in an area of deprivation is not the only factor that affects health outcomes. Ethnicity, gender, disability, and other protected characteristics can influence the circumstances in which we grow and live. These can affect people living at all levels of the social gradient and can intersect with poverty to cause further inequities.

In Grampian we have been working with people with a range of protected characteristics to produce culturally appropriate messaging and further explore these issues through lived experience. As part of a **health needs assessment with Gypsy, Roma and Travellers communities** we have visited travelling sites with charity partners MECOPP and worked with Gypsy/Traveller liaison officers in council areas to explore barriers to health with families, including young people. The health needs assessment explores differences in educational attainment and the lived experience emphasises that many young people from the community still experience racism. Through these engagements we are developing trust with the community and have a family health day planned for September 2025 to address some of the identified concerns.

Embedding prevention in our health and care pathways

Addressing smoking in pregnancy - Public health and maternity services have worked together on creating a new prevention pathway for pregnant women/birthing people that smoke, who have recently stopped or have a high carbon monoxide reading at their booking appointment. The pathway means these women/birthing people will be offered a wellbeing conversation by trained staff from NHS Grampian Healthpoint service. As well as stop smoking support for them and their family, staff will also offer advice on a range of health and non-health topics that matter most to these pregnant women/birthing people. This means that support is offered as standard routine care, embedding prevention into our care pathway. There has also been increased communication and engagement with General Practitioners, Allied Health Professionals and Midwives, leading to an increase in awareness and referrals via SCI Gateway and Trak. During 25/26, we will continue to implement and monitor this pathway. We will also support maternity services to embed wider prevention-based conversations within the current maternity care pathway, taking a Making Every Opportunity Count (MEOC) approach.

Addressing Infant Feeding Inequity in Grampian: The IFAB Project

Breastfeeding rates across Grampian show a clear inequity between families living in the most and least deprived areas. The IFAB (Infant Feeding and Beyond) Project aims to reduce this gap by testing an enhanced support pathway. The project is currently active in Summerhill, Sheddocksley, Mastrick, and Northfield within Aberdeen City.

The project aims to:
- Increase breastfeeding initiation rates, as well as continuation at 10–14 days and 6–8 weeks.
- Empower women by building self-efficacy and supporting them throughout their infant feeding journey to help them achieve their personal feeding goals.
- Foster a positive, supportive community for families navigating infant feeding.

Support from the project team begins from 22 weeks of pregnancy onwards and is delivered in partnership with midwifery and health visiting teams.

To date 60 out of 94 eligible women have completed the pathway. Of those that have completed the pathway there has been a 10% increase in babies ever breastfed in comparison to the babies in the area overall.

Drop off at the 10-14 day and 6-8 week health visitor contact, remains similar between the women who completed the pathway and those that didn't.

Quotes from people who received support:

"The project team contacted me while pregnant and told me what to expect with breastfeeding after giving birth. It helped a lot cause there were no surprises and I had a chance to prepare myself for the journey I was about to take. If not that support I'm not sure I would've lasted - possibly would start expressing and feeding

baby with a bottle. I was scared breastfeeding may not work in my case, but the project team made this so much easier."

"I really don't think I would have gotten to where I am with feeding if it wasn't for [the project team]. They made me feel so comfortable and empowered at every difficult stage."
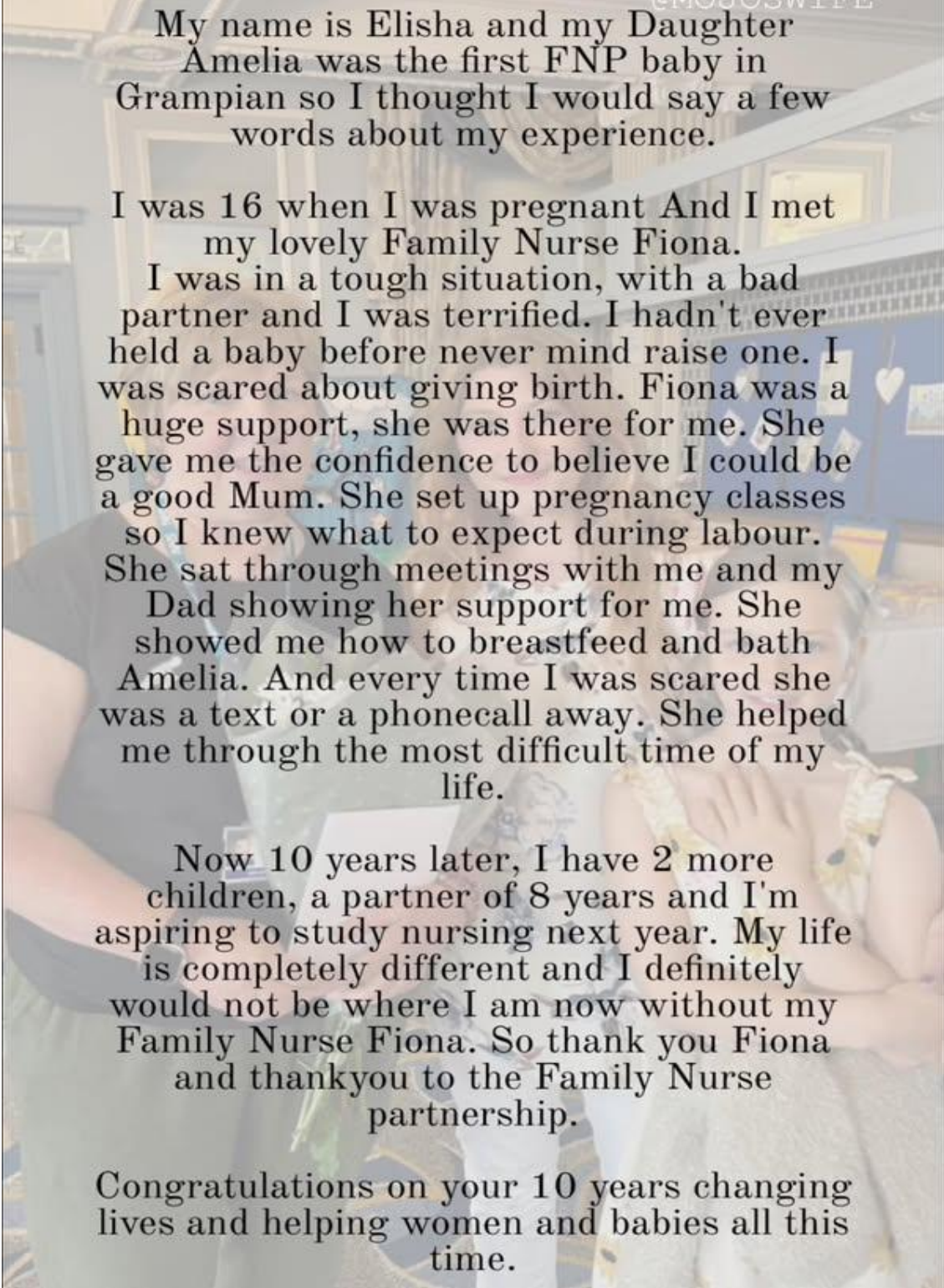
Addressing Obesity as a Public Health Priority in Grampian

We know that the proportion of adults living with obesity in Scotland increases with levels of deprivation and that Primary 1 children living in the most deprived areas of Scotland are more than twice as likely (14%) to be at risk of obesity than those in the least deprived areas (6%). There is also evidence to suggest that there can be a greater concentration and clustering of unhealthy food outlets in more deprived areas.

Our Whole Systems Approach to reducing obesity involves work to ensure that healthy food is affordable and available in deprived areas, and advocating for restrictions on the marketing and advertising of high-fat, salt, and sugar (HFSS) foods—particularly in areas near schools. Young people have actively contributed through workshops, sharing their perspectives on the causes of obesity.

This work is supported by initiatives such as HENRY (Health, Exercise, Nutrition for the Really Young) and PEEP Healthier Families.

A Tier 3 Specialist Child Weight Management Programme is in place for children with the most complex needs. This includes children above the 99.6th centile, or those at or above the 91st centile with additional health or social complexities. Referrals can be made for both the child and their family to receive tailored, multidisciplinary support.

The **Family Nurse Partnership** provides a home visiting service to parents aged under 19 (under 25 if care experienced), throughout pregnancy until the child is two years old.[33] Because teenage pregnancy and being in care is associated with living in more deprived areas, this means that additional support is provided to those who might benefit most. The service has a strong evidence base, and is evaluated well by those who use it.

My name is Elisha and my Daughter Amelia was the first FNP baby in Grampian so I thought I would say a few words about my experience.

I was 16 when I was pregnant And I met my lovely Family Nurse Fiona. I was in a tough situation, with a bad partner and I was terrified. I hadn't ever held a baby before never mind raise one. I was scared about giving birth. Fiona was a huge support, she was there for me. She gave me the confidence to believe I could be a good Mum. She set up pregnancy classes so I knew what to expect during labour. She sat through meetings with me and my Dad showing her support for me. She showed me how to breastfeed and bath Amelia. And every time I was scared she was a text or a phonecall away. She helped me through the most difficult time of my life.

Now 10 years later, I have 2 more children, a partner of 8 years and I'm aspiring to study nursing next year. My life is completely different and I definitely would not be where I am now without my Family Nurse Fiona. So thank you Fiona and thankyou to the Family Nurse partnership.

Congratulations on your 10 years changing lives and helping women and babies all this time.

Supporting dental health in Grampian

Over the last 2 decades, the number of children in P1 and P7 who have no dental decay has continued to steadily increase across the country, however, oral health inequities remain prevalent throughout Grampian with persistently high levels of disease, and severity of disease, in areas associated with increased socio-economic deprivation.

The Childsmile programme delivers improvements in Children's oral health through a universal supervised toothbrushing scheme and targeting Fluoride Varnish Application (FVA) to children in the most deprived areas. The evidence shows that the Childsmile programme has reduced tooth decay across the population and saved on NHS treatment costs. The cessation of the Childsmile programme during the COVID-19 pandemic has resulted in a slow but consistent process of re-establishing engagement with the education sector. The programme requires engagement with all early-years settings and at least 20% of P1 and P2 classes of schools situated in the areas of highest level of need. Securing re-engagement with the program has been challenging, however at the end of the academic year 2024/25, we have noted a continuing rise in engagement with primary schools and nurseries.

In Moray, 53 out of 61 nurseries are now engaged with the supervised toothbrushing programme, as well as 14 nurseries receiving FVA. 32 of 44 primary schools are now engaged with toothbrushing, with 19 of those also receiving FVA.

In Aberdeenshire, 144 of 151 nurseries are toothbrushing with 7 of those receiving FVA, whilst 50 of 144 primary schools are toothbrushing with 15 of those also receiving FVA.

In Aberdeen City, 31 of 32 Primary schools are toothbrushing whilst 112 out of 115 nurseries are now brushing with supervision and 17 of those are receiving FVA.

A recent study, led by the University of Glasgow, found that children with tooth decay missed on average five more half days per year than those with healthy teeth. Children needing emergency dental treatment or general anaesthetic missed six or more extra half days. Children living in the most socioeconomically deprived areas were almost twice as likely to have absences linked to poor oral health as their peers in the least deprived areas. The study findings suggest that improving oral health could be a key factor in tackling school absenteeism and reducing health inequities in Scotland's children. An infographic has been developed to reflect the findings which our local teams will share across both our Education sector and Health and Social Care Partnerships to further encourage engagement with the programme.

An additional challenge has been a significant rise in the number of referrals to our Childsmile teams of children with or suspected of having neurodiverse conditions. Our teams received training from a 3rd sector organisation which has increased both their level of knowledge and confidence in interactions with families.

Following on from the completion of a Children's Oral Health Needs Assessment in 2024, a five-year action plan was developed[34]. The following 4 actions will be prioritised over this coming year:

- Improve access and participation of children in dental services particularly in deprived communities.
- Improve the uptake of the Childsmile programme in nurseries and primary schools.
- Enhanced oral health promotion to/post general anaesthetic.
- Improved data sharing with support from Health Intelligence.
-
-
- **Supporting care experienced young people into sustained employment in Aberdeen City.**
-
- Through the employability support for care experienced young people project, Aberdeen City have put in place a range of initiatives to help remove barriers and provide support and opportunities to help them feel confident and ready for employment. 59 young people have been supported over the last year. The programmes have been very successful across a number of outcomes, including: sustained engagement; achieving qualifications; engaging in work experience; progressing into a positive destination; sustaining that destination. The pilot project was co-designed with a small group of care experienced young people in 2023 and the team are now focusing on creating a structured employability service at a location where care experienced young people feel comfortable and supported, and where they can meet a range of trusted employability professionals. A new project has been developed in partnership with care experienced young people and we are working with Social Work youth team colleagues to create a paid work experience placement to enable a care experienced young person to be at the heart of the design, development and delivery of this activity.

Theme three: mental health and neurodiversity

Listening to children and young people

Young people told us that having good mental health and wellbeing was difficult today.

'Teenagers have it the worst.'

'You care more about what people say when you are a teenager.'

'I want to be a baby again... [for a] fresh start.'

Children, young people and their families in Moray reported not knowing what support is available to them nor how to access this. Young people often said they didn't feel connected to their community, and this was impacting on their social, physical and mental wellbeing.

A Health and Wellbeing Summit in Aberdeen City heard young people share that they want increased opportunities to talk about difficult subjects such as self-harm, suicidal thoughts, anxiety, fears and stresses. Young people also told us that they do not all feel that there is someone in their lives that listens to them.

Anxiety and worry about the future were common themes among young people. This included worry about getting a good job, having enough money, and world politics.

'I am worried about WW3, name one country that is not fighting.'

Young people explain that when you are a teenager you go through a lot of changes.

'You get taller.... your friends change.... everyone is acting up cause of hormones.'

This can be further affected if services do not recognise these challenges. Transitioning into adulthood can be an awkward and confusing time for young people.

'Get treated like a child but are expected to act like an adult.'

Young people advocate for smoother transitions within services to help with this already challenging time. Having a supportive friend network is really important, but as young people explain, sometimes even friends can be mean. Bullying can affect people's mental wellbeing and can be caused by people going through tough times themselves. Young people think that suspending people from school is not always the best option and think there needs to be more activities that allow young people to release emotions.

'More measures to stop and prevent bullying, especially in schools.'

'Better guidance team who have more power to make changes.'

'Better outlets for young people.'

Having someone to talk to about bullying is important for young people. Parents and school guidance teachers were identified as important adults.

'I talk a lot to my mum after school.'

When young people need additional help for their mental health, they stress the need for more available free services and less waits to see specialists.

'More FREE mental health services for young people.'

'Shorter waiting times to get help and see professionals.'

Context

Good health and wellbeing in childhood is the foundation of all physical growth and mental health development, supporting positive self-esteem, relationships, and resilience to build life skills to overcome difficulties.

Most children grow up to be healthy and feeling loved. But anyone at any age can feel alone, lonely or scared. Children can feel this way when things are difficult around them.

Sometimes the difficulties can be at home. Most children get the love and attention that they need. But experiencing abuse or neglect as a child causes immediate and ongoing harm, including learning problems (inattention and deficits in executive functions), problems with friends, depression and anxiety, aggression, and post-traumatic stress disorder (PTSD). These harms can extend into adulthood, causing an increased risk for a wide range of mental and physical health problems.

Sometimes the difficulties can be in school. Trying to learn can be stressful for some. Friendships can cause all kinds of worries. Bullying can make people ill. Sometimes the wider world can seem a scary place right now, sometimes it's the future which is frightening to think about.

The current situation

The mental health of children and young people today is not simply a product of contextual factors, such as; where they live, family relationships, learning environment and health behaviour, but of all they have experienced from conception, and experiences throughout their life. Mental wellbeing among adolescents, particularly girls, has worsened in recent years, with body image concerns and school pressures identified as potential contributing factors.

Scottish Schools Health and Wellbeing Improvement Research Network (SHINE) runs a Pupil Mental Health Survey which looks at different aspects of mental health and

wellbeing, from the perspective of young people themselves. Across Aberdeen City and Aberdeenshire pupils consistently reported the lowest levels of happiness in relation to their appearance and school experiences. These concerns become more pronounced as pupil's progress from primary into secondary education.

Percentage of P6 & P7 pupils who report low happiness in different aspects of life

| Aberdeenshire (2023) All pupils	Aberdeen City (2022) All pupils
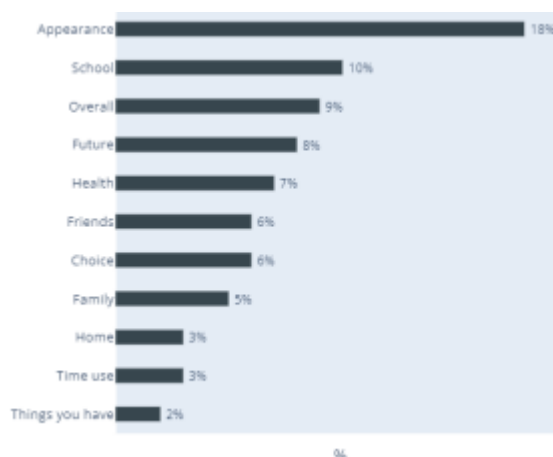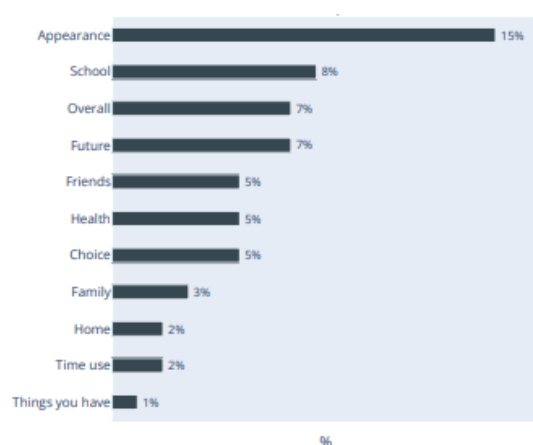
Percentage of S1 – S6 pupils who report low happiness in different aspects of life

Aberdeenshire (2023) All pupils	Aberdeen City (2022) All Pupils
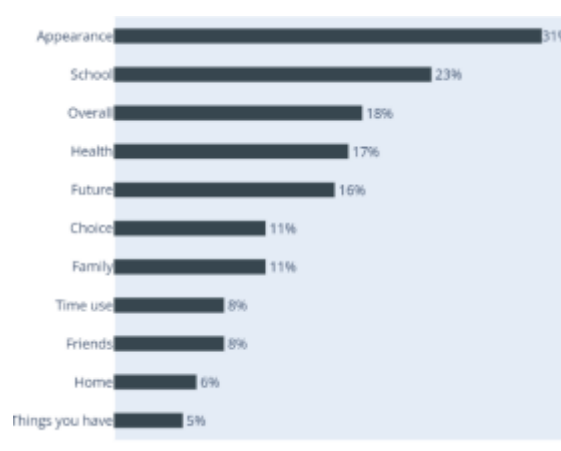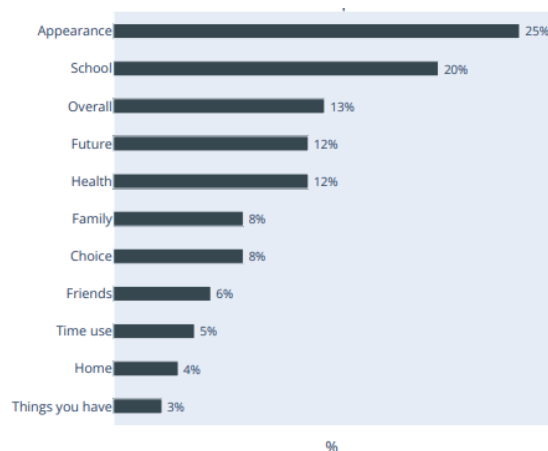
Subjective wellbeing is a person's evaluation of their own life and circumstances and is often measured through life satisfaction. Low life satisfaction in adolescents has been related to low mood and increased risk of depression. The Strength and Difficulties Questionnaire (SDQ) measures mental health difficulties in different areas: emotional symptoms, conduct, hyperactivity and peer relationships. In each area, the answers to questions are scored and pupils classified into groups, according to pre-determined cut-offs: as expected, borderline and difficulties. Reviewing all year groups (S1-S6) there is a very clear, higher percentage of girls experiencing difficulties.
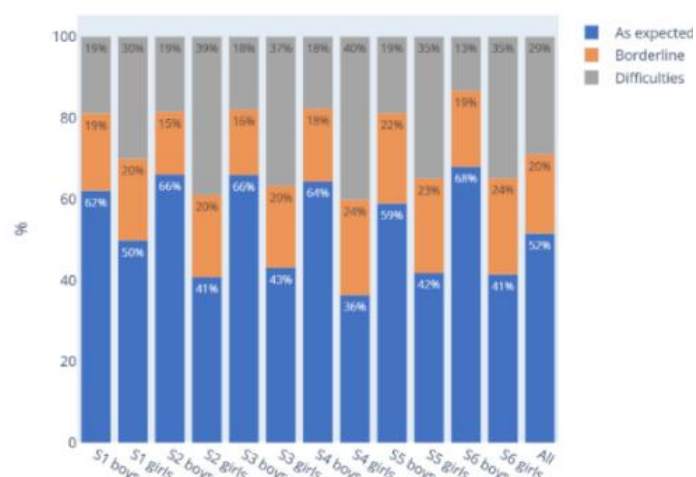
Aberdeen City (2022)	Aberdeenshire (2023)
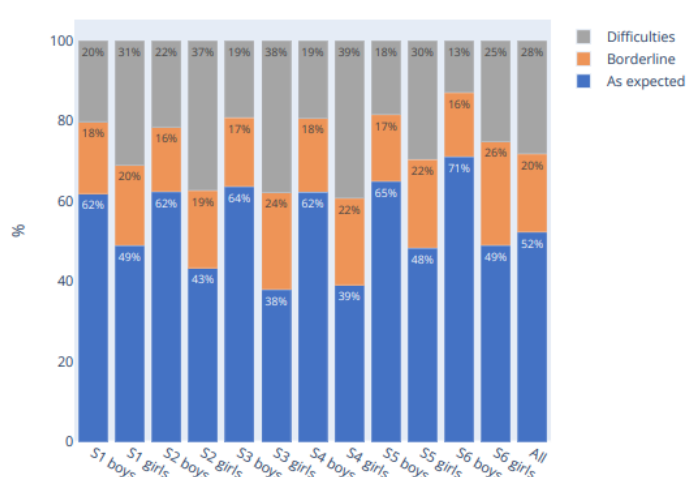
In the Grampian region, there are significant inequities in children's mental health, with disparities observed across various demographics and socioeconomic factors. Prescription rates for mental health medications are higher in more deprived areas, and boys tend to receive more prescriptions than girls, particularly for ADHD, while girls are more likely to be prescribed antidepressants. Referrals to specialist mental health services, while relatively stable until 2020, have seen an increase since then, particularly among girls and older children[35].

Monthly prescription rate per 1000 children (2015 – 2021)
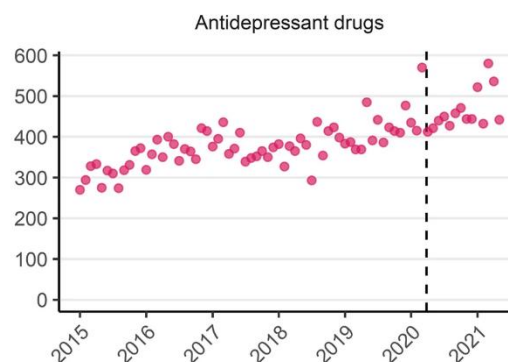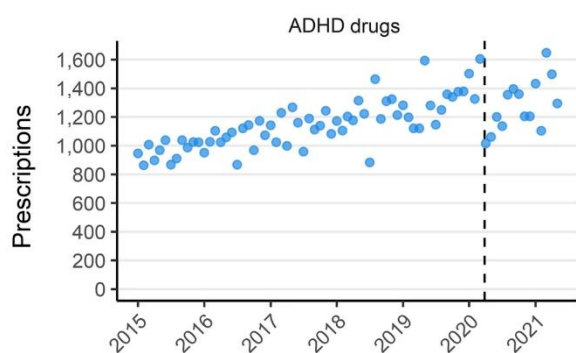
Neurodevelopmental differences are being identified in an increasing number of children and young people. A national neurodevelopmental specification was published in 2021, intended to ensure the right support is provided when it is needed. The majority (90%) of children and young people not attending school are neuro-divergent. As adults, neuro-divergent people are disproportionately over-represented in adult health services. Only one in five (20%) adults living with autism are currently in paid employment. Further work is needed to improve support before diagnosis, and to create efficient and timely pathways.

'I was given very little support because my son is undiagnosed, so I had to realise the extent of his healthcare needs on my own.' (Parent)

Working together for better mental health in Grampian

Using data and evidence to support mental health and wellbeing

We developed a framework for planning the data needs for supporting children's mental health and wellbeing. The primary purpose of data and analysis is to enable high quality decisions to be made. We recognise that there are multiple strands of current and emerging work relating to children's mental health and wellbeing that require data. Advancing as a learning health partnership means that we need to ask the right questions and use these to inform what data analysis is required.

To further support this work we developed a children and young people's mental health and wellbeing toolkit. The toolkit makes data discoverable by mapping available open access data sources to indicators that support children and young people's mental health and wellbeing. Access to good data and insights from the data is important to aiding teams to respond to the unmet need.

Working together to support mental health and wellbeing

It is important to recognise that many adults are playing a vital part in promoting and supporting children and young people's mental health and wellbeing. Parents and grandparents, school teachers, counsellors, community workers, health visitors, and volunteers, to name just a few. What might be seen as everyday efforts can make all the difference in helping children and young people to cope while navigating life's challenges.

Moray has been providing training that parents can access themselves (without their child) to learn more about supporting their child's mental wellbeing. This parent pilot was developed and tested in partnership with Therapeutic Counselling Services offering parents the following choices:

- Online or face-to-face workshops covering anxiety, stress, self-esteem and self-harm. These are designed around psychoeducation, personal development and skills and resources.
- 1-hour wellbeing consultations for the parent or carer to assess their resilience, identify their child(ren)'s struggles and create a plan of action together, including providing resources.
- 1-2-1 support, focusing on listening and validating concerns, facilitating parents to develop insight, identifying strengths, offering tools, discussions of boundaries, demonstrations of resources and activities provided and psychoeducation about teenage development.

During the initial six-month pilot, 235 parents attended the sessions. Key successes of the pilot included

• 99% of the parents self-referred to the service (233 parents)
• 85% measured increase in self- confidence to support their child's mental wellbeing (200 parents)
• 98% reported increased knowledge of mental wellbeing related issues and understanding of young people's needs (230 parents)
• Parents reported a 70% sustained improvement and application of their knowledge 8 weeks after receiving support (165 parents)
• Parents willingness to open up about other concerns. For example, 29 parents shared they were experiencing financial struggles and 19% of parents shared their own mental wellbeing struggles (45 parents).

Quotes from parents:

'The practical tips in the sessions give me more optimism that there is something that I can do.'

'Comparing what makes me stressed to what makes my son stressed help me realise that I can dismiss him at times. I'll notice myself doing it from now on and try to do better.'

'I want to understand self-harm more and how I can help him.'

Schools in Aberdeenshire have been promoting **Kooth digital mental health service**. Over 2,000 children and young people aged 10 to 18 in Aberdeenshire (one in fourteen, 7%) have registered with the service, with those aged 13 to 16 most active on the platform. This service is available to people aged 26 and under.

In Aberdeenshire, **Libra** – a whole family approach to supporting families affected by drug and alcohol use team - started in January 2023. Managed jointly through Children and Families Social Work and the Drug and Alcohol Service (DAS), this small team work individually with families where a parent or young person is using drugs or alcohol problematically. Families can be referred where there are concerns about generational patterns of substance use, a high risk of harm due to drug/alcohol use, a high risk of children becoming looked after, or a risk of exploitation from organised crime. Since starting the team have worked with over eighty families using an outcome focused approach, with half of goals set achieved so far. Libra work closely with other services to provide a joined up support to families.

In Aberdeen City, The Mental Health and Wellbeing Collaborative Subgroup have focused on developing a number of projects tackling various aspects of support for Children and Young People. Feedback from our annual surveys with school pupils have seen an increase in the number of young people who now feel that they are listened to all of the time up from 64% in 2021/22 to 70% in 2023/24. Whilst this shows progress, work to improve the experiences of those young people most likely to be affected by mental health concerns continues. We are working in our local

communities to gather information about the supports available to children, young people and their families. Better understanding of these local supports will help our services and providers better understand the early intervention opportunities to refer those who need our help before their needs escalate to require support from Tier 3 services such as Child and Adolescent Mental Health Services. We are refocussing our efforts to ensure that we give Care Experienced Young People regular, consistent and high quality health assessments to make sure they can be supported throughout their time in care and afterwards.

NHS Grampian has been awarded funding from NHSG Charity to develop an innovative whole-system pathway to provide early identification, assessment, and **tailored support for children with neuro-developmental differences** in Grampian. The programme will introduce a single point of contact for families from referral all the way through to post-diagnosis, and will create a new multidisciplinary approach which will provide children and their families with tailored support. This new service will focus on early identification and support in the early years, streamlined family-centred processes and collective expertise coming around the child and family. While diagnosis is important for some children, the service will reset the balance from a medicalised approach towards one based on relationships and family assets. An estimated 1,000 children and their families will be supported by this new process in the first year alone.

There are three multi-agency **Violence Against Women and Girls Partnerships** which are responsible for delivering Equally Safe at a local strategic level.[36] **Gender-based violence** (GBV) is a major health, equality and human rights issue covering a spectrum of violence and abuse, committed primarily but not exclusively against women and girls by men. Gender-based violence has a wide range of impacts on children and young people, both in terms of the direct impacts of violence against their person and living in a household where violence is taking place. The gender inequities and attitudes related to gender, masculinity and femininity begin to be built at the very start of life making childhood and adolescence key periods where GBV can be addressed and prevented. The work of the partnerships includes domestic abuse to honour-based abuse to commercial sexual exploitation. Ongoing work directly related to children and young people includes Equally Safe at School, a whole-school approach to preventing gender-based violence;[37] and the Safe and Together model across our systems to ensure that children and young people experiencing domestic abuse are kept safe and together with the non-offending parent, while intervening with the perpetrator to reduce risk and harm to the child.[38]

Theme four: climate change and its consequences

Listening to children and young people

Living in Grampian, there is often good access to outdoor spaces. Young people want to keep this space and recognise that more needs to be done to tackle climate change. They explain those who are already struggling will be the ones most affected.

'Everyone has the right to be outside, have fun, socialise, and be in nature.'

'Affect people who are already struggling in the world.'

'[We need to] change what we are doing.'

However, when discussing climate change there was a sense of fatigue and unwanted responsibility among young people. Young people felt pressure that this was a problem they must face alone and explained that adults caused the problem and should be held accountable and take more responsibility.

'Not this again, I don't keep up with it.'

'Make the people who caused it fix it.'

'Adults pushing on kids to change it when it started in their generation.'

As young people have identified, they did not cause the problem and to simply pass on the responsibility to young people would be unfair. Adults must ensure young people's voices are heard and that they result in political and tangible action. Climate anxiety and the burden of a changing world affects young people's mental health, and the responsibility cannot simply be passed on.

Context

Children are growing up in a world with more extreme weather events, flooding, heatwaves, droughts, wildfires and crop failures. Climate anxiety and dissatisfaction with government responses are widespread in children and young people in countries across the world and impact their daily functioning.[39]

c) The extent to which current and future generations will experience a hotter and different world depends on choices now and in the near-term
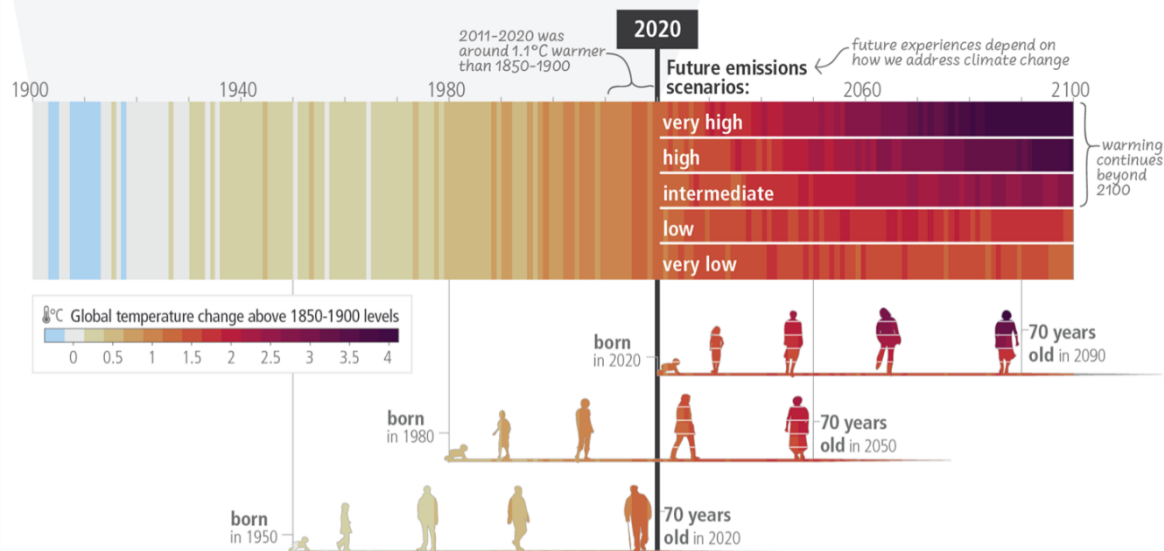
Source: Sixth Assessment Report of the Intergovernmental Panel on Climate Change[40]

The current situation

> *"…climate change, climate anxiety, and inadequate government response are all chronic stressors that could threaten the mental health and wellbeing of children and young people around the world...*
>
> *…children and young people would benefit from having… their thoughts and feelings… respected and validated, and their concerns… acted upon by people in positions of power"* [34]

Research suggests children will experience direct and indirect health effects from climate change. [41] Direct effects include injuries and illnesses caused by flooding or extreme weather. Indirect effects relate to global food insecurity and the sustainability of healthcare systems.

There is increasing climate activism amongst children and young people around the world.[42] Nearly half of young people aged 16 to 25 in the UK report being very or extremely worried about climate change.[43] Over one in four (28%) say this is affecting their ability to function. These young people described themselves as pessimistic (72%), sad (63%), afraid (61%), anxious (60%), powerless (55%), and depressed (37%). Almost two fifths (38%) said they would hesitate to have children due to worries about climate change.

Working together for climate resilience and adaptation

The Scottish Government published the Scottish national adaptation plan (SNAP) 2024-2029 in September 2024. A key component of the plan relates to public sector infrastructure and its capacity to maintain functions through climate resilience and adaptation. A specific action is for adaptation plans to address actions beyond facility-based mitigation. A national support mechanism for developing these plans is expected to be put into place early in 2025/26.[44] The NHS Grampian Annual Climate Emergency and Sustainability Report 2023/2024 is publicly available amongst the Grampian Health Board October meeting papers.[45]

All public sector plans, and decisions made by all planning groups and committees, should be informed by the need to mitigate and adapt to the impacts of climate change. This includes the NHS Grampian Children's Service Planning Board and the NHS Grampian Climate Change Adaptation Plan.

Community Planning Partnerships are well placed to coordinate actions aimed at lowering climate anxiety and promoting mental health and wellbeing, through empowering children and young people to participate in constructive climate activism that allows their aspirations to be included in place-based activities.

What next: recommendations for the future

Young people have kindly given us their time and shared their views. It is now our responsibility to ensure we enable the futures they want to achieve. Equity was a standalone theme in this report, but it has influence over every aspect of the future.

As young people told us:

'If we don't all feel equal, we feel depressed.'

A population health framework for Scotland

A Population Health Framework has been published by Scottish Government, CoSLA and Directors of Public Health in Scotland.[xlvi] The Framework is supported by a suite of documents.[xlvii,xlviii,xlix,l,li] The Framework describes how national and local government will work with public sector partners, community organisations and business to tackle the root causes of ill health over the next ten years. It includes a commitment to tackling child poverty, and a just transition to net zero. This means moving to a cleaner, greener economy but in a way that doesn't disadvantage already disadvantaged communities.

The Framework helps us understand the roles that different partners and organisations need to play in improving the health of our population, including our children and young people.

Initial priority actions in the Population Health Framework include:

- Enabling access to income maximisation for families and those most economically vulnerable
- Strengthening the NHS's contribution to maximising the incomes of service users, with a focus on families at greatest risk of poverty
- Increasing the availability and affordability of healthy foods
- Adopting evidence-based interventions for tackling overweight and obesity
- Reducing health harming risks during preconception and in pregnancy.
- Reducing the proportion of children with developmental concerns at 27-30 months (and inequities in this outcome).
- Tackling the climate and nature emergencies given the close links between environmental and human health.
- Reducing health harms associated with the digital environment.

Using the Population Health Framework to give children and young people the best start in life
The Population Health Framework priority actions listed above resonate with what young people in Grampian have told us and the data presented in this report. Whilst there have been improvements in rates of child poverty, we still have work to do, particularly in Aberdeen City and Moray to meet the Scottish Government target of less that 1 in 10 children living in poverty by 2030. Aberdeen City's Low Income Family Tracker project has provided the foundations for making progress in this area. Further

is work is required to scale up this intervention across Grampian, including working through how we share data across services and organisations, where it is appropriate to do so, to support families, for example to support health visitors and midwives to target and increase uptake of Best Start grants.

Implementing the findings from the Health Equity &Learning Project (HELP) across Grampian will contribute towards 'poverty-proofing' pathways for health and care, to support equitable access. Through the Collaboration for Health Equity Scotland in Aberdeen City we will explore and learn how to operationalise the concept of proportionate universalism, and how we can shift resources to ensure that families who need more support are able to get this.

Inequities in childhood obesity are stark across Grampian and this must remain a key area of focus. We need to accelerate progress on work using a whole system approach to create healthy food environments, and use the levers we have across the system to create healthy places, where access to healthy food, green spaces, play and sports amenities is affordable.

Through partnership we have the opportunity to ensure a whole system joined up approach to reducing inequities and provide the best quality of services for children and families. The Child Health strategy for Grampian is currently being reviewed and refreshed for publication during summer 2026. The Public Health team will continue to work with partners in the Integrated Children's Services Board in Aberdeen City, and the Getting It Right for Every Child Strategic and Leadership Groups in Aberdeenshire and Moray respectively to develop and use comprehensive population based needs assessments for children and young people in each area to inform the development of plans for Children's Services, Child Poverty, Corporate Parenting and Children's Rights, which will also be published during summer 2026. This will include strengthening the NHS's contribution to maximising the incomes of service users, with a focus on families at greatest risk of poverty. The following box sets out what we can all do to give children and young people in Grampian the future they want.

1. Put children and young people of all ages and backgrounds at the heart of service planning, by listening to and acting on their views

2. Build on the work we are doing and encourage more organisations should proactively take steps to act as anchor organisations in their local areas

3. Continue to work against joint child poverty plans to ensure additional support is available for families in poverty

4. Maintain efforts to ensure supportive resources are available during pregnancy and for families with pre-school children, especially those living in the most deprived places

5. Ensure the availability of accessible and timely services and resources that support the mental health and wellbeing of children and young people

6. Ensure that the transitions experienced by children and young people are as well supported and streamlined as possible, whether between nurseries, primary and secondary schools, or between children's and adult's health services

7. Learn from and implement the recommendations from the collaboration for health equity in Scotland

8. Ensure all public sector plans, and decisions made by planning groups and committees are informed by the need to mitigate and adapt to the impacts of climate change

9. Coordinate actions aimed at lowering climate anxiety and promoting positive mental health and wellbeing, through empowering children and young people to participate in constructive climate activism that allows their aspirations to be included in local place-based activities, for example through community planning partnerships

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The evidence is clear: early investments in children's health, education, and development have benefits that compound throughout the child's lifetime, for their future children, and society as a whole
WHO–UNICEF–Lancet Commission report (2020) A future for the world's children?[lii]

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With heartfelt thanks to everyone at Banff, Huntly, Kintore and Peterhead Youth Groups.

Appendix one – workshop methodology

Four workshops were held with youth groups across Aberdeenshire.

- Banff
- Huntly
- Kintore
- Peterhead

Two of the workshops were run by a public health registrar and the others were kindly held by the youth group worker. The Three Horizons Model shown in figure one was used to structure the sessions. This framework is used to capture the current environment and how this might change in the future. It allowed young people to imagine their futures without bias or barriers. The sessions were divided into three sections for each of the horizons and included broad questioning but were mostly led by the children's responses.
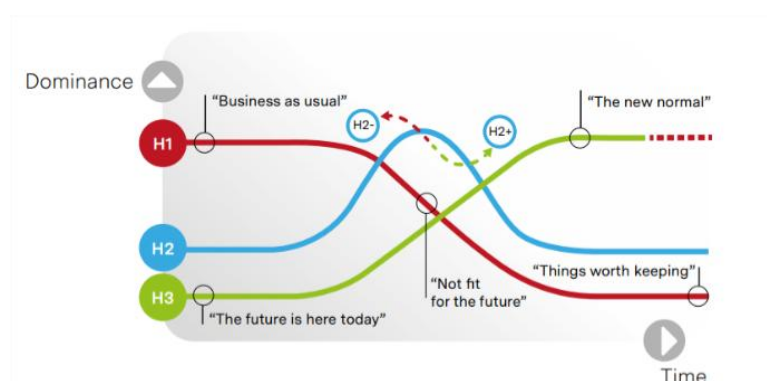

Figure 1: The three horizons approach (Public Health Wales, 2020)[liii]

Examples of the questions for each horizon are included below. The session was started with horizon 3 and was worked back to horizon 1 to allow young people to first imagine their ideal future:

- Horizon 3 – What do you imagine your future to look like?
- Horizon 2 – If you were in charge, what would you keep and what would you change?
- Horizon 1 – What does it mean to be a young person today?

Children and young people answered these questions in small groups, each with a facilitator. They used mind maps and drawings to capture their ideas. A public health registrar then compiled the responses from each of the workshops along with direct quotes from young people to inform the report.

In addition to engagement activities in Aberdeenshire, this report incorporates insights from recent consultations with children and young people in Aberdeen City and Moray. In Aberdeen City, care-experienced young people highlighted mental health—particularly anxiety and depression—as their primary health concern, expressing a need for more support options and faster access. In Moray, young people with disabilities and their families identified the cost of accessing healthcare as a major issue, echoing findings from the Health Equity & Learning Project.

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