

Child Rights and Wellbeing Impact Assessment (CRWIA) for Scotland's Population Health 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.

After many decades of improvement in life expectancy, progress has stalled. Austerity, the COVID-19 pandemic and more recently the cost-of-living crisis have eroded the health of our population and widened inequality.

The Population Health Framework (PHF) is one of the three core reform products set out by the First Minister in January 2025 on public service reform. Co-authored between Scottish Government and COSLA and co-developed in partnership with Public Health Scotland and Scottish Directors of Public Health, this Framework takes a refreshed cross-government and cross-sectoral approach to health.

Focused on prevention this approach aims to promote wellbeing, reducing health-harming behaviours and improving equitable access to care. Most importantly, reflecting our shared commitment to addressing the social and economic conditions that, more than anything else, shape people's health and drive inequalities.

The aim of the Framework is two-fold – to improve life expectancy whilst reducing the life expectancy gap between the most deprived 20% of local areas and the national average by 2035.

The Framework is based on five key primary prevention drivers of health:

- Social and Economic Factors
- Places and Communities
- Enabling Healthy Living
- Equitable Access to Health and Care
- Prevention Focused System.

To make progress on primary prevention across all five drivers of the PHF an initial set of actions have been identified for the first two years of its ten-year lifespan to be taken forward between 2025-2027. These actions are a product of extensive engagement carried out throughout 2024 across portfolios and sectors. They have been developed with and across government and represent actions which, when combined with activity from existing plans, are expected to make a meaningful early contribution to delivering our overall aim.

Complementing current policies, like the 2023 Mental Health and Wellbeing Strategy and the National Mission on Drugs, the Framework shall seek to build upon this work with additional actions, as part of a coherent approach to address population health challenges. Targeting our action to areas and communities most in need to ensure equity in our approach to avoid widening inequalities further.

Whilst the PHF actively supports the above UNCRC articles, it is assessed as having a neutral impact on the remaining articles at this stage. . As the Framework is implemented, any new legislation or further strategic decisions would be subject to a new CRWIA in line with legislative requirements.

Start date of proposal's development:

Spring 2024

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 aimed at improving health and wellbeing outcomes 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). These include:

Article 2: Non-Discrimination – The Framework is explicitly designed to reduce health inequalities by improving life expectancy whilst reducing the gap between the most deprived 20% of local areas and the national average. By targeting action where the need is greatest and recognising that some groups of children experience persistent disadvantage such as those living in deprived areas it upholds the principle that all children should enjoy their rights without discrimination.

Article 6: Right to Life, Survival and Development – By addressing the wider determinants of health such as the social, economic and environmental conditions that create good health including early years, income, education and employment, the PHF supports this article by creating the conditions that allow children to live, and develop to their fullest potential.

Article 12: Right to be Heard – The Framework recognises the value of communities shaping their own health and wellbeing priorities including involving the voices of children and young people. By delivering improvements to our places and communities and placing communities at the heart of this, the Framework shall ensure that local voices are heard.

Article 24: Right to the Highest Attainable Standard of Health – Central to the Framework is to improve the health of the whole population including enabling all children regardless of background the right to enjoy good health. This includes equitable access to healthcare, safe environments, healthy food, opportunities for physical activity and support mental wellbeing. The Framework also acknowledges the need to address structural barriers that limit access to these resources by targeting action to those most in need – for example children in poverty and care-experienced children.

Article 27: Right to an Adequate Standard of Living – The Framework’s emphasis on the wider social and economic conditions that shape health such as income, education, employment supports the realisation of children’s rights to a standard of living adequate for their development.

Article 31 Leisure, Play and Culture – The Framework supports child-friendly environments through a focus on promoting healthy communities and places such as access to green spaces and wider community wellbeing. By creating inclusive spaces and promoting active lifestyles contributing to children’s right to play, recreation and participation in cultural life.

Evidence from:

1. existing research/reports/policy expertise

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

One of the most stark indicators of inequality is child poverty. In 2021-2024, it was estimated 23% of children (approximately 240,000) were living in relative poverty after housing costs and 22% before housing costs.² Children experience poverty at a higher rate than both working-age adults (20%) and pensioners (15%) and it is estimated that 75% of children in relative poverty after housing costs were living in working households.³

Child poverty differs from adult poverty due to its potentially lifelong effects on children’s biological, social, cognitive and emotional development.⁴ 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.⁵ Experiencing poverty threatens childhood development both in the short and longer term.⁶ 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.⁷

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

¹ [State of the Nation](#)

² [Poverty and Income Inequality in Scotland 2021-24](#)

³ [Poverty and Income Inequality in Scotland 2021-24](#)

⁴ [Child Poverty in Scotland since the 1960s | Scottish Parliament; CHIP Briefing 1: Children and Poverty](#)

⁵ [State of the Art Review: Poverty and the Developing Brain](#)

⁶ [Nurturing Care for Early Childhood Development; The effects of poverty on the mental, emotional, and behavioral health of children and youth: Implications for prevention](#)

⁷ [Understanding Child Poverty as a Children’s Rights Issue](#)

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%).⁸ Early childhood developmental issues are strongly linked to long-term health, educational, and social challenges. This inequality gap reinforces the need for targeted preventative action to support child development from the earliest years.

Evidence suggests that living in more deprived areas is linked with a higher risk of low birth weight⁹, and both low birth weight and prematurity are closely linked to poverty¹⁰. A poor diet during early childhood is associated with child malnutrition¹¹ and can have other negative effects including low energy, frequent illnesses, poor growth and cognitive and behavioural challenges¹². Over time, it can lead to developmental delays, chronic health conditions like obesity and diabetes, and long-term oral health issues.¹³

Persistent poverty has been linked with childhood mental health problems.¹⁴ 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 three¹⁵. Findings from the Millennium Cohort Study show that children born into poverty score significantly lower on cognitive tests at ages three, five, and seven.¹⁶ Persistent poverty was found to have a cumulative negative effect, and by age seven, the children included in this study scored lower than their peers who had never experienced poverty, even after accounting for family and parental factors¹⁷.

To address these many of these concerns, investing in early prevention is crucial for improving children's health and wellbeing by delivering long-term benefits¹⁸. Numerous studies have shown that preventive interventions during early years lead to significant positive outcomes. In Scotland, the Childsmile programme, a preventive oral health initiative demonstrated that focusing on prevention reduced the prevalence of tooth decay and reduced NHS costs over time. Specifically the

⁸ [Early child development statistics - Scotland 2023 to 2024 - Early child development - Publications - Public Health Scotland](#)

⁹ [Births in Scotland: Year ending 31 March 2023](#)

¹⁰ [Born into care in Scotland: circumstances, recurrence and pathways](#)

¹¹ [Indexes to assess feeding practices of children under 2 years old: a systematic review](#)

¹² [The impacts of poor diet on babies and young children's health, development and well-being in the: short-term, long-term](#)

¹³ [The impacts of poor diet on babies and young children's health, development and well-being in the: short-term, long-term](#)

¹⁴ [Family income, maternal psychological distress and child socio-emotional behaviour: Longitudinal findings from the UK Millennium Cohort Study](#)

¹⁵ [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](#)

¹⁶ [CYP Now - Persistent Poverty and Children's Cognitive Development: Evidence From the UK Millennium Cohort Study](#)

¹⁷ [CYP Now - Persistent Poverty and Children's Cognitive Development: Evidence From the UK Millennium Cohort Study](#)

¹⁸ [The Life-cycle Benefits of an Influential Early Childhood Program – the Heckman Equation.](#)

eighth year of the toothbrushing programme for 5 year old children, the savings were more than two and half times the cost of implementation.¹⁹

2. consultation/feedback from stakeholders

Extensive engagement took place throughout 2024 to inform the development of the Population Health Framework. This included feedback from a range of stakeholders including across local government, national government, the NHS, analysts, academia and leaders from across the public health system.

A broad range of wider stakeholders were also consulted including many organisations and individuals who represent the voices of children and young people. This included the COSLA Children and Young People Board, Association of Directors of Education, Scottish Community Development Centre, Scottish Convention of Voluntary Organisations, Voluntary Health Scotland, The Health and Social Care Alliance, and The Promise to name a few.

As part of this process, stakeholders were overwhelming in agreement with the PHF's wider focus on primary prevention and early intervention through a whole system approach. Stakeholders highlighted the importance of prioritising communities and groups most in need, as well as the emphasis on children and young people as part of the PHF.

As part of this consultation, stakeholders also noted some of the key areas of concern for the health and wellbeing of children and young people including the potential impact of social media, child poverty and substance abuse as well as the need to promote physical activity amongst young people and the important role education can play in empowering the younger generation.

3. consultation/feedback directly from children and young people

The development of the PHF involved a broad range of stakeholders, with some consultation with young people undertaken.

Going forward, it is expected that engagement directly with children and young people will become an integral part of policy development as more the initial actions of the Framework are taken forward. For example, there has been engagement directly with children and young people in developing the action around implementing policy to reduce exposure to tobacco and vapes among children and young people. We expect this kind of engagement to feature as other actions under the Framework are further developed.

3. 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

While the above assessment provides a high-level overview of the impact of the Framework, when individual actions within the Framework are developed which

¹⁹ [Improving Child Oral Health: Cost Analysis of a National Nursery Toothbrushing Programme](#),

require a CRWIA – there will be further consideration of potential impacts on children and young people of those specific actions, and any evidence gaps.

4. Analysis of Evidence

The evidence provided clearly shows that the health and wellbeing 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 preventative population-wide approach embedded across government and public services. The Population Health Framework supports this by promoting early action of the root causes of ill health and ensuring that children and young people are placed at the centre of policy development. In doing so, it aims not only to improve health outcomes but to uphold the rights and wellbeing of every child regardless of their circumstances.

Conclusion

5. 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 approach taken by the Population Health Framework is strongly aligned with the UNCRC. It supports children's rights holistically by addressing the underlying conditions for health and wellbeing through preventative, equity-led approach.

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.

6. 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 PHF has the clear potential to positively impact children's rights by promoting equity, access to services and lead to improve health outcomes from early life onwards. By addressing the wider determinants of health, the Framework supports children's right to the highest attainable standard of health, as outlined in the UN Convention on the Rights of the Child. As well as reinforcing the principle that every child has the right to grow up in an environment that nurtures their physical, mental and emotional wellbeing. In prioritising prevention and reducing health inequalities, the Framework contributes to creating fairer opportunities for all children to thrive.

7. 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 any potential negative impacts 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

8. 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:	Yes
Nurtured:	Yes
Active:	Yes
Respected:	Yes
Responsible:	Yes
Included:	Yes

If yes, please provide an explanation below:

- Safe – Actions to improve housing
- Healthy – Focus on nutrition, physical activity and early intervention.
- Achieving – Support through equitable access to education and health-promoting environments.
- Nurtured – Consideration of maternal and early years support.

- Active – Encouragement of physical activity.
- Respected/Responsible – Wider engagement with communities to support wellbeing.
- Included – Reduction of inequalities and targeting the most disadvantaged groups.

9. 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.

Post Assessment Review and sign-off

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

To ensure that the Population Health 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.

11. Sign off

Policy Lead Signature & Date of Sign Off: Sean Jamieson, Senior Policy Advisor, Health Inequalities

Deputy Director Signature & Date of Sign Off: Niamh O’Connor and John Nicolson, Deputy Directors for Population Health Strategy and Implementation

Date CRWIA team first contacted: 7 May 2025



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This publication is available at www.gov.scot

Any enquiries regarding this publication should be sent to us at

The Scottish Government
St Andrew's House
Edinburgh
EH1 3DG

ISBN: 978-1-83691-618-5 (web only)

Published by The Scottish Government, June 2025

Produced for The Scottish Government by APS Group Scotland, 21 Tennant Street, Edinburgh EH6 5NA
PPDAS1601554 (06/25)

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