

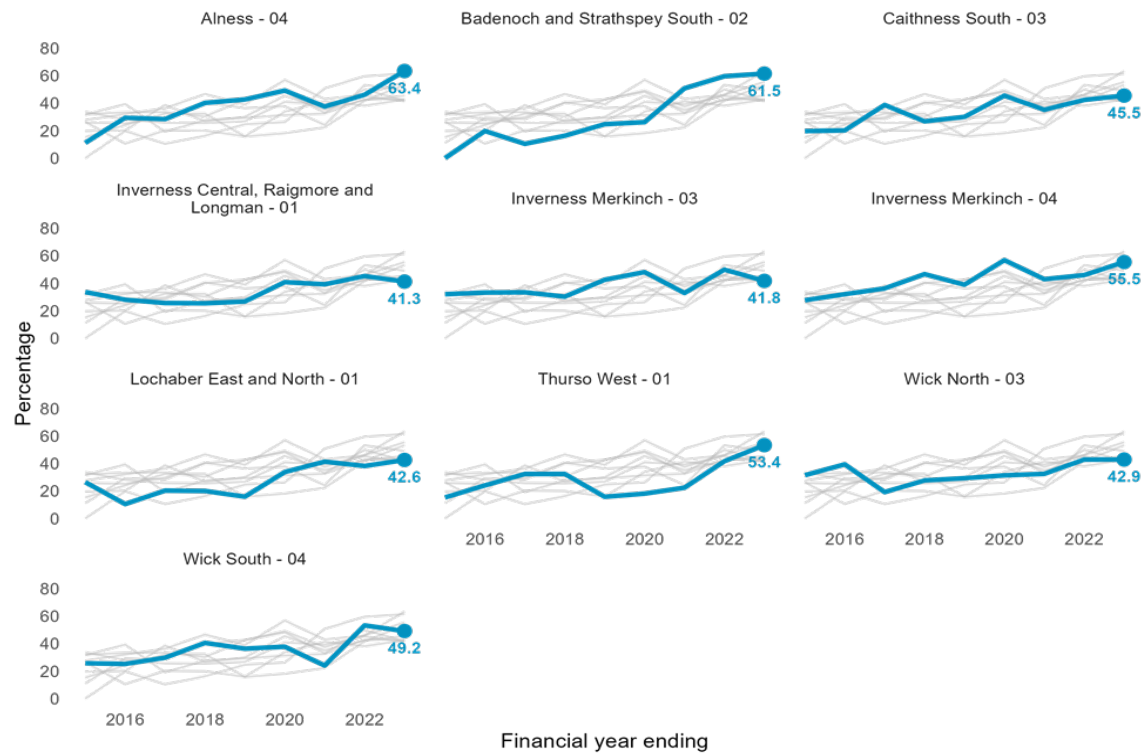
Equality Impact Assessment Template: Please complete alongside the guidance document

Title of work: Highland Local Child Poverty Action Update Report April 2024 – March 2025	Date of completion: 19/08/25	Completed by: Lynda Thomson Senior Health Improvement Specialist Health Improvement Team
Description of work: The development of The Highland Child Poverty Action Update report is a duty placed on both Highland Council and NHS Highland to jointly develop annual updates which outline the activity that has taken place in the previous year and the actions proposed to be taken in the following year which will address child poverty. The Highland update Plan is set around the agreed themes and life stages of children and young people identified by the Integrated Children's Services Plan 2023 – 2026.		
Outcome of work: To address the key drivers of poverty which include Income from employment, costs of living and income from social security and benefits in kind. The overarching outcomes identified for priority action in 2025/26 include: We will reduce financial barriers in order to increase participation, raise aspirations and address the impacts of poverty Mitigate the impact of the cost-of-living crisis We will raise attainment and close the poverty related attainment gap.		
Who will be impacted? Stakeholders: (who will this work affect?) This work will impact on children and young people and their families; it is specifically aimed at those children living in poverty and those who are most vulnerable. This work will also involve partnership working across public sector including NHS Highland and Highland Council, but will also involve actions by third sector and community groups as well as partners represented on the Highland Reducing Poverty Group.		

How do you know:

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

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



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

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

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

The percentage of all children in poverty is 24%.

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

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

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

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

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

Religion or belief: No identified impact

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

Sexual orientation: No identified impact

Gender reassignment: No identified impact

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

Marriage and Civil Partnership: No identified impact

Other Key identified Groups:

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

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

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

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

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

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

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

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

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

For more information or support contact: NHS Child Health Commissioner: deborah.stewart2@nhs.scot

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

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

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

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

There are no specific negative impacts assessed.

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

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

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

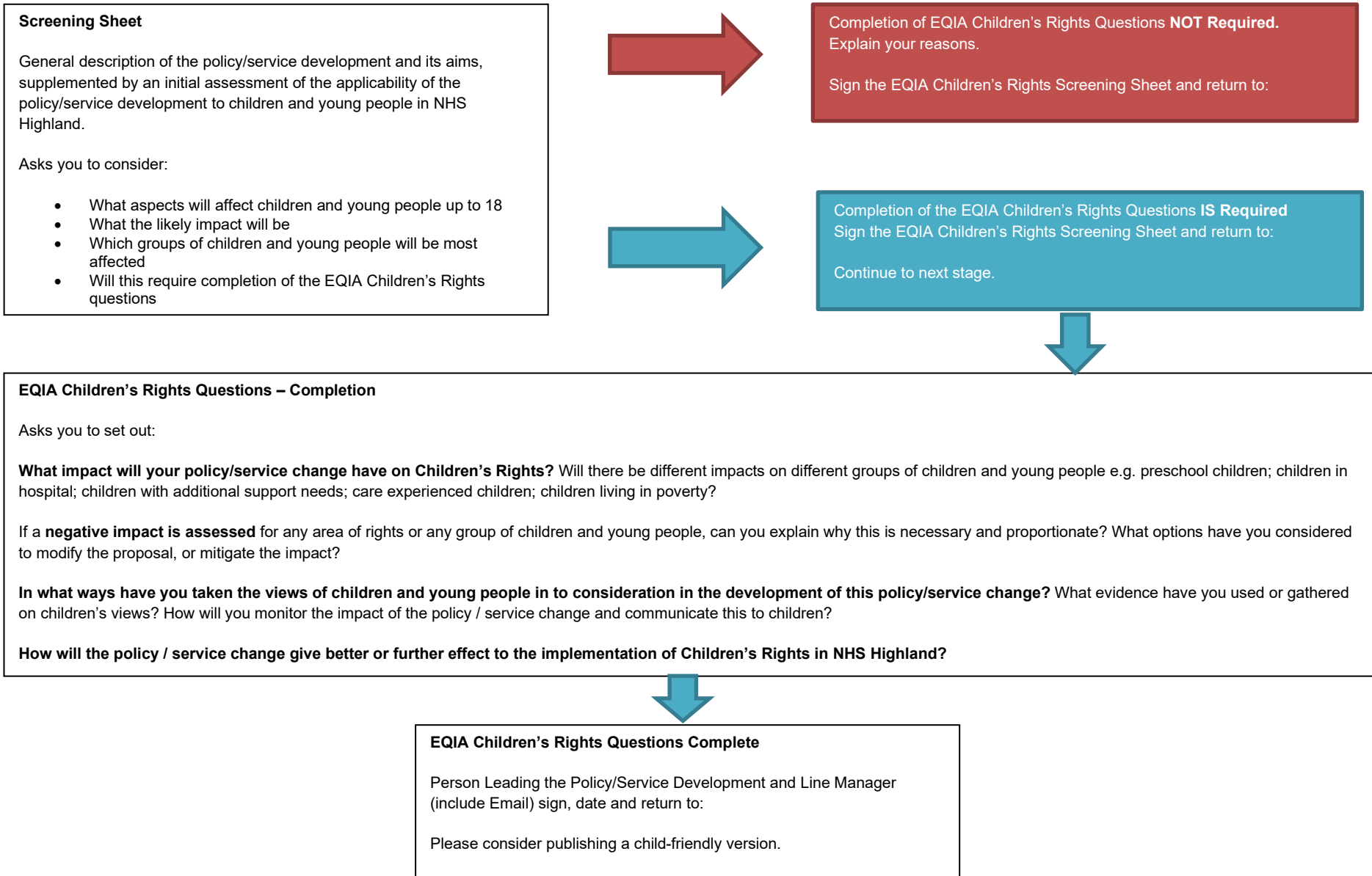
How will the policy / service change give better or further effect to the implementation of Children's Rights in NHS Highland?

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

Approved by: Cathy Steer. Head of Health Improvement.

EQIA Children's Rights – Guidance Notes

EQIA Children's Rights – Flowchart



EQIA Children's Rights – Screening Sheet

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

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

For information or support contact: NHS Highland Child Health Commissioner: deborah.stewart2@nhs.sc

Overview

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

5. Sign, Date and Authorise

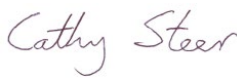
Person Leading the Policy/Service Development:

Email: Lynda.thomson1@nhs.scot

Signature & Date of Sign Off: Lynda Thomson 19/08/25

Line Manager: Cathy Steer

Email: cathy.steer@nhs.scot

Signature & Date of Sign Off:  19/08/25

Guidance - Screening Sheet

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

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

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

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

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

Guidance on Completion of the EQIA Children's Rights Questions

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

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

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

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

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

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

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

Considerations

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

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

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

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

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

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

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

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

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

Considerations

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

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

Considerations

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

Consultations

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

Where direct consultation is not possible, consider the following:

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

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

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

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

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

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

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

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

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

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

Considerations

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

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

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