

APPENDIX 1: Health: Children’s Rights Impact Assessment (CRIA)

Subject Focus: HEALTH (Please also see **Appendix 2** which addresses mental health).

This template is useful to read alongside Scottish Government guidance, which can be found at <https://www.gov.scot/publications/childrens-rights-wellbeing-impact-assessments-crwia-guidance/> (please note, this Scottish Government guidance encompasses wellbeing frameworks used in Scotland, while the primary emphasis of this Alternative CRIA is on children’s rights)

Impact Assessment by: Zoe Picton-Howell

Date: 12/06/2020

STAGE 1: SCOPING (Background and Rights Framework)

Question 1: Name each measure (including relevant sections of legislation and guidance) being assessed and describe the overall aim	
Measure	Overall aim of the particular, relevant aspects of the measure
Coronavirus Act 2020 S.16	<p>Measure aims to reduce demand on local authorities during the COVID-19 emergency including: S.16 Duty of local authority to assess needs: Scotland (1) A local authority need not comply with a provision mentioned to the extent that the authority considers that — (a) it would not be practical to comply with that provision, or (b) to do so would cause unnecessary delay in providing community care services to any person.</p> <p>Measures included particularly relevant to children are:</p> <ul style="list-style-type: none">• S.12 Carers (Scotland) Act 2016 (duty to prepare Young Carers Statements).

	<ul style="list-style-type: none"> • S.15(3) Carers (Scotland) Act 2016 requires the responsible authority to assess the wellbeing of a young carer by reference to matters listed in S.96(2) of Children and Young People (Scotland) Act 2014 and have regard to the guidance under S.96(3) of the 2014 Act – the eight SHANARRI indicators of wellbeing must be used. Safe, Healthy, Achieving, Nurtured, Active, Respected, Responsible, Included. • Carers (Scotland) Act 2016 (Adult Carers and Young Carers: Identification of Outcomes and Needs for Support) Regulation 2018 (S.S.1. 2018/109) • S.23(3) Children (Scotland) Act 1995 – assessment of needs of a disabled child. <p>Assessments in relation to child protection can also be undertaken using the partial assessment format.</p> <p>The provisions of the Coronavirus Act 2020 come into force when ‘switched on’. S.16 and S.17 were switched on by the Coronavirus Act 2020 (Commencement No. 1) (Scotland) Regulations 2020 on 5th April 2020.</p> <p>This measure also has to be read in conjunction with Coronavirus (COVID-19): guidance on changes to social care assessments. The observations made here in relation to this measure also apply to that guidance.</p>
<p>The Children and Young People (Scotland) Act 2014 (Modification) (No. 2) Revocation Order 2020</p>	<p>The measure aims to reduce the spread of COVID-19 by modifying S.2. (1) The Children and Young People (Scotland) Act 2014. Scottish Government has suspended the legal obligation on local authorities to provide the 1,140 hours of funded childcare for children aged three to five years old, from August 2020, reducing the mandatory amount of time to 600 hours.</p> <p>This measure should be read in conjunction with Coronavirus (COVID-19): school and early learning closures – guidance about key workers and vulnerable children 31 March 2020. Observations made here about the Order apply also to the guidance.</p>
<p>The Health Protection (Coronavirus) (Restrictions) (Scotland) Regulations 2020</p>	<p>The Regulations require the closure of businesses selling food or drink for consumption on the premises, and businesses listed in Part 2 of Schedule 1, to protect against the risks to public health arising from coronavirus COVID-19, except in some cases.</p>

	<p>The closure lasts until a direction is given by Scottish Ministers or the expiry of these Regulations in accordance with Regulation 11. Scottish Ministers are required to keep the need for these restrictions under review.</p> <p>The Regulations also prohibit anyone leaving the place where they live without reasonable excuse and ban public gatherings of more than two people. The need for the restrictions in these Regulations must be reviewed by Scottish Ministers every 21 days; the first review was required to take place by 16 April 2020.</p> <p>S.3(4) Part 2 includes (18) Gyms and swimming pools. (20) Playgrounds; sports courts and outdoor gyms.</p>
<p>The Education (Miscellaneous Amendments) (Coronavirus) (Scotland) Regulations 2020 In force from 23 April 2020</p>	<p>The measure aims to reduce the burden on local authorities during COVID-19 pandemic through:</p> <p><i>Amendment of the Education (Placing in Schools etc-Deemed Decisions) (Scotland) Regulations 1982” by doubling the time local authorities have to deal with educational placements and appeals.</i></p> <p>Scottish Government stated aim of this measure in their CRIA is:</p> <p><i>to ensure that local authorities are able to support the delivery of the placing request and subsequent appeal hearing process during the current Coronavirus outbreak while maintaining parents' right of appeal in relation to placing requests and exclusions.</i></p> <p>This should be read in conjunction with The Education (Deemed Decisions) (Coronavirus) (Scotland) Amendment Regulations 2020 which extends the time-limit in Regulation 5(1) of the Education (Placing in Schools Etc-Deemed Decisions) (Scotland) Regulations 1982 (deemed decision of appeal committee) from one to four months. The comments made below also therefore apply to this Amendment Regulation. (See also Appendices 3 and 8)</p>

<p>Coronavirus (COVID-19): school and early learning closures – guidance about key workers and vulnerable children</p> <p>(Scottish Government, 2020m)</p>	<p>The measure aims to set out the critical childcare and learning provision Scottish Government expect to be made available to the children of key workers and vulnerable children during closures of school and day care of children services (including early learning and childcare settings), to deal with the coronavirus outbreak. With an overarching aim of helping to slow the spread of coronavirus.</p> <p>(See also Appendices 3 and 8)</p>
--	---

Question 2: Which human rights instruments and articles are particularly relevant to the measure(s)?

Human Rights Instrument	Article	Further analysis on the expected / actual effect
<p>United Nations Convention on the Rights of the Child (UNCRC)</p>	<p>Article 24 - Health</p>	<p>All children should have access to facilities for the treatment of illness and rehabilitation to ensure the enjoyment of the highest attainable standard of health. No child should be deprived this access.</p> <p>S.16 Coronavirus Act 2020: Young carers and disabled children’s health needs may go unassessed or unmet.</p> <p>The Children and Young People (Scotland) Act 2014 (Modification) (No. 2) Revocation Order 2020: Health concerns usually picked up in early years settings may be missed.</p> <p>The Health Protection (Coronavirus) (Restrictions) (Scotland) Regulations 2020: The Health Protection (Coronavirus) (Restrictions) (Scotland) Regulations 2020: Lack of access to exercise facilities is likely to have an adverse impact on children’s physical health. In particular, lack of exercise can contribute to childhood obesity, recognised by Scottish Government to be a significant problem. The problem will be worse if downlockdown is prolonged or repeated lockdowns become necessary.</p> <p>The Education (Miscellaneous Amendments) (Coronavirus) (Scotland) Regulations 2020: This measure potentially has implications for disabled children’s right to health: in</p>

		<p>particular, as disabled children often receive their health interventions especially occupational, physio and speech and language therapy in school.</p> <p>(See also Appendices 2, 3 and 8)</p> <p>Coronavirus (COVID-19): school and early learning closures – guidance about key workers and vulnerable children: The measure aims to protect the health related rights of children by making nutritious food available to vulnerable families, but as will be seen answer to Questions 3a and 4a below, the effectiveness of the measure has been questioned by non-government organisations.</p>
UNCRC	Article 3 - Best Interests	<p>The best interests of the child should be the primary consideration, rather than the best or resource concerns of public body services providers.</p> <p>S.16 Coronavirus Act 2020: Public body service provider interests may be put before that of a child.</p>
UNCRC	Article 27 - Adequate standard of living	<p>Parents and others responsible for the child should be given material assistance and support programmes, particularly with regard to nutrition, clothing and housing to support the child’s right to an adequate standard of living.</p> <p>S.16 Coronavirus Act 2020: Lack of assessment may lead to unmet needs.</p> <p>The Children and Young People (Scotland) Act 2014 (Modification) (No. 2) Revocation Order 2020: The opportunity for children to obtain nutritious food is likely to be reduced.</p> <p>Coronavirus (COVID-19): school and early learning closures – guidance about key workers and vulnerable children: The measure aims to ensure children continue to receive nutritious food during the pandemic, but seen comments above made in respect of Article 24</p>
UNCRC	Article 2 - Non-Discrimination	<p>All children should experience full and equal rights free of discrimination and no child should be disadvantaged.</p>

		<p>S.16 Coronavirus Act 2020: The measure has the potential to disproportionately impact on marginalised groups of children</p> <p>The Children and Young People (Scotland) Act 2014 (Modification) (No. 2) Revocation Order 2020: Disabled children; children from deprived socio-economic circumstances; children under threat of violence or abuse within the home; children from lone-parent families or where parents have learning difficulties are likely to be disproportionately negatively impacted by this measure.</p> <p>The Health Protection (Coronavirus) (Restrictions) (Scotland) Regulations 2020: The Health Protection (Coronavirus) (Restrictions) (Scotland) Regulations 2020: Children living in deprivation are likely to be most adversely affected.</p> <p>The Education (Miscellaneous Amendments) (Coronavirus) (Scotland) Regulations 2020: Disabled children and children living in deprivation are likely to be most adversely affected,</p> <p>Coronavirus (COVID-19): school and early learning closures – guidance about key workers and vulnerable children: This measure aims to address inequalities faced by vulnerable groups of children such as disabled children and children living in deprivation, but as will be seen in the answers provided to Questions 3a and 4a below, the effectiveness of these measures is questioned by some non-government organisations.</p>
UNCRC	Article 23 - Disability	<p>All disabled children should have special care which includes resources being made available to the child and those responsible for his or her care – this should include resources that ensure effective access to education, training, health care services, rehabilitation services, preparation for employment and recreational opportunities.</p> <p>S.16 Coronavirus Act 2020: The lack of assessments may mean disabled children’s needs go unmet.</p>

		<p>The Children and Young People (Scotland) Act 2014 (Modification) (No. 2) Revocation Order 2020: Provision of education, training and healthcare services for disabled children may be stopped or reduced.</p> <p>The Health Protection (Coronavirus) (Restrictions) (Scotland) Regulations 2020: The Health Protection (Coronavirus) (Restrictions) (Scotland) Regulations 2020: Disabled children are disproportionately at risk from the risks described below re Article 6.</p> <p>The Education (Miscellaneous Amendments) (Coronavirus) (Scotland) Regulations 2020: Disabled children and children living in deprivation are likely to be most adversely affected.</p> <p>Coronavirus (COVID-19): school and early learning closures – guidance about key workers and vulnerable children: This measure is positive in promoting continuing health related support for some disabled children, but only applies to those with additional support needs. As will be seen in answer to Questions 3a and 4a below, there is evidence from non-governmental organisations that some disabled children, including those with additional support needs are not getting support.</p>
UNCRC	Article 6 - Life	<p>All children have the right to survive and develop.</p> <p>The Children and Young People (Scotland) Act 2014 (Modification) (No. 2) Revocation Order 2020: Children spending greater time at home many increase their risk of domestic violence and exploitation.</p> <p>Children with disabilities are recognised in UNCRC Committee, General Comment No. 9 (2007) as being particularly vulnerable.</p> <p>The Health Protection (Coronavirus) (Restrictions) (Scotland) Regulations 2020: There is a potential increased risk to the lives of children subject to domestic violence. There is also a risk that 'lockdown' will deter parents from seeking emergency treatment for children when needed.</p>

		<p>Coronavirus (COVID-19): school and early learning closures - guidance about key workers and vulnerable children: As will be seen in answer to Questions 3a and 4a below, there is some evidence that some parents are so fearful of their child contracting COVID-19 that they are not seeking emergency support available even when their child's life is at risk.</p>
UNCRC	Article 34 - Free from sexual abuse	<p>All children should be free from sexual abuse or exploitation.</p> <p>The Children and Young People (Scotland) Act 2014 (Modification) (No. 2) Revocation Order 2020: Children spending greater time at home may increase the risk of sexual abuse and exploitation.</p>
UNCRC	Article 19 - Free from violence	<p>All children should be free from violence.</p> <p>The Children and Young People (Scotland) Act 2014 (Modification) (No. 2) Revocation Order 2020: Children spending greater time at home may increase the risk of domestic violence.</p>
United Nations Convention on the Rights of Persons with Disabilities (UNCRPD)	<p>Article 5 – Equality</p> <p>Article 7 - Rights of disabled children</p> <p>Article 25 – Health</p> <p>Article 20 - Mobility</p>	<p>See parallel UNCRC articles above for UNCRPD Articles 5, 7 and 25</p> <p>Article 20: All disabled children should have when needed access to training and facilitation of mobility.</p> <p>S.16 Coronavirus Act 2020: Failure of assessment risks failure to provide therapies which, in turn, may lead to failure to fulfil right to mobility.</p> <p>The Children and Young People (Scotland) Act 2014 (Modification) (No. 2) Revocation Order 2020: Reduced assessments risks leading to failure to provide therapies which in turn leads to potential failure to fulfil right to mobility.</p> <p>The Health Protection (Coronavirus) (Restrictions) (Scotland) Regulations 2020: The measure potentially reduces disabled children's access to therapies which in turn leads to an increased risk to their right to mobility.</p>

		Coronavirus (COVID-19): school and early learning closures - guidance about key workers and vulnerable children: The measure potentially reduces disabled children's access to therapies which in turn leads to an increased risk to their right to mobility.
International Covenant on Economic, Social and Cultural Rights	Article 10 (Family Protection and Support) Article 11 (Adequate Standard of Living) Article 12 (Health)	As above for parallel UNCRC rights.
Convention on the Elimination of All Forms of Discrimination Against Women	Article 2 (Discrimination against women)	Prohibition against all forms of discrimination against women. S.16 Coronavirus Act 2020: Any measure having a negative impact on young carers will disproportionately have a negative impact on female young carers due to most young carers being women. See comment on Carers Trust Scotland 'Lockdown' survey at Para: 3a, where 70% of young carers reported to identify as female (Young Scot et al, 2020b).
European Convention on Human Rights (ECHR)	Article 8 (Family Life interpreted to include health) Article 14 (Non-Discrimination)	As above for parallel UNCRC rights Article 8 ECHR provides a right to family life, which has been interpreted, by the European Court of Human Rights and Courts in the UK to include a right to health.

STAGE 2: EVIDENCE

Question 3a: What quantitative evidence have you used to inform your assessment? What does it tell you?

Evidence collected	Evidence source	Explanation of the importance	What are the data gaps, if any?
<p>During lockdown, a significant and recurring issue raised by young/young adult carers is that some are still not getting access to supermarkets during protected hours set aside for vulnerable groups. Young carers are facing age discrimination and refused access if family members accompany them. There is also inconsistency of messaging by supermarkets across the UK, and even from store to store. Furthermore, a number of carers are struggling to get access to online shopping or difficulty meeting the minimum expenditure for online shopping.</p> <p>State of Caring Report in 2019 offers a snapshot of what having caring responsibilities is like, it gathered responses from</p>	<p>Carers Trust (2020a) #Supermarkets for change campaign.</p> <p>Carers UK state of caring report (2019)</p>	<p>A significant number of young carers are having significant problems accessing food and potentially also medication for themselves and their families during lockdown. This will have a detrimental impact on their health.</p> <p>If assessments of young carers needs are not taking place, it seems likely that short, medium- and long-term health problems faced by young carers are not being addressed.</p>	<p>Carers Trust (2020a)</p> <p>Unclear the number of young carers affected and whether some sub-categories of young carers affected more than others. E.g. are there age; gender; geographical; socio-economic differences?</p> <p>Carers UK (2019)</p> <p>Of respondents to the survey very few live in Scotland: • 73% live in England, 10% live in Scotland, nine percent live in Northern Ireland, and 8% live in Wales.</p> <p>Only one percent of respondents are aged 0-24</p>

<p>7,525 people who are currently providing care. The report highlighted 81% of all carers have felt lonely or isolated as a result of their caring role.</p>			
<p>33.3% of young people surveyed are extremely concerned about their own physical health during lockdown; 20% of young people are moderately concerned and 16.7% somewhat concerned.</p>	<p>Summary of results of responses collected by Carers Trust Scotland from 30 young carers who took part in Scottish Youth Parliament, YouthLink Scotland and Young Scot Lockdown Lowdown Survey on the impact of COVID-19 conducted in April 2020</p> <p>(Scottish Youth Parliament et al, 2020b)</p>		<p>The summary identifies 43.3% of the young people (13) as between 12-17 years old. A breakdown of the gender identity of all 30 young carers is given, not of the under 18s as a sub-group.</p> <p>70% (21) of the 30 identify as female; 16.7% (5) as male; 6.7% (2) as non-binary and 3.3% (1) in another way.</p> <p>There is also no breakdown of the data according to other relevant demographics, such as geographical region and socio-economic, or Black, Asian Minority Ethnic (BAME) group status.</p> <p>Data from a larger pool of young carers under 18 would be helpful to better assess</p>

			the prevalence of the concerns described.
<p>For the week of 5 April 2020, A&E attendances and hospital admissions for 5-14-year olds were shown to be significantly down on the same time last year. For example, in Glasgow there was a -78% reduction in A&E attendances and -52.5% reduction in hospital admissions for 5-14-year olds. An 8.5 percent increase in calls to NHS 24 compared with last year was noted.</p>	<p>Public Health Scotland (nd), wider impact data</p>	<p>Reduction in A&E attendance and hospital admissions suggests potentially serious health problems are not being treated.</p>	<p>Data is not available for 15-17-year olds as Public Health Scotland (nd) does not separate data for this age group from data collected for adults up to 44 years of age.</p>
<p>78% of families report a reduction in occupational therapy for their disabled child; 77% report reduction in speech and language therapy; and 76% report reduction in physiotherapy.</p> <p>46% of families say they have struggled to access food, and two in five (41%) say they have worried about having enough food to eat in the last two weeks.</p>	<p>Family Fund Impact of COVID-19 research, May 2020</p> <p>(Family Fund, 2020)</p> <p>Two surveys were conducted:</p> <ol style="list-style-type: none"> 1) 27 March – 3 May of 1,986 families raising 2,700 disabled or seriously ill children. 2) 30 April – 4 May of 2,531 families raising 	<p>Younger disabled children will usually receive therapy at their early learning or childcare centre. Therapy is clearly often not possible with physical distancing and without personal protective equipment (PPE) as it requires hands on support from the therapist, so therapy may have been cancelled irrespective of the reduction in hours due to this measure. However, for some children the reduction in hours may have led to a loss of therapy support.</p>	<p>Data on the number of children who were from Scotland (the survey is UK wide).</p>

	3,279 disabled or seriously ill children.	Despite measures to ensure children's nutritional needs are met during COVID-19, a significant number of families responding to the Family Fund (2020) report difficulties suggesting children's UNCRC Article 27 rights are not being fulfilled.	
<p><i>In Scotland, the rates of overweight and obesity for both children and young people are among the highest in the developed world. The 2018 Scottish Health Survey estimates that 28% of children are at risk of overweight (including at risk of obesity) – of which approximately half (13%) are at risk of obesity specifically. The latest figures from NHS National Services Scotland, Information Services Division (ISD) show that in the school year 2017-18, of more than 50,000 children in the first year of primary school (P1) measured across Scotland, 12% of children were at risk</i></p>	<p>NHS Health Scotland (Connolly et al, 2019) Standards for the delivery of Tier 2 and Tier weight management services for children and young people (p. 2)</p>	<p>Report suggests a significant number of children in Scotland are at risk of being overweight or obese. This increases the children's risk of long-term serious health problems such as cancer, heart-disease and diabetes.</p> <p>Short-term lockdown may not make a significant difference, but extended lockdown with child access to exercise facilities or repeated lockdown could potentially exacerbate an existing very serious health concern and significantly breach children's UNCRC Article 24 rights.</p>	

<p><i>of overweight and a further 10% were at risk of obesity.</i></p>			
<p><i>There are substantial inequalities in the risk of overweight and obesity between children living in the least and most deprived areas in Scotland – and there is evidence to suggest that this gap is widening. ISD [NHS National Services Scotland, Information Services Division] (2018) report that the ‘proportion of Primary 1 children at risk of overweight or obesity has gone up in the most deprived areas but gone down in the least deprived areas. P2-3</i></p>	<p>NHS Health Scotland (Connolly et al, 2019) Standards for the delivery of Tier 2 and Tier 3 weight management services for children and young people (pp. 2-3)</p>	<p>Suggests that children living in deprivation will be particularly adversely impacted by the measure. They are both at greater risk of overweight or obesity and all its inherent health risks and less likely to have access to space and facilities to exercise within their homes/communities.</p>	
<p>The paediatric healthcare work force has largely remained in paediatric services and not moved to adult services during the COVID-19 pandemic.</p> <p>There has been a significant reduction across Scotland in paediatric accident and emergency attendances, out-patient attendances and</p>	<p>Royal College of Paediatrics and Child Health, Impact of COVID-19 Workforce Census for the period 17 April 2020-29 May 2020.</p> <p>(Not currently in the public domain, access kindly granted by Royal College of Paediatrics and Child Health (RCPCH, 2020b)). (See summary at Question 14 below)</p>	<p>Although children (as the data from Public Health Scotland (nd) referenced above shows) are less likely to contract or to become seriously ill with COVID-19, the pandemic has had a significant impact on the provision of child healthcare services across Scotland, with a significant reduction in hospital services.</p>	<p>The reason behind the data is missing.</p> <p>For example, if (as seems the case from the data) staff were available, why has there been such a significant reduction in services, particularly as paediatric hospital services in Scotland, at least in urban areas, is often provided in dedicated paediatric settings (so away</p>

<p>planned hospital admissions for children.</p> <p>Paediatric staff have significantly reduced the amount of time spent on non-clinical work such as child protection and ASND work.</p> <p>There has been a reduction in reported sudden unexpected child deaths and non-accidental injuries.</p>			<p>from adult patients with COVID-19?</p> <p>Why when there was such a significant reduction in clinical services were paediatric staff not dealing with safeguarding or ASND concerns?</p> <p>Further explanation of the data on unexpected deaths and non-accidental injury is needed.</p>
---	--	--	--

<p>Question 3b: What key missing information / evidence would have been beneficial to your analysis?</p>
<p>Data available, for example, that from Carers Trust Scotland (see Scottish Youth Parliament et al, 2020b) and from Public Health Scotland (nd) does not always distinguish data collected from older children (15 plus) from that collected from adults. This makes assessing the impact of government measures on older children difficult.</p>
<p>The position of particular vulnerable groups of children, for example disabled children, Gypsy/Traveller children, BAME children, children living in socio-economic deprivation or rural areas is difficult to assess as organisations do not provided detailed demographic data in their evidence.</p>
<p>Scottish Government (2020t) note that the Dundee region is potentially meeting needs of vulnerable children needing support at support hubs better than other regions, evidence would be helpful as to what Dundee is doing differently to achieve this.</p>
<p>The reasons for the reduction in paediatric services reported in the RCPCH workforce survey would be helpful. In particular, an explanation for the reduction in reported sudden unexpected deaths and non-accidental injuries to children. Both would be expected to increase not decrease. For example, Together for Short Lives (2020) and the RCPCH (2020b)'s own workforce survey report that children are not presenting at A&E when critically ill and Aberlour (2020; see Question 4a below) report increased incidents of domestic violence against children.</p>

Question 4a: What qualitative evidence have you used to inform your assessment? What does it tell you?		
Evidence collected	Evidence source	Explanation of the importance
<p><i>Increased demand for young carers to provide additional care. Young people's caring responsibilities and duties may increase following school closures as a consequence of some social care provision being reduced and the need for social isolation as a priority to protect the cared for person. Caring responsibilities may also increase for young carers who are part of a family network of providing unpaid care and if some carers within the family network become affected by the virus, there may become added expectation on the young carer to provide additional care during this difficult period.</i></p> <p><i>Scottish Government estimate there are at least 29,000 young carers in Scotland.</i></p>	<p>Carers Trust Scotland Briefing 15 April 2020</p>	<p>Carers Trust (2020b) work directly with young carers. Increased caring responsibility and reduction of social care provision will have a detrimental impact on young carers physical and mental health. (UNCRC Article 24). They will potentially face greater risk to their health when compared to other young people (UNCRC Article 2). The young carers' best interests are potentially being overlooked (UNCRC Article 3)</p>
<p><i>We have heard that some worried families, whose children have had medical issues connected to their underlying condition, have delayed visiting A&E which has had serious consequences for their children. This has been because of concerns about COVID-19.</i></p> <p><i>"We know that everyone is trying to do the right thing by staying at home during the coronavirus crisis," says Dr Hilary Cass OBE, Chair of Together for Short Lives. "However, we are very worried that parents caring for children with life-limiting conditions might be too frightened to seek urgent medical help until it's too late. The impact of this will be devastating and we're</i></p>	<p>Together for Short Lives (2020) statement:</p> <p>Families caring seriously ill children must seek urgent medical help if their child becomes unwell 3 April 2020</p>	<p>This statement from Together for Short Lives, who work with and support families whose children have a life limiting or life threatening health condition, evidences that families are fearful of using support available to them during COVID-19 because of their fear of their child contacting COVID-19.</p> <p>This evidence suggest that this is even in the most extreme circumstances where failure to seek help results in the child's death.</p>

<p>already hearing that sadly children have died as a consequence.”</p>		
<p>Statement by survey participant for Inclusion Scotland COVID-19 impact survey.</p> <p><i>All medical clinics cancelled...and he has been discharged from vital services until further notice. Not acceptable for those with complex medical issues and needs. My son is only four years old.</i></p>	<p>Inclusion Scotland (2020), April 2020</p>	<p>Although anecdotal and limited to a single family, this quote suggests that children in the age group to which this measure applies are having health related services withdrawn during COVID-19 (UNCRC Article 24). Disabled children and those with serious health conditions are facing a particularly detrimental impact (UNCRC Articles 23 and 2).</p>
<p><i>Concerningly, we are now seeing a rise in child protection and child wellbeing concerns, domestic abuse reporting, mental health issues, as well as more and more families pushed into poverty.</i></p> <p><i>We are seeing a number of barriers and issues for many families in providing meals for their children, even when they are in receipt of food packages.</i></p> <p><i>The absence of professional support networks for families upon which they would normally rely, such as family support centres, parent and toddler groups and parenting classes, has been detrimental for particularly vulnerable families. Young single parents we work with, many already socially isolated, are struggling with self-isolating and some are ignoring social distancing measures as a result, putting them and their children at risk. Parents with learning disabilities are another vulnerable group who are experiencing a range of additional challenges during lockdown, with many struggling to understand guidance on social distancing or self-isolation.</i></p>	<p>Aberlour (2020 Response to the Scottish Parliament Education and Skills Committee Inquiry, Vulnerable Children During the Coronavirus Outbreak, May 2020</p>	<p>Evidences the increase in violence and abuse to children during the Corvid-19 outbreak (UNCRC Articles 19 and 34).</p> <p>Evidence that despite any mitigating measures Scottish Government has put in place, vulnerable families are facing difficulties in meeting their children’s nutritional needs (UNCRC Article 27).</p> <p>Evidence of the direct impact of the measure to reduce access to early learning and childcare centres. Single parents and parents with learning disabilities, identified as being particularly impacted with detrimental impact on their own and their children’s health leading to further inequalities (UNCRC Articles 2 and 24).</p>

<p><i>Well the lunch money does really help but doesn't go far with 5 children I often go without and have just the 1 meal a day but it's allowed me to get them food so I can keep up with other financial commitments. (Mum of 5, Angus)</i></p>	<p>Child Poverty Action Group and Children North East (2020) survey. Survey opened 1 May 2020, results reported as at 19 May 2020</p>	<p>Although anecdotal evidence that finance assistance provided for food is having a positive, if limited impact on some families.</p>
<p>For the week of 5 April 2020, A&E attendances for 0-14-year olds were shown to be significantly down on the same time last year. For example, in Glasgow a 79.7% reduction in A&E attendances was reported for 0-5-year olds and a 78.0% reduction for 5-14-year olds. Data is not provided for 15-18-year olds as PHS do not provide this data separately but include this age group within 15-44-year olds.</p> <p>Reasons may include: <i>Individuals being reluctant to use the health services because they do not want to burden the NHS or are anxious about the risk of infection.</i></p>	<p>Public Health Scotland (nd), wider impact data</p>	<p>This significant decrease, with decreases seen across Scotland in child attendances at A&E suggests that the wider lock down measures and government messaging are potentially leading to significant risks to children's health and lives across Scotland, with emergency health care not being sought when needed.</p> <p>Evidence from Public Health Scotland (nd), suggests fear of infection and not wishing to overwhelm the NHS are potential reasons for significant reduction in A&E attendance in Scotland.</p> <p>See also evidence from Together for Short Lives (2020).</p>
<p>Royal College of Paediatrics and Child Health Ethics framework for use in acute paediatric settings during COVID-19 pandemic</p>	<p>Royal College of Paediatrics and Child Health Ethics framework for use in acute paediatric settings during COVID-19 pandemic</p>	<p>In relation to the wider unintended consequences of lock down and evidence above that parents of disabled and seriously ill children are not taking their children to hospital in medical emergencies, there have been anecdotal reports from health professionals and parents of disabled children that this is also in part due to a fear that their</p>

	<p>published 16 April and in force as at 31/5</p> <p>(Wilkinson and Linney, 2020)</p>	<p>children will not receive life sustaining or life supporting treatment during the COVID-19 pandemic, due to resource restriction within the NHS. This ethical guidance evidences that these fears are not unfounded. The guidance appears to breach Articles 2, 3, 6, 23 and 24 UNCRC.</p> <p>Although not statutory or a government measure, those implementing the guidance should be working in keeping with and respecting both the UNCRC and ECHR and Scottish Government have a duty to ensure all public services including NHS staff do so.</p>
<p>Poor diets lead to greater illness (Para: 3.1, p. 9) School breakfast clubs reduce illness (Para: 3.1.1, p. 9) The WHO Health Prioritising Schools Framework aims to improve health and wellbeing. Positive impacts on physical activity, Body Mass Index, tobacco use and being bullied have been found.</p>	<p>NHS Health Scotland (White, 2017) Evidence Summary: Reducing attainment gap – the role of health and wellbeing interventions in schools.</p>	<p>Report provides evidence of some positive health impacts for children, especially those from socio-economically deprived groups, gained from school attendance.</p> <p>Delays in school placements and placement appeals are potentially likely to lead to a delay in some vulnerable children attending school.</p>

Question 4b: What key missing information / evidence would have been beneficial to your analysis?

The position of particularly vulnerable groups of children, for example disabled children, Gypsy/Traveller children, BAME children, children living in socio-economic deprivation or rural areas is difficult to assess as organisations do not provide detailed demographic data in their evidence.

Evidence from parents, carers and older children as to reasons why available services such as support hubs or hospital services are not being used during COVID-19 pandemic. In particular, the extent to which this is due to lack of awareness of the service being available, the family perceiving the service as not meeting their needs; families not being able to use services they may wish to use; a fear of their child contracting COVID-19 or another reason.

Some of the evidence available gives a snapshot in time, for example the evidence from Inclusion Scotland (2020), the detrimental impact on children of being deprived support and services to enable them to fulfil their rights will increase the longer this deprivation continues. Evidence on the introduction of support and services and how the impact of deprivation already experienced is being addressed in the short and longer term, would be useful.

Question 5: Has a broad range of relevant stakeholders, specifically groups of children and young people, been consulted directly by the body who initiated the measure (e.g. Scottish Government)?

It is not always evident from available documentation what consultations have taken place. From documents and further information gathering, children and young people were not directly consulted for the measures referred to in this template.

As stated below, for some measures, information gathered pre-COVID-19 from children and young people was used to inform decisions as well as other evidence. Adult stakeholders and their organisations were consulted for some measures. Details that are known of such consultations are included below.

Further information on the developing engagement between Scottish Government and adult stakeholders and their organisations is available in Scottish Government (2020u).

Groups consulted	If group consists of children and young people		Results of consultation	
	Was an age appropriate consultation	Please provide a brief	What were the findings?	What is the significance to the development

		process used? Yes or No	description of process		of the measure(s)?
Education (Miscellaneous Amendments) (Coronavirus) (Scotland) Regulations 2020	The (Child Rights and Wellbeing Impact Assessment) CRWIA on the associated Bill outlines that unprecedented circumstances presented by the coronavirus outbreak made it not possible to consult with children and young people on the proposed legislation.				At time of writing, significance is unknown.

Question 6: Has evidence from third party consultations with children and young people been considered in the development of the measure(s)?

It is not always evident from available documentation what evidence has been considered in developing the measures.

Adult stakeholders and their organisations were consulted for some measures, who provided information about and from children and young people. Certain evidence from children and young people is referred to within the documents.

Further information on the developing engagement, between Scottish Government and adult stakeholders and their organisations, is available in Scottish Government (2020u).

Groups indirectly consulted	External source		Please provide a brief description of process	Results of consultation	
	Source of information	When information collected		What were the findings?	What is the significance to the development of the measure(s)?

STAGE 3: ASSESSING THE IMPACT

Question 7: What impact will (or does) the measure(s) have on children and young people's rights?			
Measure	Type of impact <i>[please highlight]</i>	Justification for Argument	Likely or actual short/medium/long-term outcomes
Coronavirus Act 2020 (UK Government measure) 16	Negative	<p>Potential to lead to young carers/disabled children's health needs not being assessed when their health needs are likely to have increased. It is unclear how these needs are, or will, in the near future be assessed and met.</p> <p>Position for children in need of child protection is also unclear.</p>	<p>Short-term illness or increased risk of illness or injury may be overlooked. Disabled children may encounter short-term health problems if their therapy needs have not been assessed and provided or if equipment needs for example, for lifting and handling have not been assessed and met.</p> <p>Medium/Long-term – could lead to medium/long term health outcomes due to malnutrition;</p>

		Lack of accessible information has a detrimental impact on vulnerable groups of children, for example disabled children, children whose first language is not English and children whose parents have learning disabilities.	failure to obtain timely healthcare or health screening; failure to receive therapy services and essential equipment for health and wellbeing.
The Children and Young People (Scotland) Act 2014 (Modification) (No. 2) Revocation Order 2020	Negative	Reduces the opportunity for health-related support and interventions, including access to nutritious food. Increases the opportunity for children to be in situations where they may be at risk of violence, abuse or exploitation.	Short term: Potential for pain and suffering through lack of health interventions and food. Also risk of physical harm and even death from violence and abuse. Medium/Long term: Risk of windows of opportunity for development being missed, leading to a child not fulfilling its potential. Risk of medium to long-term illness or injury due to lack of health interventions, reduced access to nutritious food or from violence and abuse.
The Health Protection (Coronavirus) (Restrictions) (Scotland) Regulations 2020	Negative	Children's health will be negatively impacted by lack of access to exercise facilities (UNCRC Article 24) Deprived children are likely to be disproportionately impacted both because they have an increased risk of the adverse health risks associated with lack of exercise and because they are much less likely to have access to space and facilities to exercise within their homes or local communities. (Article 2)	Outcomes will be dependent on the length of time the measure is in place or the frequency with which it is put in place in the event of future lockdowns. Medium to long term outcomes include increase risk of diseases related to obesity including cancer, heart disease and diabetes with children from deprived backgrounds being at particularly high risk
The Education (Miscellaneous Amendments) (Coronavirus)	Negative	Although the measure will only impact on a minority of children, there is a risk that the impact on some of those children could be significant.	Short term: delays in school attendance, leading to lack of access to health essential therapies and support. Also, potential lack of access to nutritional food and health supporting

<p>(Scotland) Regulations 2020 In force from 23 April 2020</p>		<p>Also, the longer a child is out of school, the greater the detrimental impact on the child's rights.</p>	<p>and education programmes such as the WHO framework (White, 2017).</p> <p>Medium/Long term this depends on the duration of the delay in attending school caused by the measure, but potential for children to miss 'windows of development' in therapy impacting on their long-term health and wellbeing. Also potential for conditions such as neuro-muscular conditions or respiratory conditions to deteriorate due to lack of therapy input over a significant length of time.</p>
<p>Coronavirus (COVID-19): school and early learning closures – guidance about key workers and vulnerable children</p> <p>31 March 2020</p>	<p>Positive and negative</p>	<p>Some provision is made to mitigate the impact of lockdown on some vulnerable children but there is evidence that there are children not benefiting from these measures either because they are not being reached or because their parents are not using the services provided because of their fear of COVID-19.</p>	<p>It seems that the measure will improve the health or prevent deterioration in health for some children in the short term, which will help mitigate longer term health problems. However, when parents are choosing not to use services children are likely to face deterioration in their health in the short term, which may increase their disability or poor health in the medium to long term.</p> <p>There is also evidence that some children are facing breaches of their health-related rights because their needs are not being met by local service providers. In some cases, this is because services are not being provided irrespective of the government's measure. In other cases families are facing increased needs during COVID-19 so children who previously would not have been identified as needing</p>

			health related support such as nutritional food provided by the school, now have this need.
--	--	--	---

Question 8: Will there be (or are there) different impacts on different groups of children and young people?			
Measure	Group of children affected	Initial analysis of the positive impact on rights	Initial analysis of the negative impact on rights
Coronavirus Act 2020 (UK Government measure) S.16	Young carers Within young carers as a group the impact is likely to vary depending on factors such as a young carer's geographical location, gender, age, socio-economic status and BAME status.		<p>Young carers will potentially be exposed to higher risk of physical illness and injury compared to children with no caring responsibilities.</p> <p>Younger young carers may have greater difficulty than older young carers: for example, their age and developmental stage may make it harder for their voices to be heard (UNCRC Article 12) and access technology. They may also be less readily accepted by services as a young carer.</p> <p>Gender stereotypes within society may mean that female young carers are more readily accepted by services as having a carer role than male young carers, but the same stereotypes may mean there is a greater expectation on females to be young carers than males within their family.</p> <p>Young carers in rural areas may have fewer potential resources available to access.</p> <p>Socio-economically deprived young carers seem more likely to be affected by this measure, not least</p>

			<p>because they are likely to be living in local authority areas where there are more demands on the local authority, making it less 'practical' for the local authority to carry out assessments.</p> <p>Young carers from BAME communities are likely to experience discrimination in accessing services. They are also more likely to be supporting family members suffering from COVID-19 or suffering COVID-19 bereavements, including multiple family bereavements. (UNCRC Article 2)</p>
Coronavirus Act 2020 (UK Government measure) S.15	Disabled children		There is evidence from non-governmental organisations that services generally for disabled people are being significantly impacted by lockdown measures at a time when needs are significantly increased. (UNCRC Articles 2 and 23)
	Children with parents who have learning disabilities		Reduction in services for disabled people will also impact on children whose parents have learning disabilities. (UNCRC Article 2)
The Children and Young People (Scotland) Act 2014 (Modification) (No. 2) Revocation Order 2020	Disabled children		Reduced access to therapy services (UNCRC Articles 23 and 24)
	Socio-economically deprived children		Reduced access to nutritious food (UNCRC Article 27)
	Children at risk from violence or abuse within the home		Increased risk of violence or abuse due to additional time spent in the home and increase stress of lockdown on adults around the child. (UNCRC Articles 6, 19 and 34)

<p>The Health Protection (Coronavirus) (Restrictions) (Scotland) Regulations 2020</p>	<p>Children from deprived socio-economic backgrounds</p>		<p>NHS Scotland data suggests that this group of children are at increased risk of obesity and the diseases associated with obesity. The same children are less likely to have access to space and facilities to mitigate the impact of the measure. (UNCRC Articles 2 and 24)</p>
<p>The Education (Miscellaneous Amendments) (Coronavirus) (Scotland) Regulations 2020 In force from 23 April 2020</p>	<p>Disabled children</p>		<p>Potentially negative impact on UNCRC Articles 2, 23 and 24 (as set out above)</p>
	<p>Socio-economically deprived children</p>		<p>Potentially negative impact on UNCRC Articles 2 and 24, due to delaying opportunity to access nutritious food and health promoting programmes, such as the WHO framework cited by NHS Health Scotland and referenced at Question 4a.</p>
<p>Coronavirus (COVID-19): school and early learning closures – guidance about key workers and vulnerable children (Scottish Government, 2020m)</p>	<p>Disabled children</p>	<p>May continue to have access to services during COVID-19</p>	<p>Parents more likely to be shielding their child so they will not have access to services that are provided. (UNCRC Articles 2 and 23)</p>
	<p>Socio-economically deprived children</p>	<p>May continue to have access to services during COVID-19</p>	<p>Evidence suggests support is not reaching children to the extent or in the manner Scottish Government anticipate. (Articles 2 and 27)</p>
	<p>Children of single parents</p>	<p>May continue to have access to services during COVID-19</p>	<p>Evidence suggests support for other vulnerable groups is not reaching children to the extent or in the manner Scottish Government anticipate, seems likely to extent to these children. (Articles 2 and 27)</p>
	<p>Children whose parents have learning difficulties</p>	<p>May continue to have access to services during COVID-19</p>	<p>Evidence suggests support for other vulnerable groups is not reaching children to the extent or in the manner Scottish Government anticipate, seems likely to extend to these children. (Article 2)</p>

	Children at risk of abuse or violence	Can continue to attend school limiting time spent at home.	Data are needed as to the extent children in this vulnerable group are benefiting from the measure. (Articles 19 and 34) (See also Appendix 6)
--	---------------------------------------	--	---

Question 9: If a negative impact is identified for any area of rights or any group of children and young people, what are the options to modify the measure(s), or mitigate the impact?		
Measure	Negative impact	What options are there to modify the measure(s) or mitigate the impact?
Coronavirus Act 2020 (UK Government measure) S.16	Young carers and disabled children's needs not being assessed where not 'practical'	Stress the best interests of the child as the primary consideration. Remove the derogation. Provide much clearer guidance for service providers, parents and children and young people, in multiple formats so accessible to, for example, parents and children with learning disabilities and those who do not speak English as a first language.
The Children and Young People (Scotland) Act 2014 (Modification) (No. 2) Revocation Order 2020	Reduced access to therapy services (UNCRC Articles 23 and 24)	For schools and early year centres to remain open for healthcare professionals with appropriate PPE to provide health services such as therapy. There is some suggestion that this should be happening, but evidence is unclear as to the extent to which it is happening (see Questions 3a and 4a).
Ditto	Reduced access to nutritious food (UNCRC Article 27)	For centres to remain open to provide nutritious food or for it to be delivered to the child's home. There is some suggestion that this should be happening, but evidence is unclear as to the extent to which it is happening (see Questions 3a and 4a). For families to be consulted as to the best and least stigmatising way for them to receive payments for food.
The Health Protection (Coronavirus) (Restrictions) (Scotland) Regulations 2020	Lack of access to exercise facilities.	Physical distanced opportunities for exercise could be organised for children from deprived areas.

<p>The Education (Miscellaneous Amendments) (Coronavirus) (Scotland) Regulations 2020 In force from 23 April 2020</p>	<p>Delayed access to school, leading to delayed access to school support including therapies; nutritious food and health promotion programmes</p>	<p>To mitigate provision should be made for disabled children to receive therapy and other health services normally provided in school in their homes in the event of delay in accessing schools.</p> <p>Nutritious meals should be provided to children in need of them who are waiting to attend school.</p>
<p>Coronavirus (COVID-19): school and early learning closures – guidance about key workers and vulnerable children</p>	<p>Parents not using services due to fear of their child contracting COVID-19</p>	<p>Require contact to be made by the child’s key worker to discuss the risk to the individual child with the child and parents for an individualised assessment to be made of that child’s risk. For children where a significant risk is identified an emergency plan for the child should be agree in the event of an emergency.</p>
	<p>Services not reaching children in need of support</p>	<p>Require regular review of children’s needs to ensure services are provided and also, they are being delivered effectively.</p>

<p>Question 10: To what extent does the measure(s) address Scottish Government’s obligation to respect, protect and fulfil the rights enshrined in the UNCRC in Scotland?</p>			
<p>Measure</p>	<p>UNCRC provision(s) being further implemented through measure</p>	<p>Describe how the effect will be attained through the measure</p>	<p>UN Documents used to make the assessment</p>
<p>Coronavirus Act 2020 (UK Government measure) S.16</p> <p>Scottish Government: Statutory</p>	<p>All UNCRC Articles</p>	<p>The measure interferes with the rights of disabled children and young carers to access support to uphold their rights to health, the highest attainable standard of living and to experience rights without discrimination.</p>	<p>UNCRC UN Committee General comment No. 15 (2013) on the right of the child to the enjoyment of the highest attainable standard of health (Article 24)</p> <p>UN Committee General comment No. 9 (2006): The rights of children with disabilities,</p>

Guidance for Local Authorities on S.16 and S.17 of Coronavirus Act 2020 published 8 April 2020			
The Children and Young People (Scotland) Act 2014 (Modification) (No. 2) Revocation Order 2020	2, 3, 6, 19, 23, 24, 27, 34	Seems to fail to do so	<p>UNCRC</p> <p>UN Committee General comment No. 15 (2013) on the right of the child to the enjoyment of the highest attainable standard of health (Article. 24)</p> <p>UN Committee General comment No. 9 (2006): The rights of children with disabilities</p> <p>UN Committee General comment No. 7 (2005): Implementing child rights in early childhood</p>
The Education (Miscellaneous Amendments) (Coronavirus) (Scotland) Regulations 2020 In force from 23 April 2020	2, 23, 24	Risk that these rights will be impeded by the measure for the reasons set out above.	<p>UNCRC</p> <p>UN Committee General comment No. 15 (2013) on the right of the child to the enjoyment of the highest attainable standard of health (Article 24)</p> <p>UN Committee General comment No. 9 (2006): The rights of children with disabilities</p> <p>UN Committee General comment No. 7 (2005): Implementing child rights in early childhood</p>
Coronavirus (COVID-19): school and early	2, 19, 23, 24, 27, 34	The measure seems to have some limited impact in providing services to some	UNCRC

<p>learning closures - guidance about key workers and vulnerable children (Scottish Government, 2020m)</p>		<p>children, by allowing those children to continue to access school and other services to be provided directly to children in their homes. The measure also provides the opportunity for children at risk from violence and abuse to continue to attend school.</p> <p>More data are needed to assess the full extent of the measure and the extent to which children needing support have not received it.</p>	<p>UN Committee General comment No. 15 (2013) on the right of the child to the enjoyment of the highest attainable standard of health (Article 24)</p> <p>UN Committee General comment No. 9 (2006): The rights of children with disabilities</p> <p>UN Committee General comment No. 7 (2005): Implementing child rights in early childhood</p>
--	--	--	--

Question 11: In what way(s) will (or does) the measure promote or impede efforts to meet the National Outcomes for Scotland for children? (see <https://nationalperformance.gov.scot/national-outcomes>) If there are GIRFEC indicators of wellbeing that are directly relevant to your response, please note these here (<https://www.gov.scot/policies/girfec/wellbeing-indicators-shanarri/>).

Measure	Outline how the measure(s) will or do promote or impede efforts to meet the National Outcomes for Scotland for children	List GIRFEC indicators that are directly relevant
<p>Coronavirus Act 2020 (UK Government measure) S.16</p>	<p>The health and wellbeing needs of young carers/ disabled children and children at risk of harm will potentially not be address or fully addressed at a time when these needs are increased due to COVID-19.</p>	<p>Safe Healthy Nurtured</p>

	<p>This measure potentially impedes: 'no poverty' (Goal 1), 'no hunger' (Goal 2), 'good health and wellbeing' (Goal 3) and 'gender equality' (Goal 4) of the UN Sustainable Development Goals which underpin the National Outcomes for Scotland, compared to the extent to which these Goals would have been met with full assessments for young carers and disabled children.</p>	
<p>The Children and Young People (Scotland) Act 2014 (Modification) (No. 2) Revocation Order 2020</p>	<p>Potentially puts young children's health, development and at the extreme lives at risk.</p> <p>This measure potentially impedes 'no poverty' (Goal 1), 'no hunger' (Goal 2), 'good health and wellbeing' (Goal 3) of the UN Sustainable Development Goals, which underpin the National Outcomes for Scotland.</p>	<p>Safe Healthy Nurtured</p>
<p>The Health Protection (Coronavirus) (Restrictions) (Scotland) Regulations 2020</p>	<p>Measure restricts children's opportunity to exercise, particularly children in deprived areas.</p> <p>This measure potentially impedes 'good health and wellbeing' (Goal 3) of the UN Sustainable Development Goals, which underpin the National Outcomes for Scotland.</p>	<p>Safe Healthy Active Nurtured.</p>
<p>The Education (Miscellaneous Amendments) (Coronavirus) (Scotland) Regulations 2020 In force from 23 April 2020</p>	<p>Due to potentially impeding or delaying children's access to school-based health services including therapies; nutritious food and health promotion, the measure has the potential to impede outcomes particularly for disabled children and children living in deprived socio-economic circumstances.</p> <p>This measure potentially impedes 'no poverty' (Goal 1), 'no hunger' (Goal 2), and good 'health and wellbeing' (Goal 3) of the UN Sustainable Development Goals which underpin the National Outcomes for Scotland.</p>	<p>Healthy Nurtured Active</p>
<p>Coronavirus (COVID-19): school and early learning closures - guidance about key workers and vulnerable children</p>	<p>To the extent to which it is effectively in place, this measure provides the opportunity for health related services to be provided to vulnerable children and provides the opportunity for children at risk of abuse or violence known to the authorities to continue to attend school.</p>	<p>Safe Healthy Nurtured Included</p>

	<p>In doing so this supports 'good health and wellbeing' (Goal 3) of the UN Sustainable Development Goals which underpin the National Outcomes for Scotland. However, evidence suggests support is not reaching children from some vulnerable groups, meaning for these children the goal is not met.</p>	
--	---	--

STAGE 4: CONCLUSIONS AND RECOMMENDATIONS

Question 12: Please provide a summarised overview of your key findings on the impact of the measure(s) on children and young people's rights, addressing two aims of the Alternative CRIA:

- to observe and document children's human rights issues.
- to learn from this both in positive and negative developments

Measure 1: Coronavirus Act 2020 (UK Government measure): S.16 The measure has the potential to have a negative impact on the rights and wellbeing of young carers and disabled children with those from socio-economically deprived backgrounds, geographically isolated regions of Scotland, single parent families, Gypsy/traveller and BAME children (among others) being particularly vulnerable, leading to potential breaches of UNCRC Articles 2, 3, 24 and 27 and, in a worst case scenario, Article 6 (life). The impact of this measure to a large extent depends on how it is interpreted by local authorities, but the measure gives the potential for variation and inequality across Scotland.

Measure 2: The Children and Young People (Scotland) Act 2014 (Modification) (No. 2) Revocation Order 2020: The measure has the potential to indirectly significantly and negatively impact on young children's health and wellbeing in the short, medium and long term, breaching UNCRC Article 24. It has the potential to impact disproportionately on certain groups of children, creating inequalities in breach of UNCRC Article 2. Disabled children are likely to face a particular detriment as many disabled young children will normally receive their health interventions such as essential therapies at the centres in question (UNCRC Article 23). Children from deprived socio-economic groups are likely to face increased risk of malnutrition due to the reduction in hours they will be attending the centres (UNCRC Article 27). There is some suggestion in wider government measures that steps such as providing meals at home for vulnerable children are planned which would mitigate this negative impact, but as yet evidence is not available as to the extent to which these measures are in place or their impact. Reduction in hours of early years provision and childcare also means children at risk of violence or abuse within the home will be at greater risk. (Articles 6, 19 and 34). There is some evidence from Aberlour (2020) that as well as the indirect impacts described, the

measure is also having direct negative impact on health-related rights, especially on children from single parent families and living in socio-economically deprived circumstances. (UNCRC Articles 24 and 2). (**See also Appendix 4**).

Measure 3: The Health Protection (Coronavirus) (Restrictions) (Scotland) Regulations 2020: The Health Protection (Coronavirus) (Restrictions) (Scotland) Regulations 2020: The measure is detrimental to children's UNCRC Article 24 right to health as it limits access to exercise facilities. Children living in deprivation face a disproportionate impact (UNCRC Article 2). They are far less likely to have space or facilities within their home or communities to mitigate the impact of the measure. They are also a significantly higher risk of the serious diseases where obesity is well recognised as increasing risk.

Measure 4: The Education (Miscellaneous Amendments) (Coronavirus) (Scotland) Regulations 2020: As Scottish Government identify in their CRWIA of the measure, it is likely to impact on the health-related rights of only a minority of children. However, there is a real risk that for those children the negative impact could significantly delaying for an extended length of time their access to health support and services provided in schools.

Disabled children are identified as being particularly high risk to breaches of health rights by this measure: (i) their parents are more likely to have to challenge placing decisions, so disabled children will be at greater risk of breaches of their rights if systems to address these challenges are delayed; (ii) more than other groups of children they receive a lot of health interventions in school; (iii) they are more likely to be at home while school placements are finalised; (iv) even once a placement is agreed there can often be a long delay while adjustments are made to a school environment or staff are trained to meet a child's individual needs; and (v) even before this measure some disabled children in Scotland were known to wait many months, in rare cases over a year, for a school placement to be sorted.

Children living in deprived socio-economic circumstances are another group of children potentially at particular risk from this measure. They are likely to be most reliant on their schools for nutritious food and most likely to benefit from the WHO Health Prioritising Schools Framework referenced at **Question 4a**.

Measure 5: Coronavirus (COVID-19): school and early learning closures - guidance about key workers and vulnerable children (Scottish Government, 2020m): The measure has positive aims which if fulfilled would help address children's health related rights during the COVID-19 crisis. However, evidence available to date suggests that Scottish Government's aims are only being met for some children. In some cases, this is because the measures used by Scottish Government are not effective in meeting children's needs. In other cases, despite the measures children are not receiving support, this includes children where new or increased needs have arisen due to the COVID-19 crisis. There is also some evidence of serious unintended

consequences from these and wider lockdown measures (**see Questions 3a and 4a and further discussion below**) including potential loss of life.

Wider Impact of COVID-19 restrictions

Further research is recommended to ascertain the reason for these outcomes with the view to preventing them during future lockdowns.

NHS Staffing and Capacity:

The RCPCH (2020b) report in their COVID-19 Impact Workforce survey that the COVID-19 crisis had some impact of paediatric healthcare staffing, although the reduction in staffing does not appear sufficient to be the only or main reason for the significant reduction in paediatric healthcare across Scotland during the COVID-19 crisis. The RCPCH (2020b) report a 5% mean loss of paediatric inpatient staffing capacity to adult services as at 17 April 2020 from eight hospitals providing paediatric services in Scotland. This was reduced to zero percent by 1 May 2020 and remained at zero percent to the end of May 2020.

Across the eight reporting hospitals the peak for staff being unavailable due to ill-health or self-isolating was in the weekending 24 April 2020 when a mean of 20% of all paediatric medical staff were reported to be off for these reasons.

The same week also saw the peak in Tier 1 (staff usually employed for less than five years) acute paediatric staff moved to adult services. No Tier 2 (staff usually employed for more than five years) acute paediatric staff were reported to have moved from paediatric to adult services during the whole period. This suggests that staff with the most paediatric expertise (registrars, consultants and nurse specialists) were not moved from acute paediatric to adult services. This would have had a positive impact in helping to meet children's UNCRC Article 24 and wider health related rights.

Five percent of career grade community paediatric staff (experienced staff) were moved to adult services as at 17 April 2020. This percentage decreased over the period to 0 percent as at 29 May 2020. This also would have had a positive impact on helping to meet children's Article 24 and wider health rights, as more experienced staff continued to provide community paediatric services.

The RCPCH (2020b) data shows a significant decrease in all activity in the eight paediatric centres in Scotland across the period. This has significant implications for the health rights of children in Scotland during the period, suggesting there must have been a significant shortfall in provision. Further research is needed to identify how and if the health needs of children in Scotland were

met and the short, medium and long-term implications for children's health. There would appear to be a significant impact on Article 24 and other health related rights.

The data suggests that most weeks staff would have been available, suggesting reasons other than staff being unavailable due to treating adults with COVID-19 or suffering from COVID-19 themselves was the reason behind the reduction in paediatric services. It is, as yet, unclear whether the lack of activity was deliberate policy to prevent the spread of COVID-19 and /or reduce demand on NHS services or the result of families staying away from hospitals for fear of overburdening the NHS or contracting COVID-19, or for other reasons.

The decrease in both unexpected deaths and non-accidental deaths reported by the RCPCH is notable. Further research as to the cause of these decreases and the child rights implications of these decreases is needed. These decreases are counterintuitive, as it would perhaps be expected that unexpected deaths would be increased, rather than decreased if children are not attending A&E or hospital appointments. It would also perhaps be expected that non-accidental deaths would increase, rather than decrease during a period of lockdown, as children at risk from domestic violence are potentially in lockdown with a violent individual in a situation of exceptional stress.

The data on reduced activity for activities such as ASND and safeguarding suggest that during the COVID-19 pandemic the needs of children with special educational needs and safeguarding concerns may have been overlooked, at times to a significant extent. The reason for this reduction in activity and how the rights of any children who may have been overlooked are now being addressed and met, needs urgent addressing. This reduction in activity risks breaching UNCRC Articles 2, 19, 23, 24, 34 and at the extreme 6.

Further recommendations are made at Question 14 below.

Question 13: Based on your key findings what recommendations should be made and to whom should they be addressed?

Summary of recommendation

Body addressed to (e.g. Scottish Government)

Measure 1: S.16 Coronavirus Act 2020 (UK Government measure)

Remove the derogations from statutes that apply to children or provide much clearer guidance stressing that the best interests of the child are paramount when deciding whether such assessments are practical.	UK Government/ Scottish Government/Local Authorities
Measure 2: The Children and Young People (Scotland) Act 2014 (Modification) (No. 2) Revocation Order 2020	
Ensure effective measures are in place to ensure health provision, including therapy services for young disabled children continue during downlockdown.	Scottish Government NHS Scotland Local authorities
Ensure effective measures are in place to ensure all children receive sufficient nutritious food during downlockdown. Monitor measures in place to ensure they are effective.	Scottish Government Local authorities
Ensure measures are in place to protect all children at risk of violence or abuse during lockdown. Monitor measures in place to ensure they are effective.	Scottish Government Local authorities
Measure 3: The Health Protection (Coronavirus) (Restrictions) (Scotland) Regulations 2020: The Health Protection (Coronavirus) (Restrictions) (Scotland) Regulations 2020	
Provide opportunities in a safe physically distanced environment and encouragement for children from deprived backgrounds, especially those already identified as being overweight or obese.	Scottish Government Local authorities
Measure 4: The Education (Miscellaneous Amendments) (Coronavirus) (Scotland) Regulations 2020	
Ensure effective measures are in place to ensure health provision, including therapy services for young disabled children continue during lockdown.	Scottish Government NHS Scotland
Ensure effective measures are in place to ensure all children receive sufficient nutritious food during lockdown. Monitor measures in place to ensure they are effective.	Scottish Government Local authorities
Identify children at greatest risk of suffering breaches of their rights as a result of these measures and prioritise their placements	Scottish Government/ Local Authorities/ Appeal Committees
Measure 5: Coronavirus (COVID-19): school and early learning closures - guidance about key workers and vulnerable children	
Key workers discuss the risk of COVID-19 individually with the child and parents to realistically as far as possible assess the risk to the child of using	Scottish Government, NHS Scotland, Local authorities, RCPCH

services available. An emergency plan should be agreed of steps to take in an emergency.	
On-going monitoring of vulnerable or potentially vulnerable children to ensure: (i) provision is made were needed; (ii) provision is having the positive impact intended; (iii) additional support is put in place when needed to address additional needs created by the COVID-19 crisis.	Scottish Government, NHS Scotland, Local Authorities

<p>Question 14: The COVID-19 response is likely to have several phases, with varying degrees of restrictions, and uncertainty about their removal and possible re-impositions. What (if any) additional concerns about children and young people’s rights do you anticipate in the coming phases?</p>
<p>As the Royal College of Paediatrics and Child Health (RCPCH, 2020a) report: “Most children are asymptomatic or exhibit mild symptoms from COVID-19 infection. However, in the last two months a small number of children have been identified who develop a significant systemic inflammatory response. All children have been diagnosed and managed appropriately along standard referral pathways. Affected children may require paediatric intensive care and input from paediatric infectious diseases, cardiology, and rheumatology.” In Scotland there have been no reported deaths of children under the age of 15 directly from COVID-19, as at the end of May 2020. Data for children 15-17 is unavailable as it is not published separately from that for the adult population.</p> <p>The COVID-19 pandemic, however, still raises significant concerns for child health and health related child rights. As Bouffet et al (2020) report the health implications of COVID-19 for children with new or pre-existing health conditions such as cancer remains unclear. Anecdotally, healthcare professionals working with children are concerned that in the medium to long-term, if not in the short-term, there is a risk of an increase of deaths and ill-health amongst children not from the COVID-19 virus, but as a result of the COVID-19 lockdown. Concern has been expressed by health professionals that children are not receiving their routine immunisations during the COVID-19 crisis. The BBC report falls in the number of children being brought for their immunisations in both England and Wales, although no mention is made of Scotland. (Kleinman, 2020) The report emphasises the real risk to children’s health and life from diseases such as measles and meningitis, putting children’s UNCRC rights to health (Article 24) and life (Article 6) at risk.</p> <p>Children were often overlooked in Scottish Government and UK governments’ communications issued about shielding during the COVID-19 crisis. Specific consideration needs to be given to both ensure children needing to ‘shield’ are doing so and also to</p>

ensure that even when children are shielding the care and support they need to ensure their health and wellbeing and meet their UNCRC and wider child rights is still provided.

Many of the health and related rights concerns identified in this CRIA arise not directly from the government measures put in place, but as a knock-on effect or unintended consequence of government measures. One example is the potential for disabled children to not receive health sustaining and enhancing therapies due to schools and early year provision being closed or delays in school placements. This has the potential to breach several UNCRC rights including 24, 25 and 2. Many of the measures were introduced without consultation or CRWIA. Ensuring that parents, carers, children and organisations representing their interests are always consulted will help avoid these unintended consequences leading to UNCRC breaches, as these consequences would often be easily identified by those with lived experience.

One health right consequence which is not readily obvious from the measures introduced by UK or Scottish Governments, and for which no mitigating measures have been found, is the difficulty some vulnerable groups of children may have accessing clean water and soap, essential for safe hand washing to prevent the spread of COVID-19. Gypsy/Traveller children and children living in temporary accommodation or extreme poverty are especially likely to face this difficulty, creating a breach of UNCRC Articles 24 and 2.

Access to sexual health services are also likely to be problematic in light of the reported reduction in use of health services generally discussed at **Question 12** and evidenced at **Questions 3a and 4a**. Young people may potentially not be obtaining contraceptives when needed. The health and life of pregnant teenagers is likely to be at risk if there is not the usually available pregnancy and abortion services, leading to potential breaches of UNCRC Articles 6 and 24. The health and life of any unborn child is also likely to be at increased risk if there is a reluctance to attend antenatal care or if it is not available during the COVID-19 crisis. Socio-economically deprived children are likely to be particularly at risk. No government measures have been identified which seem to mitigate against these potential breaches.

Evidence used in this assessment suggests there is a significant risk to children's health related rights due to a fear of, or reluctance to access health services and wider health support during COVID-19, both because of a reluctance to overburden the NHS and fear of a child contracting COVID-19. The available evidence, such as that cited from Together for Short Lives (2020), suggests this seems to be particularly a concern for parents of disabled and seriously ill children. The Ethical Guidance from the RCPCH (Wilkinson and Linney, 2020) suggest concerns expressed by parents of disabled children that due to resource restrictions their children may not receive life sustaining or lifesaving treatment if needed, appears to be well founded. That guidance suggests incorrectly that UNCRC Article 3 and parallel best interest safeguards found in domestic legislation and

common law, can be derogated from during times of resource shortages. As the UN Committee make clear in their guidance on COVID-19, resource considerations “should not be regarded as an impediment to the implementation of the convention”. In future, UK and Scottish Governments need to take steps to ensure all guidance provided to health professionals complies with domestic and international human rights law. NHS Scotland also needs to ensure that guidance followed by its staff complies with the UNCRC and other law and the RCPCH need to do likewise. Very clear messaging was given to ‘Stay at Home’ by Scottish Government and this was usually referenced to the impact on the NHS of COVID-19. Whilst unambiguous public health messages are important, in future Scottish Government and NHS Scotland need to consider how better to convey messages of the vital importance of accessing health services when needed during a pandemic. Clear pathways also need to be put in place and communicated particularly to parents of disabled and seriously ill children and other vulnerable groups, to avoid breaches of UNCRC Articles 2, 6, 23 and 24.

Additional recommendations arising from this CRIA for future action:

1. NHS Scotland should check that all child immunisations are up-to-date and put in place an urgent programme of immunisation, including communicating with parents to cover any backlog.
2. Create pathways for emergency health support including sexual health support for vulnerable groups of children and ensure these are communicated in accessible formats to those groups.
3. Ensure public health messaging does not inadvertently discourage essential health support and is accessible to all.
4. Ensure provision of water and soap is readily available to children from vulnerable groups such as Gypsy/Traveller children, children in temporary accommodation and children living in poverty.
5. Ascertain the reason for the significant decrease in the use of paediatric healthcare services and if this is due to services being suspended risk and child rights assess whether suspension of paediatric services was proportionate for COVID-19 and for future lockdowns.
6. Ascertain the reasons for the decrease in unexpected deaths and non-accidental injuries. If there proves to be a genuine reduction, ascertain what led to this decrease compared with pre-COVID-19 and what steps can be taken to maintain this reduction.
7. Ensure consultations, CRIAs and Equality Impact Assessments are conducted for all measures, including guidance published by the RCPCH and other professional bodies. Establishing a diverse pool of children, parents and non-governmental organisations including child rights experts, who can be called on at short notice to take part in future consultations, is recommended.
8. Ensure that professionals working with children have the time and resources to meet children’s UNCRC rights in all circumstances, especially safeguarding concerns.

9. Scottish Government should monitor the effectiveness of measures put in place during COVID-19 with the aim of protecting children's rights and their health and wellbeing to ascertain the extent to which the needs of children have been met and address any unmet need. They should also put in place measures to avoid similar shortfalls in meeting needs and rights in future.
10. Article 3 UNCRC, the best interests of the child as the primary consideration, should be highlighted in all government measures and professional body guidance.

Reference List

References listed here are specific to this CRIA, additional references appearing in other CRIA also are included in the Alternative CRIA reference list

Bouffet, E., Challinor, J., Sullivan, M., Blondi, A., Rodriguez-Gallindo, C. and Pritchard-Jones, K. (2020) 'Early advice on managing children with cancer during the COVID-19 pandemic and a call for sharing experiences', *Pediatric Blood & Cancer*, 67(7). DOI:10.1002/pbc.28327

Carers UK (2019) State of Caring: A Snapshot of Unpaid Care in the UK. London: Carers UK, Available from: http://www.carersuk.org/images/News_campaigns/CUK_State_of_Caring_2019_Report.pdf

Connolly, S., Bennett, V., Morrison, C. and Stewart, L. (2019) Standards for the Delivery of Tier 2 and Tier Weight Management Services for Children and Young People. Edinburgh: NHS Health Scotland, Available from: <https://dera.ioe.ac.uk/34104/1/children-and-young-people-weight-management-service-delivery-standards.pdf>

Inclusion Scotland (2020) 'Initial Findings of Inclusion Scotland's COVID-19 Survey', Edinburgh: Inclusion Scotland, Available from: <https://inclusionScotland.org/wp-content/uploads/2020/04/Initial-Findings-Report-.pdf>

Kleinman, Z. (2020) 'Coronavirus: Parents Urged to Keep up Child Vaccinations', *BBC News*, [online] 2 May, Available from: <https://www.bbc.co.uk/news/health-52499701> [Accessed 31 May 2020].

Public Health Scotland (nd) Wider Impact on the Health Care System [data], Available from: <https://scotland.shinyapps.io/phs-covid-wider-impact/>

RCPCH (2020a) Guidance: Paediatric Multisystem Inflammatory Syndrome Temporally Associated with COVID-19, [online] 1 May 2020, Available from: <https://www.rcpch.ac.uk/sites/default/files/2020-05/COVID-19-Paediatric-multisystem-%20inflammatory%20syndrome-20200501.pdf> [Accessed 31 May 2020]

RCPCH (2020b) Royal College of Paediatrics and Child Health, Impact of COVID-19 Workforce Census for the Period 17 April 2020-29 May 2020. (Not currently in the public domain, access kindly granted by RCPCH).

Together for Short Lives (2020) Families Caring Seriously Ill Children Must Seek Urgent Medical Help if their Child Becomes Unwell, [online] 3 April 2020, Available from: <https://www.togetherforshortlives.org.uk/families-caring-seriously-ill-children-must-see-urgent-medical-help-if-their-child-becomes-unwell/>

White, J. (2017) Evidence Summary: Reducing the Attainment Gap – the Role of Health and Wellbeing Interventions in Schools. Edinburgh: NHS Health Scotland, Available from: <https://dera.ioe.ac.uk/34149/1/evidence-summary-reducing-the-attainment-gap-the-role-of-health-and-wellbeing-interventions-in-schools.pdf>

Wilkinson, D. and Linney, M. (2020) Ethics Framework for use in Acute Paediatric Settings During COVID-19 Pandemic, [online] 16 April, published 16 April and in force as at 31/5, Available from: <https://www.rcpch.ac.uk/resources/ethics-framework-use-acute-paediatric-settings-during-covid-19-pandemic>