

Child Rights and Wellbeing Impact Assessment (CRWIA) for the Health and Social Care Service Renewal Framework

June 2025

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Disclaimer

This document is a point in time assessment of the likely effects of the above-named proposal on the rights and wellbeing of children and young people. This impact assessment should be read in conjunction with other impact assessments prepared for this proposal.

Scottish Government acknowledge the importance of monitoring and evaluating the impact of strategic decisions and legislation on children's rights and wellbeing. Any information gathered during implementation of the legislation or strategic decision to which the impact assessment relates, will be used to inform future determinations of impact. Any new strategic decision or new legislation (including amending legislation) would be subject to a new CRWIA in line with the legislative requirements.

Child Rights and Wellbeing Impact Assessment Template

1. Brief Summary

Type of proposal:

- Decision of a strategic nature relating to the rights and wellbeing of children

Name the proposal, and describe its overall aims and intended purpose.

Scotland's health and social care system is at crisis point, with shifting demographics, an overall decline in the nation's health and life expectancy, increasing financial pressures and growing demand on services resulting in a health and social care system with widening inequalities, and unable to meet the current let alone future demands.

The Service Renewal Framework (SRF) is one of the three core reform products set out by the First Minister in January 2025 on public service reform. The Framework builds on the Operational Improvement Plan (OiP) (published 31 March 2025) and complements the Population Health Framework (PHF) (published 17 June 2025).

The SRF aims to improve Scotland's health and reduce inequalities in access to health and social care which are fundamental contributors to and enablers of eradicating child poverty. Over its' 10 year lifespan this framework will provide the guidance and authority for staff and system leaders to plan and deliver on the key transformations that are needed to ensure that health and social care services are designed and delivered in ways that are inclusive, equitable, and responsive to the needs of all communities.

While this initial assessment sets out population level trends in relation to health and social care for protected groups, further impact assessments will be developed as appropriate for individual actions as the Framework is implemented. This iterative process will ensure that the delivery of the Framework takes into account the specific rights of children and young people as set out in the UNCRC requirements.

The SRF has been developed collaboratively with key stakeholders, taking a refreshed cross-government and cross-sectoral approach to health and social care.

The framework is a blueprint for change which sets out the medium to long term whole system reform that is needed to ensure the sustainability, efficiency, quality, and accessibility of health and social care services that will be required to deliver the vision of a Scotland where people live longer, healthier, and more fulfilling lives'.

The Framework is underpinned by five principles for renewal, focused on the following themes:

- Prevention
- People
- Community
- Population
- Digital

These principles provide an evidence-based and value-driven foundation which will enable how we plan services for the future, make decisions, and deliver change. Building on these five principles, the framework set out key areas of change required to deliver services that are connected, integrated and support communities:

- Enhancing services that prevent disease, enable early detection and effectively manage long-term conditions
- A commitment to people-led and 'Value-Based' health and care
- Strengthening integration across the system
- Improving access to services and treatments in the community
- Redesigning our hospitals as we deliver more care within communities
- Services which are accessible through digital technologies, with people and our workforce able to access the right information

Over its' ten year lifespan the Framework provides guidance and authority for staff and system leaders to plan and deliver key transformations necessary for designing and delivering health and social care services that are inclusive, equitable, and responsive to all communities. Its main aim is to build on areas of good practice while shifting towards new models of care driven by the needs of the population and service users. By emphasising prevention and early intervention, the framework promotes more equitable access to primary community healthcare, supporting individuals in managing their own health and wellbeing.

Please note that while the Framework as a whole makes a contribution to the rights identified below, further work will be needed to develop and assess specific actions. This is therefore a high level CRWIA with separate CRWIAs to be carried out for the next stage of work as appropriate.

Start date of proposal's development: February 2025

Start date of CRWIA process: May 2025

2. With reference given to the requirements of the UNCRC (Incorporation) (Scotland) Act 2024, which aspects of the proposal are relevant to/impact upon children's rights?

By taking a preventative, cross-government approach to improving health and social care across the life course, it is expected that the Framework would align and support the implementation of several key Articles of the United Nations Convention on the Rights of the Child (UNCRC) Act. These include:

Article 2: Non-Discrimination – The Framework is a reform initiative aimed at transforming health and social care in Scotland, promoting a vision where individuals lead longer, healthier lives. By focusing on equitable access to care, it upholds the principle that all people, including children, should have equal access to the care they need.

Article 6: Life, Survival and Development – The Framework will deliver a healthcare system where opportunities for life and survival are maximised.

Article 12: Right to be Heard – The Framework focuses on care being people-led, with people being empowered to be more in charge of their care. This includes children, and their representatives where appropriate.

Article 24: Right to the Highest Attainable Standard of Health – The core objective of the Framework is to improve the health and social care of the whole population, including children.

3. Please provide a summary of the evidence gathered which will be used to inform your decision-making and the content of the proposal

Evidence from:

- existing research/reports

Children and young people in Scotland continue to face significant and persistent health inequalities which are closely linked to socioeconomic status, environmental and wider structural factors. These disparities manifest early in life and often have lasting effects on physical and mental health as well as educational attainment and wider opportunities throughout life.¹

The early years (ages 0-3) are critical for human development. Children are most susceptible to their environmental influences during these years, with rapid development of their physical, emotional, social, and cognitive capabilities.² Children living in Scotland's most deprived areas are significantly more likely to experience concerns around early development compared to their peers in the least deprived areas. In 2023-24, Public Health Scotland reported that the proportion of children living in the most deprived areas recorded as having a concern at the 27-30 month review (26%) is more than twice that of children living in the least deprived areas (10%).³ This period is critical for laying the foundation for health and wellbeing. Health inequalities related to poverty are seen from birth and can persist throughout childhood, into adulthood, and beyond to the next generation.⁴

A poor diet during early childhood is associated with child malnutrition⁵ and can have other negative effects including low energy, frequent illnesses, poor growth and cognitive and behavioural challenges⁶. Over time, it can lead to developmental delays, chronic health conditions like obesity and diabetes, and long-term oral health issues.⁷

¹ [State of the Nation](#)

² [State of the Art Review: Poverty and the Developing Brain](#)

³ [Early child development statistics - Scotland 2023 to 2024 - Early child development - Publications - Public Health Scotland](#)

⁴ [Understanding Child Poverty as a Children's Rights Issue](#)

⁵ [Indexes to assess feeding practices of children under 2 years old: a systematic review](#)

⁶ [The impacts of poor diet on babies and young children's health, development and well-being in the: short-term, long-term](#)

⁷ [The impacts of poor diet on babies and young children's health, development and well-being in the: short-term, long-term](#)

Persistent poverty has also been linked with childhood mental health problems.⁸ Analysis from the UK Millennium Cohort Study found that prolonged exposure to maternal distress was associated with an increased risk of child mental health problems at age three⁹.

- consultation/feedback from stakeholders

The development of the Service Renewal Framework was informed through engagement with representatives from across Scottish Government, NHS Scotland Board Chief Executives, Chief Officers and COSLA/SOLACE.¹⁰ Wider engagement took place across various networks that included representatives from local and national government, NHS Scotland, and the third sector. The purpose of this engagement was to consult on the change propositions and core principles; and to explore how to collectively create the conditions to support and implement reform.

Extensive consultation which took place ahead of the Care Reform Bill has also helped inform the scope and content of the SRF, and the key principles to drive change ideas for the medium to long term.

- consultation/feedback directly from children and young people

Although the development of the SRF involved a broad range of stakeholders, direct consultation with children and young people was not undertaken – as we judged that existing stakeholders adequately represented the interests of younger populations at this level of policy development.

4. Further to the evidence described at '3' have you identified any 'gaps' in evidence which may prevent determination of impact? If yes, please provide an explanation of how they will be addressed

For the strategic level at which the Framework is set, we do not think there are any critical gaps in evidence. However, when individual actions within the Framework are developed which affect children, there will be further consideration of potential impacts and any evidence gaps.

5. Analysis of Evidence

The evidence provided clearly shows that the health, wellbeing and access to social care amongst children and young people varies across the population with children in deprived areas at a clear disadvantage from the earliest stages of life.

Addressing these inequalities requires more than isolated interventions but a system wide approach to reforming the health and social care system. The Service Renewal Framework supports this by setting out a range of principles to ensure health and

⁸ [Family income, maternal psychological distress and child socio-emotional behaviour: Longitudinal findings from the UK Millennium Cohort Study](#)

⁹ [Temporal effects of maternal psychological distress on child mental health problems at ages 3, 5, 7 and 11: analysis from the UK Millennium Cohort Study](#)

¹⁰ SOLACE – Society of Local Authority Chief Executives and Senior Managers

care services are accessible, high-quality and person-led for people, including children, across Scotland.

6. What changes (if any) have been made to the proposal as a result of this assessment?

The Service Renewal Framework is strongly aligned with UNCRC's focus on non-discrimination; life, survival and development; the right to be heard; and the right to the highest attainable standard of health. This framework provides high level recommendations, with specific details to be addressed through implementation plans. At this early stage, our assessment of potential impact should be understood as being set at the highest level as it is premature to assign detailed impact to specific changes outlined.

As the Framework moves into implementation, impact assessments including Child's Rights and Wellbeing Assessments will be undertaken for individual actions and policies where required. This will ensure that children's rights are fully considered and that the Framework's delivery continues to uphold and advance the rights and wellbeing of all children and young people.

For instance, while high level changes (see Section 1) have been outlined, detailed plans will be developed later, making it currently impractical to evaluate specific impacts related to this Framework.

Conclusion

7. As a result of the evidence gathered and analysed against all UNCRC requirements, what is the potential overall impact of this proposal on children's rights?

The potential overall impact of the SRF on children's rights is very positive.

8. If you have identified a positive impact on children's rights, please describe below how the proposal will protect, respect, and fulfil children's rights in Scotland.

The Service Renewal Framework is designed to create a system of health and social care where services are designed and delivered in ways that are inclusive, equitable, and responsive to the needs of all communities. This includes targeted support for those who face the greatest barriers to accessing care—whether due to geography, socio-economic status, disability, ethnicity, or other factors. (Relevant: Articles 2, 3, 4, 23 and 24)

As a result of the SRF, children should experience more joined up, integrated care with a greater focus on prevention and early intervention - and be more in charge of how this care is delivered, participating in shared decision-making to make informed choices about the treatment and care that is right for them, supported by their representatives as appropriate. (Relevant: Articles 2, 3, 4, 5, 12, 23 and 24)

In the future, more treatment and care will be available in local communities or, through better use of technology, even at home. 'Core front door' in-person health services, such as their GP and community pharmacy, will have increased capacity and a strengthened role in the system, so children should get greater access to these services when they need them. Furthermore, multi-disciplinary health and social care teams from hospital to home will work together to wrap around the child and their needs, removing the need for them to interact with multiple teams.

If children do need to go into hospital, they will be supported to get home as soon as they are ready, with strong follow-up care and rehabilitation to help them recover well in familiar surroundings. (Relevant: Articles 2, 3, 4, 6, 12, 23 and 24) Defined core services and delivery models will ensure equitable access for children living in remote, rural, and island areas. Planning will reflect local needs and ensure consistency in service availability. (Relevant: Articles 2, 3, 4, 6, 12, 23 and 24)

9. If a negative impact has been identified please describe it below. Is there a risk this could potentially amount to an incompatibility?

At this stage, no specific negative impacts on children's rights and wellbeing have been identified. As the Framework moves into delivery, any new legislation or further strategic decisions will require a CRWIA, and if any potential negative impacts arise, they will be considered on that individual action basis.

Mitigation Record

What options have been considered to modify the proposal in order to mitigate a negative impact or potential incompatibility?

No modifications have been identified at this stage due to no negative impacts or potential incompatibility being identified.

Issue or risk identified and relevant UNCRC requirement

N/A

Action Taken/ To Be Taken

N/A

Date action to be taken or was taken

N/A

10. As a result of the evidence gathered and analysed against all wellbeing indicators, will the proposal contribute to the wellbeing of children and young people in Scotland?.

Safe: Yes

Healthy: Yes

Achieving: N/A

Nurtured:	Yes
Active:	N/A
Respected:	Yes
Responsible:	N/A
Included:	N/A

If yes, please provide an explanation below:

- Safe/healthy/nurtured – Children will have access to the best possible care.
- Respected – Children’s voices will be listened to and respected in how their care is provided.

11. How will you communicate to children and young people the impact that the proposal will have on their rights?

As individual actions within the Framework are further developed, clear and accessible communication will be provided to children and young people where applicable to help them understand how these individual actions affect their rights and wellbeing. The CRWIA will be in the public domain so those wishing to access it can do so. In so far as possible, the CRWIA has been written in accessible language to those reading it can understand its content and the potential impacts identified.

Post Assessment Review and sign-off

12. Planning for the review of impact on children’s rights and wellbeing

To ensure that the Service Renewal Framework remains responsive to the evolving needs of children and young people, the impact assessment process will be regularly reviewed throughout its 10 year lifecycle.

As individual actions are developed and implemented, detailed impact assessments will be conducted as required, to monitor their effectiveness and identify unintended consequences. These assessments will help us understand where future actions may be needed, providing the evidence base to refine and adjust the framework as necessary. This iterative process will ensure that the framework adapts to emerging challenges and continues to meet the rights and wellbeing of all children, ensuring that preventative actions are maximised and inequalities and reduced over time

13. Sign off

Policy Lead Andrew Busby 10 June 2025:

Deputy Director Alice Hall Date of Sign Off: 10 June 2025

Date CRWIA team first contacted: June 2025



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