

Realising Children and Young People's Rights Across NHS Grampian

Rights Report 2024 - 2026



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Executive Summary

NHS Grampian provides universal and targeted health services to children, young people and families across Aberdeen City, Aberdeenshire and Moray. Our approach to children's rights is grounded in long-standing national frameworks, including Getting It Right for Every Child (GIRFEC), and is aligned with the Scottish Ministers' Children's Rights Scheme. Children's rights are embedded through governance, leadership and operational practice, with assurance drawn from performance dashboards, audit activity, supervision, feedback from children and partnership quality structures.

During the reporting period, NHS Grampian made demonstrable progress in embedding children's rights across service delivery. Children and young people's participation has strengthened through expanded access to advocacy, routine use of rights-based participation tools, and the creation of safe, confidential access points such as School Nursing drop-ins. Services increasingly support children to express their views, influence decisions and understand their rights through child-friendly communication, co-designed materials and improved digital resources. Evidence from audits and feedback shows improved capture of children's voices in clinical records, including the voice of babies and pre-verbal children.

Safeguarding and protection of rights have been strengthened through robust multi-agency practice, clear escalation pathways and enhanced recording of rights-related risks. Health Visiting, School Nursing and CAMHS services demonstrate strong engagement in child protection processes, while trauma-informed and inclusive approaches within dental services support equitable access to care. Staff training, supervision and legal education have increased practitioner confidence in identifying and responding to risks to children's rights at an earlier stage.

NHS Grampian has also taken action to raise awareness and promote understanding of children's rights among staff, children and families. Rights-based training, refreshed information materials and consistent messaging reinforce a culture where children's dignity, participation and best interests are central to everyday practice. Access to justice has been enhanced through strengthened advocacy arrangements, partnership working with the Child Law Centre and Youth Justice services, and clear confidential routes for disclosure and support.

Progress has been made in embedding children's rights within planning, budgeting and decision-making. Protected investment in Health Visiting, School Nursing, CAMHS and preventative dental services supports children's rights to health, development and protection. The systematic use of Child Rights and Wellbeing Impact Assessments (CRWIA) embedded within Integrated Impact Assessments (IIA) is increasing, improving transparency and ensuring that the potential impact of decisions on children's rights and wellbeing is considered more consistently.

As a result of these actions, NHS Grampian can evidence meaningful improvements in participation, earlier identification of rights-related risks, increased rights awareness, and more transparent, child-centred decision-making. Children and young people are better supported to influence their care, access help safely, and receive services that are responsive to their needs.

Looking ahead, NHS Grampian is committed to further strengthening participation, protecting rights and reducing inequalities between 2026 and 2029. Planned actions include embedding advocacy as a routine offer, improving inclusive communication, extending the consistent use of CRWIA across all major decisions, strengthening rights-focused safeguarding practice and using data to identify and address inequities. Through these actions, we will continue to embed children's rights across governance, practice and culture, ensuring that babies, children and young people are respected, protected and empowered in all aspects of healthcare.



1. Introduction

1.1 National Context and Purpose of the Report

The United Nations Convention on the Rights of the Child (UNCRC) forms the foundation of GIRFEC and underpins Scotland's vision of a country where children and young people's human rights are promoted, protected and realised in everyday practice.

The UNCRC (Incorporation) (Scotland) Act 2024 came into force on 16 July 2024, making Scotland the first part of the UK to directly incorporate the UNCRC into domestic law.

The Act places a legal duty on public authorities in Scotland to act compatibly with the UNCRC requirements when exercising functions conferred by the Scottish Parliament. It strengthens accountability, empowers children and young people to uphold their rights, and supports a culture where children's voices and experiences are meaningfully considered in all decisions affecting them.

Incorporation reinforces long standing national commitments to children's rights across policy and practice, including GIRFEC, and provides a stronger legal framework to ensure that every child in Scotland grows up feeling valued, safe and respected.

Part 3 of the UNCRC (Incorporation) (Scotland) Act 2024 sets out a framework designed to embed children's rights across public governance in Scotland by placing statutory duties on Scottish Ministers, the Scottish Parliament, and listed public authorities. Public authorities must publish a Children's Rights Report every three years, detailing the actions taken to comply with children's rights duties, outlining future plans, and producing a child-friendly version to support accessibility. This report fulfils the statutory duty for NHS Grampian to publish a children's rights report, covering actions taken to ensure compatibility with the UNCRC and actions planned for the next reporting period.

1.2 About NHS Grampian as a Public Authority

NHS Grampian provides universal and targeted health services which directly and indirectly affect children, young people and families across Aberdeen City, Aberdeenshire and Moray.

1.3 Alignment with the Children's Rights Scheme

Our approach aligns with the Scottish Ministers Children's Rights Scheme and the expectations set out in statutory guidance, including accessible reporting and child-friendly materials.

2. Approach to Children’s Rights Across NHS Grampian

2.1 Governance and Leadership

Children’s rights are embedded across NHS Grampian through strategic leadership, governance structures, and operational processes. The Children’s Health Board provides oversight of rights-based improvement work, supported by leads across services. Assurance is supported through a blend of quantitative and qualitative monitoring. This includes the use of performance dashboards (such as Illuminate) to track key indicators, alongside audits of practice including the Voice Tool and record-keeping reviews. Routine supervision, data quality processes, and partnership quality groups—including Data Quality Improvement and Performance Group (DQIP) and the Children’s Community Nursing Oversight Group (CCNOG) —strengthen oversight and help identify areas for improvement.

2.2 Methodology for Compiling the Report

This report has been produced by a synthesis of multiple service submissions including audit outputs, participation feedback, complaints/training records, and CRWIA findings. Children and young people are working with us to produce a version that is meaningful to them.

2.3 Linkages

Our governance arrangements are aligned with GIRFEC, Equality Duties, and wider corporate reporting structures. This alignment avoids duplication, ensures coherence across plans, and allows us to focus on shared outcomes for children and families.

3. Actions Taken to Comply with Children’s Rights; July 2024 to March 2026

This section outlines the actions taken across services to uphold and embed children’s rights, structured in line with the national reporting framework and the expectations set out in the Children’s Rights Scheme. It highlights how children and young people are supported to participate meaningfully in decisions that affect them, including through strengthened access to advocacy and the use of rights-based tools that staff are becoming increasingly confident and competent in applying. Examples across the clusters of rights demonstrate how children’s views shape practice, how child-friendly communication materials and updated digital resources promote understanding of rights, and how confidential access points—such as School Nursing and CAMHS—ensure young people can seek support safely and independently.

The section also describes the internal processes that ensure children’s rights are protected in practice, drawing on mechanisms such as Interagency Referral Discussions (IRD), child protection supervision, named person responsibilities, and multi-agency safeguarding protocols. It sets out how staff training, including legal education and Continuing Professional Development (CPD), strengthens practitioners’ ability to identify and address risks to children’s rights. Partnership

arrangements with Youth Justice, the Child Law Centre and early-help pathways ensure rights-based expectations are embedded within wider systems. Further actions include the incorporation of Child Rights and Wellbeing Impact Assessments (CRWIA) into planning, the protection of budgets for Health Visiting, School Nursing and children’s mental health services, and a clear explanation of how resource decisions uphold relevant UNCRC Articles, ensuring that rights considerations are evident in both operational delivery and strategic investment.

3.1 Participation (Article 12)

Last year’s Director of Public Health Annual Report was about children and young people. In preparing that report we listened to young people’s views, and these have had influence in the priorities that NHS Grampian will focus on moving forward. There was one strong message from young people:

*‘Make adults listen to us! Include us in decisions that affect us’
‘Listen to us!’*

CAMHS

CAMHS continues to strengthen its commitment to meaningful participation by embedding CHOICE clinics to ensure every young person can express their views and influence their care, supported by advocacy-focused CPD delivered to staff. Measurable performance indicators show that CAMHS is operating within key national standards, including the proportion of young people starting treatment within 18 weeks of referral—99% as of January 2026, exceeding the Scottish Government’s 90% standard. CAMHS has also strengthened advocacy access at key decision points, including Tier 4 pathways and Mental Health Act contexts, and future plans include integrating Speech and Language Therapy to reduce communication barriers—work that will be tracked through KPIs such as reductions in unmet communication needs and improved attendance and engagement metrics among young people with identified communication challenges.

*‘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.’*

Health Promotion

Findings from a Smoking and Vaping Survey undertaken with S1-S6 pupils across Grampian found that there is increasing use of, and exposure to vapes. Trends reflect wider national patterns, with regular vaping rising sharply since the 2018 SALSUS survey. For example, Scottish data show 10.1% of 15-year-olds and 4.3% of 13-year-olds now vaping regularly, an increase from previous years’ figures. Aberdeenshire-specific data show that 15% of 13-year-olds and 34% of 15-year-olds had tried or used vapes as far back as 2018, with indications the trend continues upward.

The survey explored awareness, behaviour, and influencing factors among young people. They told us that:

- There is high awareness and visibility of vaping in school settings

- Peer influence is a key driver for vaping uptake.
- There are varying levels of understanding regarding health and environmental impacts of smoking and vaping.
- They are accessible, with some young people indicating ease of obtaining vapes.

Young people expressed mixed beliefs about health risks:

- Many reported viewed vaping as less harmful than smoking.
- Some were unaware of the cognitive and developmental risks associated with adolescent nicotine exposure.
- Awareness increased when health information was delivered through school-based campaigns.

A notable proportion of respondents were unaware of the environmental damage caused by disposable vapes, including battery-related fire risks and inappropriate waste disposal—issues now highlighted in Grampian public health messaging.

Child Healthy Weight (CHW) Goal-Setting Tools

NHS Grampian provides structured goal-setting resources that support children and families to set clear, achievable, age-appropriate goals. These materials include printable goal-planning sheets and child-friendly guidance designed to help young people identify what matters to them and participate actively in shaping their own health and wellbeing goals.

These tools are part of a wider CHW programme aimed at empowering children to:

- Express their own priorities
- Set 1–3 manageable goals at a time
- Break goals into simple, achievable steps
- Work collaboratively with practitioners and families

School Nursing and Health Visiting

In Moray, children and young people played a central role in shaping local service development through surveys and focus groups that informed the implementation of the National School Nursing Pathways and clarified expectations of the school nursing service. As part of this engagement, young people also co-designed school drop-in posters, with drop-in facilities subsequently established in every academy. Early feedback from young people indicates that the drop-ins are perceived as highly helpful, with a strong willingness among young people to return to the service.

Across Health Visiting and School Nursing teams, Voice Audits undertaken in 2024 and 2025 demonstrate ongoing commitment to embedding children and young people's views in practice, supported by training delivered on the NHS Grampian Voice Tool. Oversight from the Children's Community Nursing Operational Group (CCNOG) continues to ensure that implementation remains robust and that improvements in participation practice are monitored and sustained.

Dental Health

In dental services, children are supported to participate meaningfully through age-appropriate communication and consent processes, with dental staff using child-centred approaches to explain procedures and available choices in ways that children can easily understand. Participation is further strengthened through the routine collection of feedback from children, parents and carers, using both surveys and informal conversations. This feedback is used to inform ongoing service improvement, ensuring that dental care remains responsive to the needs, preferences and experiences of children and their families.

3.2 Protection of Rights (Articles 3, 19, 32–36)

Health Visiting and School Nursing

Across Health Visiting and School Nursing services, strong safeguarding structures are in place to ensure timely and effective responses to concerns about children's wellbeing. Staff participate consistently in IRDs, Initial and Continued Child Protection Planning Meetings (ICPPMs and CPPMs), and Core Groups, ensuring that health input is fully integrated into multi-agency decision-making. The Support and Management (SAM) process is embedded, and child protection supervision is routinely provided with support from Specialist Nurses. A supervision policy is in place to ensure all practitioners have access to structured oversight, reflective practice opportunities, and professional guidance.

Within Health Visiting and School Nursing services across Grampian, a recent audit of confidential health reports undertaken in Aberdeen City incorporated a children's rights assessment, strengthening the alignment between practice and UNCRC principles. In addition, MORSE documentation for the Universal Health Visiting Pathway (UHVP) has been updated so that staff can clearly record where they identify that a child's rights may not be upheld. This ensures early recognition of rights-related risks and prompts appropriate escalation or support.

CAMHS

In CAMHS, advocacy is considered for all young people receiving Tier 4 care under the Mental Health Act, supporting their right to express their views and participate in decisions affecting their treatment. CAMHS teams are progressing work to embed a standardised rights check within all risk and care planning processes, enabling a more consistent and transparent approach to upholding young people's rights within clinical pathways.

Child Healthy Weight (CHW)

As part of the Child Healthy Weight (CHW) intervention framework, clear escalation routes have been built into the model to ensure staff can seek appropriate support where concerns arise in relation to SHANARRI wellbeing indicators or child protection. This ensures that practitioners are equipped to identify and respond to emerging risks in a timely and proportionate way.



Dental Health

In dental services, children benefit from free preventative and treatment care, supporting equitable access regardless of family circumstances. Dental teams employ flexible and trauma-informed approaches to accommodate children who may find dental care challenging, helping to reduce anxiety and build trust. Where children do not attend appointments, follow-up is undertaken sensitively to understand and address potential barriers to access, rather than assuming disengagement, ensuring that children continue to receive the care they need.



Neuro Development Pathways

Health, education, social work and third-sector partners all have a crucial role in recognising neurodevelopmental needs early, providing appropriate support, with or without a formal diagnosis, and maintaining clear communication with families. However, increasing demand and capacity pressures have resulted in extended waiting times for assessment in many areas. These delays can heighten risks to children's rights, particularly in relation to access to education, healthcare, participation in decision-making and the right to receive support at the earliest opportunity. In Grampian we have secured £447,000 of funding through the NHS Grampian Charity to redesign our pathway. The new model ensures that a rights-based approach is taken, emphasising the importance of early and interim supports, transparent pathways, and coordinated planning to ensure that children and young people do not experience avoidable disadvantage while awaiting assessment, and that their wellbeing and development remain central to all decision-making. This means that children and young people will receive the support that they need from the right professional, as quickly as possible after a need is identified.

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)

Health Equity and Learning Project (HELP)

Aberdeenshire Council and NHS Grampian set up the Health Equity & Learning Project (HELP) in 2024. HELP is a short-term funded project which set out to understand the real-life barriers families face when accessing child health services across Grampian. Through conversations and lived-experience feedback, families consistently described how everyday challenges—transport, finances, system complexity, or communication barriers—made it harder to receive care. For families, what mattered most was being able to access care without fear, judgement, or hardship, and for services to understand their whole circumstances, not just their child's medical needs.

As at March 2026 over 22 families had used the transport element of HELP utilising £2,500 of the allocated budget. Families have said they would have been unable to take their child to their appointment without HELP support. Over 400 families have received support from Archie using the food and meal elements of the project. An additional washing machine and dryer has also been installed within the Royal Aberdeen Children's Hospital (RACH) as families who needed to stay with their children described that the single machine available was not able to cope with demand.

As a result of discussions with the Archie Foundation, support for families on wards has been extended. Volunteers are on site Monday to Friday mornings, and they offer a friendly face and a chance for families to chat. Volunteers can talk about support available on site (making meals, transport, help with form filling, enabling parents and carers to have a break, access to laundry, funds for transport if needed - especially if discharged at night). They can highlight support further afield, such as the Young Patients Family Fund (claim for the costs of travel and food relating to a hospital stay up to 3 months after) and support and equipment that might be of use to a family after a hospital stay.

Aberdeenshire Council's history of working with lived experience groups links with NHS Grampian's Putting People First approach and has helped to strengthen partnership working, development of skills and experience.

Examples of families who have used HELP:

- Families who have previously missed appointments because they could not afford travel costs up front
- Families with multiple appointments within a short number of weeks
- Families with multiple appointments who are unable to use public transport because of health conditions.

Children and Young People Seeking Asylum and Refuge – Unaccompanied (CYPSAR-U)

Supporting unaccompanied children and young people seeking asylum or refuge works best when services work closely together and take a trauma-informed, compassionate approach. These young people have often been through difficult experiences and need support that recognises their individual needs, helps them feel safe, and gives them a voice. As they are separated from their parents and wider family, social work, education, health and third-sector services all share responsibility for keeping them safe and supporting their wellbeing. A rights-based approach means listening to young people, respecting their culture and language, and making sure they can access legal advice, healthcare, education and emotional support when they need it. Long waits and uncertainty around immigration status, as well as difficulties finding suitable accommodation, can add to their stress and put their rights at risk. Strong partnerships, clear pathways and good planning are key to helping these young people feel protected, recover from trauma, and move forward with confidence.

Reflections from professionals working in a CYPSAR –U clinic

A number of unaccompanied adolescent boys have arrived in Scotland after long and complex journeys from sub-Saharan Africa and, in some cases, the Middle East. Their histories typically involve significant trauma, including exposure to violence, threats to their safety, separation from family, and prolonged periods of instability. Many began their journey at a very young age (some as young as 6), travelling alone through conflict-affected regions, often without adequate shelter, food or protection. During their journeys, several reported experiences of exploitation, forced labour and physical harm, contributing to both immediate and long-term health needs.

On arrival, some young people present with untreated physical injuries, such as stab wounds, burns or musculoskeletal problems linked to hazardous working conditions or unsafe travel environments. Most, however, display symptoms consistent with psychological trauma. Common presentations include disrupted sleep, intrusive memories, low mood, anxiety, social withdrawal, reduced appetite and weight loss—features often associated with complex post-traumatic stress. Language barriers, cultural differences and feelings of being 'othered' by peers can further compound isolation and hinder integration.

The specialist clinic provides a safe space to explore emotional wellbeing and to introduce young people to appropriate therapeutic and community supports. This case example highlights the significant unmet needs within this cohort and underscores the importance of coordinated, trauma-informed, rights-based support. Multi-agency working remains central to ensuring that unaccompanied young people seeking asylum are safe, heard, and able to access the services necessary to protect and promote their health and wellbeing.

3.3 Raising Awareness and Promoting Rights (Article 42)

Parents and Carers

Helping parents and carers understand children's rights is an important part of making sure every child feels safe, supported and able to do well. When families know about children's rights—such as feeling safe, being listened to, and having access to education and healthcare—they are better placed to speak up for their child and work positively with services. Building this understanding helps create caring, respectful environments at home and in the community, strengthening trust and shared responsibility so children can grow up feeling valued and supported.

Our forward-looking action plan will lead to specific work with specific parents and carers to promote their understanding of children and young people's rights.

Workforce

With our partners, we have developed a comprehensive programme of rights-based learning to support the workforce to understand, uphold and further effect children and young people's rights in everyday practice. Training opportunities are designed to be accessible, flexible and relevant to a wide range of roles, and support a shared understanding of the UNCRC, GIRFEC and participation across Children's Services. Learning is delivered through a combination of online modules, guidance, discussion materials and practice-based resources, enabling colleagues to build confidence and apply rights-based approaches consistently in their work.

A series of UNCRC podcasts were developed to support practitioner learning and build confidence in rights-based approaches and continue to grow. These are available on [NHS Grampian's You Tube channel](#).



GIRFEC Podcast Episode 5 - UNCRC

NHS Grampian's TURAS learning platform also hosts several learning and training resources for staff including UNCRC Awareness Sessions delivered by NES (NHS Education Scotland), children's rights eLearning modules, webinars, useful video's and a quarterly UNCRC newsletter.

Health Visiting and School Nursing

Health Visiting and School Nursing services continue to take active steps to uphold children's rights under the UNCRC by strengthening staff understanding of their legal duties and ensuring that children and young people are informed about their rights in accessible ways. A dedicated legal training day was delivered for Health Visitors and School Nurses, during which staff reported increased confidence and clarity regarding their responsibilities in relation to children's rights and the legal processes that support them. In Moray, the School Nursing service further promotes UNCRC awareness by referencing children's rights directly within service posters and sustaining the use of posters and social-media messaging to ensure that children, young people and families are aware of their entitlements and how these are upheld in practice. Taken together, these actions reinforce children's rights to information, participation and protection (Articles 12, 13 and 19) and demonstrate the service's commitment to embedding a rights-respecting culture across everyday practice.

CAMHS

CAMHS continues to strengthen its commitment to upholding children's rights under the UNCRC by improving the accessibility and clarity of information provided to young people. A child-friendly consent and confidentiality leaflet has been developed and is currently undergoing legal review to ensure that it meets statutory requirements while enabling children to understand their rights in relation to participation, privacy and decision-making (Articles 12, 13 and 16). In parallel, CAMHS is developing a refreshed and more accessible website designed to present service information in formats that are easier for children and young people to navigate. These actions support their right to receive information in an age-appropriate, understandable manner and reinforce CAMHS' broader commitment to embedding a rights-respecting approach across all aspects of care.

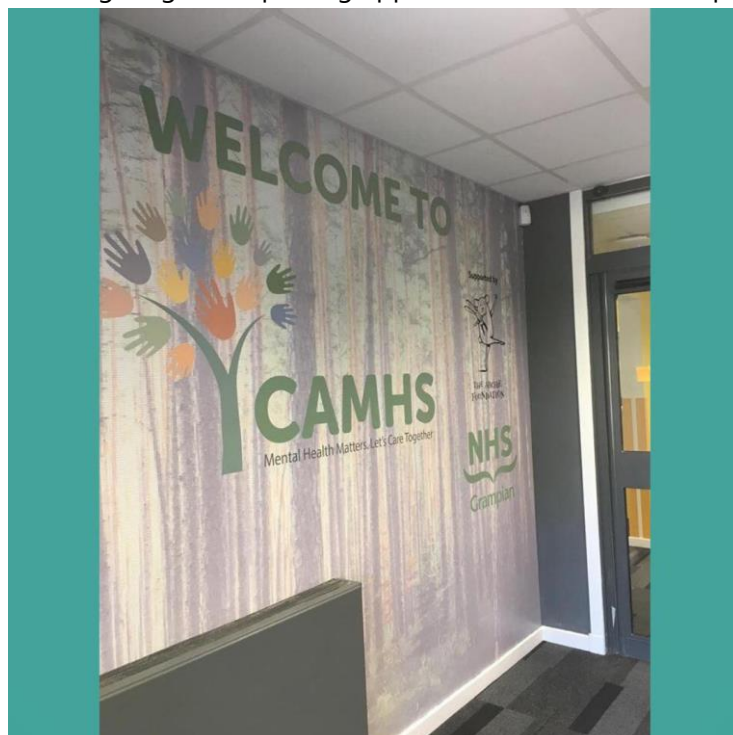
Dental Health

Dental services uphold children's rights under the UNCRC by embedding children's rights principles within all aspects of care, ensuring that every child receives compassionate, child-centred support that respects their individuality and developmental stage. Dental staff understand and consistently act on their responsibility to treat all children with dignity, respect and fairness, reflecting core UNCRC values of non-discrimination and the right to be heard and supported in a safe environment. Oral health promotion activity delivered across services further protects children's right to the highest attainable standard of health and wellbeing, ensuring that preventative education, advice and early intervention are accessible to all. Together, these approaches demonstrate a sustained commitment to realising children's rights in both the clinical and preventative dimensions of dental care.

3.4 Access to Justice (Articles 12, 16, 19)

CAMHS

CAMHS continues to uphold children's rights under the UNCRC by ensuring that young people involved in complex family or relational situations receive specialist rights-based support. Engagement with the Child Law Centre enables practitioners to access expert legal guidance, ensuring that children's views, best interests and entitlements are fully considered in decision-making processes (Articles 3, 12 and 18). CAMHS also contributes to national work supporting young witnesses, reinforcing children's rights to protection, participation and access to appropriate support when involved in legal or judicial proceedings (Articles 19, 34 and 39). Additionally, established partnership working with Youth Justice services ensures that young people who encounter justice pathways are treated fairly, supported holistically and enabled to have their voices heard, reflecting UNCRC principles of dignity, non-discrimination and rehabilitation (Articles 2, 37 and 40). Collectively, these actions demonstrate CAMHS' commitment to embedding a rights-respecting approach across all areas of practice.



Health Visiting and School Nursing

Health Visiting and School Nursing services uphold children's rights under the UNCRC by ensuring that children and young people have safe, confidential and accessible avenues to express their views, seek support and disclose concerns. As Named Persons, Health Visitors play a key role in safeguarding children's wellbeing and ensuring their rights are recognised and acted upon within the GIRFEC framework, while School Nurse confidential drop-ins offer young people a trusted space to raise issues privately and access advocacy when needed. These approaches support children's rights to be heard, to receive appropriate assistance and to have their best interests prioritised (Articles 3, 12 and 13). Where concerns about a child's safety or wellbeing arise, clear referral pathways to social work, police and relevant partner agencies ensure that children receive prompt, coordinated help, while representation in multi-agency processes further strengthens protection and participation rights (Articles 19 and 34). Collectively, these

measures demonstrate an embedded commitment to ensuring that children's voices are central to assessment, planning and decision-making across all Health Visiting and School Nursing activity.

3.5 Multi Agency Practice and Collaboration

CAMHS

CAMHS demonstrates its commitment to the UNCRC by ensuring that children's rights are embedded within wider Mental Health, Learning Disability (MHL) and NHS Grampian policy development. By actively contributing to corporate and system-wide policy work, CAMHS helps ensure that the needs, voices and rights of children and young people are fully represented in strategic decisions, supporting their rights to have their best interests prioritised and their views considered in all matters affecting them. In line with GIRFEC principles, CAMHS is progressing work to include explicit rights-based expectations within future contracts, service specifications and partnership agreements, ensuring that all partners share a clear and consistent responsibility to uphold children's rights. This includes expectations around participation, confidentiality, advocacy, safeguarding and collaborative planning. Through these actions, CAMHS strengthens a rights-respecting culture across the wider system and ensures that children's rights are protected not only within clinical practice but also in the structures, agreements and partnerships that shape service delivery.

Health Visiting and School Nursing

Health Visiting and School Nursing services uphold children's rights under the UNCRC through consistent application of GIRFEC and the National Practice Model, ensuring that children's wellbeing, participation and best interests remain central to all decision-making. Health Visitors fulfil the Named Person role, providing a coordinated, rights-based point of contact for families and ensuring continuity of support, including structured transitions such as the 27–30-month handover to nursery settings. These processes safeguard children's rights to development, protection and wellbeing, and ensure that all partner agencies understand and act on their shared responsibilities through established expectations in partnership agreements.

School Nursing services further strengthen children's rights by providing confidential drop-in opportunities where young people can safely raise concerns about issues occurring both within and beyond school, including activities involving clubs, tutors and external organisations. This early, accessible route for disclosure enables timely intervention and embeds the child's right to be heard, to be protected from harm and to access support when required. Together, these approaches demonstrate a robust, GIRFEC-aligned commitment to ensuring that children's rights are recognised, upheld and embedded across all multi-agency practices in Moray.

3.6 Children's Rights in Budgeting and Resource Allocation

Health Visiting and School Nursing

Health Visiting and School Nursing services uphold children's rights under the UNCRC by ensuring that resource decisions are explicitly aligned with children's wellbeing, safety and access to high-quality care. Scrutiny of funded establishments, workforce levels and caseload weighting is routinely undertaken to ensure that sufficient Health Visiting and School Nursing capacity is in place to deliver the Universal Health Visiting Pathway and School Nursing pathways. This rights-based approach to workforce planning supports children's rights to health, development and protection by ensuring that staff have the time, skills and availability to respond effectively to individual needs, consistent with GIRFEC principles and the best-interests' requirement of Article 3.

In Moray, budgets for Health Visiting and School Nursing are protected to maintain continuity of services and uphold equitable access for all children. Resource allocation explicitly considers CRWIA principles, ensuring that decisions contribute positively to children's outcomes and avoid creating or widening inequalities. The ongoing provision and ordering of specialist nursing supplies for children with complex needs ensures their health needs are met without delay, reinforcing their rights to the highest attainable standard of health (Article 24) and to the support required for development and participation (Articles 6 and 23). Collectively, these measures demonstrate a transparent commitment to funding, planning and service delivery that centres children's rights and ensures that operational decisions continue to protect and promote their wellbeing across all settings.

CAMHS

CAMHS demonstrates its commitment to upholding children's rights under the UNCRC by actively advocating for the national recommendation that at least 1% of all mental health investment be allocated specifically to child and adolescent mental health. This advocacy reflects the service's recognition of children's rights to the highest attainable standard of health and to development and wellbeing (Articles 6 and 24). CAMHS is also strengthening the systematic use of Child Rights and Wellbeing Impact Assessments (CRWIA) within budget-setting and service-planning processes, ensuring that resource decisions are explicitly informed by an understanding of their impact on children's rights, needs and outcomes. Embedding CRWIA in financial planning supports transparent, rights-based decision-making and helps ensure that investment choices protect essential services, reduce inequalities and uphold the rights of children to safety, support and participation (Articles 19–36). Through these measures, CAMHS is taking a proactive rights-respecting approach to both service delivery and strategic financial planning, ensuring children's rights are central to resourcing decisions across the system.

Dental Health

Investment in preventative dental services, including the Child Smile programme, demonstrates a strong commitment to upholding children's rights under the UNCRC by ensuring that early intervention, equitable access and the reduction of oral-health inequalities are central to service planning and delivery. By embedding Child Rights and Wellbeing Impact Assessments (CRWIA) within planning processes, decision-makers are able to assess how resource allocation will affect children's health outcomes, participation, and wellbeing, ensuring that choices actively promote children's rights to the highest attainable standard of health (Article 24) and to development

(Article 6). Protecting budgets for population-level prevention ensures that children across all communities benefit from consistent, high-quality oral-health support, regardless of socioeconomic background, strengthening their rights to non-discrimination (Article 2) and to services that minimise harm and prevent future disadvantage (Articles 19–36). Prioritising preventative care and access therefore reflects a rights-respecting approach to resource decisions, ensuring that every child benefits from early support that promotes lifelong health and wellbeing.

4. Child Rights and Wellbeing Impact Assessments

NHS Grampian uses Integrated Impact Assessments (IIA) to help us consider how our actions and decisions can contribute to achieving equality, upholding human rights – including children and young people’s rights - and reducing inequalities. This integrated approach ensures that the rights of children and young people are considered in all things that impact them, both directly and indirectly. While there is strengthening practice in Grampian there are still improvements to be made. Hearing the voice and views of children and young people to inform IIA’s is an important aspect that we will focus on in our forward-looking action plan.

CAMHS

CAMHS continues to strengthen its commitment to the UNCRC by embedding Child Rights and Wellbeing Impact Assessment (CRWIA) principles within its wellbeing impact assessment processes. Existing assessments routinely incorporate Equality and Diversity considerations, ensuring that service developments are evaluated for their potential impact on children’s rights, experiences and outcomes. Although full CRWIAs have not yet been applied universally, the incorporation of these elements has already highlighted the need for consistent, child-centred communication, equitable access to mental health support, and strengthened mechanisms for participation—findings that have informed recent service planning priorities. CAMHS has now committed to expanding the use of CRWIA across all new service developments and major policy decisions, ensuring that the views, needs and rights of children and young people systematically shape future service design. This rights-based approach strengthens alignment with UNCRC Articles 3, 12, 24 and 29 by ensuring that decisions are evidence-informed, equitable, and clearly focused on children’s best interests.

Health Visiting and School Nursing

Health Visiting and School Nursing services uphold children’s rights under the UNCRC by embedding Child Rights and Wellbeing Impact Assessment (CRWIA) principles into organisational planning and change processes. A CRWIA undertaken as part of service redesign within School Nursing in Aberdeen City supported rights-focused decision-making by ensuring that proposed changes were assessed for their potential impact on children’s access to support, continuity of relationships, safeguarding pathways, and equity of provision. Although no public audit documentation is available regarding the programme, NHS Grampian’s child-centred strategic frameworks emphasise the importance of transparent, rights-based approaches when

planning and delivering services, reinforcing the expectation that children's best interests, wellbeing and participation remain central to decisions of this nature.

The CRWIA process enabled early identification of risks related to workload distribution, service accessibility, and potential gaps in support during transition phases. This informed a series of mitigating actions, including strengthening communication pathways, maintaining clear escalation routes and ensuring that Named Person responsibilities remained protected throughout the change. By applying a structured, rights-focused framework to organisational decisions, the service increased transparency, enhanced accountability and ensured that planning processes aligned with GIRFEC principles and relevant UNCRC Articles, including Articles 3, 6, 12, 19 and 24. The approach demonstrates a continued commitment to integrating CRWIA into service development, ensuring that structural and operational decisions consistently support the rights, safety and wellbeing of children and young people across Grampian.

Dental Health

NHS Grampian's Children's Oral Health Improvement Plan demonstrates a clear commitment to advancing children's rights under the UNCRC by taking a structured, evidence-based approach to understanding oral-health needs and reducing inequalities across the region. The plan employs an assessment of children's oral-health burdens, service accessibility and the wider determinants of oral health to inform decisions about prevention, early intervention and targeted support for vulnerable groups. This rights-focused planning process aligns with the UNCRC by prioritising children's wellbeing, equitable access to care and the reduction of health inequalities—key principles reflected in Articles 2, 3, 6 and 24. The findings of the needs-assessment component of the plan highlighted the impact of the pandemic on oral-health inequalities and service access for children, informing strategic decisions on service prioritisation and the re-establishment of preventative programmes such as Child Smile.

By using these findings to shape service planning and resource allocation, NHS Grampian ensured that decisions upheld children's rights to the highest attainable standard of health and provided transparency about how priorities were determined. The plan's emphasis on universal access, prevention and targeted support reflects a rights-based approach that seeks to reduce disparities and improve outcomes for all children across the region.

5. Contribution to National Outcomes for Children and Young People

Getting It Right for Every Child (GIRFEC) is Scotland's national practice model for children's services, providing a consistent, rights-based framework to support the wellbeing of children and young people. It promotes early intervention, joined-up working and proportionate support, placing the child at the centre of decision-making and recognising families as key partners. Using a shared language and tools such as the wellbeing indicators (SHANARRI), GIRFEC helps practitioners across agencies work together to identify strengths, address needs, and ensure children grow up safe, healthy and able to reach their full potential.

Health Visiting and School Nursing

Health Visiting and School Nursing services uphold children's rights under the UNCRC by embedding national policy expectations, robust monitoring processes and evidence-based pathways into everyday practice. The creation of the Ann Illuminate Dashboard enables systematic monitoring of key HV and SN indicators linked to the Universal Health Visiting Pathway (UHVP) Action Plan and the 10 National Priority Pathways, with regular data meetings ensuring that performance is continually reviewed and improvements are driven by transparent, rights-focused evidence. This structured approach strengthens accountability and supports alignment with Scotland's National Performance Framework outcomes relating to children's health, wellbeing, safety and equality.

Within Health Visiting, measurable impact is demonstrated across core early-years outcomes, including parental mental health, breastfeeding, attachment and child development. The full implementation of the UHVP, alongside dedicated pathways for financial inclusion and infant-feeding-in-a-crisis, ensures that families receive consistent, rights-based support. Access to an infant feeding advisor one day per week further strengthens the system's ability to uphold children's rights to health and development. School Nursing services similarly embed national priorities at a local level, with targeted work focusing on vulnerable children and families, mental health and wellbeing, and risk-taking behaviours. These actions demonstrate a sustained commitment to ensuring that service delivery, resource allocation and improvement activity remain firmly grounded in children's rights, national policy frameworks and GIRFEC principles.

CAMHS

CAMHS upholds children's rights under the UNCRC by ensuring that national mental health policies and pathways are actively considered and systematically integrated into local planning processes. This commitment ensures that service priorities for children and young people remain aligned with Scotland's National Performance Framework outcomes, particularly those relating to improved health, wellbeing, equality and safety. Planned work to map local CAMHS priorities directly to national outcomes further strengthens transparency and accountability, ensuring that service development and delivery are guided by recognised national standards and coherent policy frameworks. By embedding these national expectations into ongoing planning, CAMHS reinforces a rights-based approach that supports children's entitlement to high-quality, safe, and developmentally appropriate mental health services, in accordance with UNCRC Articles 3, 6, 24 and 29.

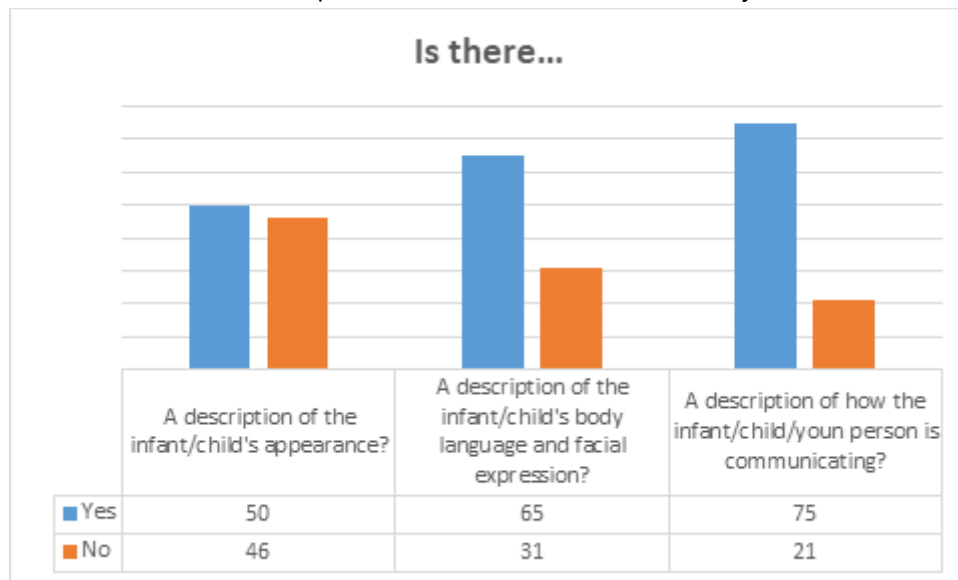
6. Outcomes Achieved - What Difference Has Been Made?

6.1 Improved Participation and Influence

Children and young people now have greater influence over their care, with more consistent use of advocacy at key decision points ensuring their views are clearly represented. Staff are capturing children's voices more effectively in records, including developmental cues for younger

children, leading to care planning that better reflects children’s priorities. Increased access to child-friendly participation routes—such as school nurse drop-ins—has enabled children to express concerns early and shape the support they receive.

In response to the ‘Voice of the Infant’ and ‘Infant Pledge’ health visitors and family nurses piloted a tool designed to help them hear the voice of babies and pre-verbal children and reflect their voice in records. Here is a snapshot of the results from the Moray audit:



Comparison chart

	First test of change %	Final Results %
Description of appearance	26.2%	51%
Description of Infant/child body language	39.3%	68%
Description of how infant/child is communicating	27.4%	78%

This audit shows that while there are still opportunities for further improvement, recognising how babies use their ‘voice’ and recording this with confidence has improved considerably. Several recommendations were made following the audit to ensure improvement in practice continue. These recommendations are:

- The tool has been updated in design and renamed to ‘Hear Me, See Me’
- Continued engagement with colleagues to enable comparison and shared learning across Grampian.
- Develop further training for voice and look the areas for improvement in relation to extended family, siblings.

6.2 Stronger Protection and Earlier Identification of Rights Risks

Safeguarding practice has strengthened through earlier identification of risks to children’s rights, supported by clearer professional recording and improved supervision structures. These improvements have resulted in more transparent rationales for decision-making, ensuring that

concerns are acted upon quickly and consistently across teams. As a result, children are better protected, and risks to wellbeing are addressed at an earlier stage.

6.3 Greater Awareness of Rights Among Staff and Families

Staff confidence in applying the UNCRC and navigating associated legal processes has increased following targeted training and development. Families now receive clearer information about their rights and available services, improving their ability to participate in decisions and seek support when needed. This heightened awareness has led to more informed conversations and greater transparency in care pathways.

6.4 Enhanced Access to Justice and Support

Children and young people have improved access to justice through faster access to legal guidance in complex family situations and strengthened support for young witnesses at national level. Locally, confidential disclosure routes—such as School Nurse drop-ins and the Named Person role—provide safe, trusted avenues for raising concerns. These mechanisms ensure children can access advocacy, protection and advice without barriers.

6.5 Rights-Focused Budgeting and Planning

Children's needs are more visible in financial planning processes, with protected budgets for Health Visiting and School Nursing enabling sustained delivery of the Universal Health Visiting Pathway and School Nursing Priority Pathways. Resources are increasingly aligned to demand, ensuring that services have the capacity to meet needs and uphold children's rights to health, development and protection.

6.6 CRWIA-Informed Decision-Making

Child Rights and Wellbeing Impact Assessments (CRWIA) are increasingly shaping organisational decision-making, ensuring that potential impacts on children's rights and wellbeing are systematically considered. Documentation now more clearly demonstrates how rights have influenced planning processes, leading to more transparent, child-centred decisions across services. While this can be reviewed on a 'case by case' basis, we are considering how best to include CRWIA as a performance measure.

6.7 Health and Wellbeing Outcomes – Smoking Cessation, CHW, and Dental Care

Smoking cessation services are becoming more attractive and accessible to young people, increasing the likelihood of early engagement and reducing future health harms. Child Healthy Weight interventions continue to offer consistent, holistic support, with clear pathways to additional services when required. In dental services, children are more involved in decisions about their care, feel listened to and respected, and better understand what will happen during dental appointments. Earlier identification of barriers to attending dental appointments is reducing unmet oral-health needs and strengthening children's right to the highest attainable standard of health.

7. Planned Actions for the Next Reporting Period

This section responds to the statutory requirement to set out future actions.

7.1 Strengthening Participation

Impact: Children understand what is happening, feel listened to, and can meaningfully influence decisions affecting their health and wellbeing.

Outcome	Action	Measurable Outcome/ Impact
Children and young people are consistently listened to, understand their choices, and see how their views influence decisions about their care.	Embed independent advocacy as a routine offer at key decision points. (Articles 12 & 13)	<ul style="list-style-type: none"> • ≥95% of eligible CYP offered advocacy (documented) • ≥75% advocacy uptake where offered • Qualitative evidence of positive advocacy influence
	Strengthen communication inclusive practice across services (including pre-verbal children and CYP with ASN) (Article 2, 3, 12, 13, 23)	<ul style="list-style-type: none"> • ≥90% of developmental assessments record communication needs where present • ↑ Use of AAC/visual tools recorded in notes • Reduction in unmet communication needs identified through audit
	Maintain regular participation and feedback cycles (Articles 2, 12, 13, 23)	<ul style="list-style-type: none"> • Increased participation from diverse groups of CYP • ≥80% CYP report feeling listened to • Annual 'you said, we did' updates published
	Increase use of child-centred goal setting (Articles 2, 3, 12, 23)	<ul style="list-style-type: none"> • ≥70% care plans include goals in child's own words
	Develop child-friendly complaints materials co-designed with CYP	<ul style="list-style-type: none"> • Published child-friendly complaints process • ↑ CYP awareness of how to complain appropriately

7.2 Protecting Rights and Identifying Risk Early

Impact: Children are safer, concerns are identified earlier, and responses are proportionate, consistent and rights-respecting.

Outcome	Action	Timescale	Measurable Outcome/ Impact
Risks to children's rights, safety and	Strengthen consistent	2026 - 29	<ul style="list-style-type: none"> • ↑ proportion of records explicitly identifying rights risks

wellbeing are identified earlier, recorded clearly and acted upon consistently.	identification of rights-related risks (MORSE, CAMHS care planning, safeguarding documentation)		<ul style="list-style-type: none"> Improved audit scores across record-keeping cycles
	Maintain high-quality safeguarding supervision across relevant teams	2026 - 29	<ul style="list-style-type: none"> ≥95% safeguarding supervision compliance Staff report increased confidence in decision-making
	Embed rights checks within CAMHS risk & safety planning	2026 - 29	<ul style="list-style-type: none"> ≥90% CAMHS plans include rights-based safety checks Evidence of rights-informed escalation and mitigation
	Ensure rights-aware follow-up of DNAs	2026 - 29	<ul style="list-style-type: none"> Reduced repeat DNAs ↓ unmet oral-health needs due to access barriers

7.3 Raising Awareness of Rights

Impact: Children and families understand their rights, what to expect from services, and how to seek help or raise concerns.

Outcome	Action	Timescale	Measurable Outcome/ Impact
Children, families and staff understand children's rights and understand how these are upheld in NHS Grampian.	Deliver regular UNCRC and legal refresher training	2026 - 29	<ul style="list-style-type: none"> ≥90% training compliance ↑ staff confidence scores pre/post training
	Publish and promote child-friendly rights materials (leaflets, posters, website content)	2026 - 29	<ul style="list-style-type: none"> Accessibility audit meets agreed standards ↑ CYP awareness of consent, confidentiality and services

	Embed children's rights messaging in School Nursing promotion and CAMHS materials	2026 - 29	<ul style="list-style-type: none"> • ↑ CYP reporting they know where to get help
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7.4 Embedding CRWIA in All Planning and Decision Making

Impact: Decisions affecting children and young people are transparent, rights-based and focused on children's best interests.

Outcome	Action	Timescale	Measurable Outcome/ Impact
Children's rights are considered early and transparently in all major service decisions.	Apply CRWIA to all major service changes and policy decisions	2026 - 29	<ul style="list-style-type: none"> • ≥90% of relevant projects supported by CRWIA • Evidence of CRWIA-driven mitigations
	Improve quality and consistency of CRWIA application	2026 - 29	<ul style="list-style-type: none"> • Quality reviews aligned to national standards • ↑ consistency across services
	Publish accessible summaries of CRWIA findings	2026 - 29	<ul style="list-style-type: none"> • Publicly available Easy Read / child-friendly summaries • CYP feedback confirms usefulness

7.5 Reducing Inequalities and Improving Equity

Impact: Fewer inequalities in access, experience and outcomes across NHS Grampian services.

Outcome	Action	Timescale	Measurable Outcome/ Impact
All children have equitable access to services, regardless of background or additional needs.	Use equity dashboards to identify disparities (SIMD, ASN, disability, ethnicity)	2026 - 29	<ul style="list-style-type: none"> • Routine reporting of equity indicators • Targeted actions implemented
	Maintain protected	2026 - 29	<ul style="list-style-type: none"> • UHVP contact completion rates maintained

	universal services (HV, SN, CAMHS, Dental prevention)		<ul style="list-style-type: none"> • CAMHS ≥90% seen within 18 weeks
	Use data to drive improvement	2026 - 29	<ul style="list-style-type: none"> • Documented improvement actions • Evidence of narrowing gaps over time

8. Accessibility and Publication

We are committed to ensuring that our children’s strategic plans and reports are accessible to children, young people, families, and partners. This includes producing **child-friendly** and **easy-read versions** that use clear language, visual supports, and formats suited to different communication needs. These versions will be **published online** alongside the full report and shared proactively with stakeholders through established networks across health, education, social work, the third sector, and community partners. Our approach ensures that key messages are understandable, inclusive, and widely available to the children, young people, and families in our communities.

9. Annex

Sample of Integrated Impact Assessments including CRWIA

Title	UNCRC Articles Applied	Impact	Mitigation
Pharmacogenetic Testing	2, 3, 6, 24, 25	Positive – improved health outcomes for babies	NA
Cessation of paediatric elective surgery on public holidays	2, 3, 6, 23, 24, 25	Negative – reduced surgery capacity may increase patient acuity and waiting lists	Considered to affect a low volume of patients. Prioritisation and waiting times closely monitored and managed. Emergency list continues.

Long COVID – children and young people	2, 3 6, 12, 18, 23, 24, 27, 28	Positive – implementation of a specialist pathway for this patient group.	NA
Undergraduate GP Teaching Centre	2, 3, 12, 14, 16, 23, 24	Positive – addressing clinical capacity gap from academic year 2026/27 onwards.	NA
Control of noise at work	3	Neutral – indirect positive impact if adult affected is a parent or carer of a child. Positive impact if affected person is aged between 16 – 18.	NA
Employee’s and workers immunisation policy	3, 6, 24	Positive – protection from spread of infection	NA