

Equality and Children’s Rights Impact Assessment (Stage 1)

This is a legal document as set out in the

- **Equality Act (2010), the Equality Act 2010 (Specific Duties) (Scotland) regulations 2012,**
- **the UNCRC (Incorporation) (Scotland) Act 2024,**

and may be used as evidence for cases referred for further investigation for compliance issues.

Completing this form helps you to decide whether or not to complete to a full (Stage 2) EQIA and/or Children’s Rights and Wellbeing impact Assessment (CRWIA). Consideration of the impacts using evidence, and public/patient feedback may also be necessary.

Question 1: Title of Policy, Strategy, Redesign or Plan

Consent for Media – Children & Young People – Community Children’s Services

Question 2a: Lead Assessor’s details

Name	Tara Irvin	Tel. No	
Job Title:	Community children’s Services Development officer	Ext:	
Department		Email	Tara.irvin@nhs.scot

Question 2b: Is there a specific group dedicated to this work? If yes, what is the title of this group?

UNCRC SLWG

Question 3: Detail the main aim(s) of the Policy, Strategy, Redesign or Plan. Please describe the specific objectives and desired outcomes for this work.

Aim	The UNCRC (Incorporation) (Scotland) Act 2024 places a duty on NHS Fife to uphold and promote the rights of the child in line with the United Nation Convention on the Rights of the Child (UNCRC). This includes their right to participate and contribute to decisions that affect them. Children and young people are best placed to suggest solutions about the issues that affect them and their communities. They have a range of experiences, thoughts, ideas and perspectives that can enrich
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	<p>decision making processes to influence community decisions, projects, policies and service improvements. To ensure children and young people’s engagement is effective it should be continuous with appropriate opportunities to be involved in processes and developments.</p> <p>NHS Fife use photographs, videos and recordings to share service user experiences’ of services. These are used to both promote and raise awareness of services and for service managers to use in reports and updates for staff.</p> <p>The current consent form is aimed for an adult population and therefore NHS Fife Community Children’s Services identified that updating in a more accessible format would support the implementation of Children’s Rights into practice.</p> <p>As part of the new process, a SOP for staff has been developed to guide staff through conversations necessary to ensure the children and young people giving their consent, fully understand the implications of doing so. In this, they will also explain what a digital footprint is and longer term implications of sharing their media/story.</p>
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Question 4: Identifying the Impacts in brief

Consider any potential Impacts whether positive and/or negative including **social and economic impacts** and human rights. Please note, in brief, what these may be, if any. **Please do not leave any sections blank.**

Relevant Protected Characteristics	Impacts negative and positive Social / Economic Human Rights
<p>Age - <i>Think: adults, older age etc.</i></p> <p><i>For impacts on 0-18 year old, please refer to the below Question 5 - children’s rights assessment (CRWIA).</i></p>	<p>This consent form is for children and young people only, and is aimed to be more accessible to them, compared to the existing adult consent form.</p> <p>Children and young people over the age of 12 will be able to sign this consent form on their own, and children under 12 will be able to sign it with the additional signature of an appropriate adult. The accompanying SOP encourages all children and young people to engage with trusted adults in the process of giving their consent, and encourages them to consider all people that may be impacted by them providing consent to sharing their story.</p> <p>The new form also has a child-friendly information sheet so they can fully consider the implications of them consenting to share their story or digital media, i.e. pictures or their voice. It also breaks down what they are consenting to, in a child-friendly manner, including where and how their stories/media may be used.</p>

	<p>There is also a section on this form for services to explain how they intend to use the media, so that those giving consent have a full understanding, before signing.</p> <p>This form also has the option to specify a timeframe that they consent their media to be used in new material, e.g. they may consent at the age of 12 for it to be used only until they are 15.</p> <p>This revised process and form will overall positively impact children and young people by ensuring the information provided on the consent form is in an age-appropriate format and using appropriate language and images.</p>
<p>Disability – <i>Think: mental health, physical disability, learning disability, deaf, hard of hearing, sight loss etc.</i></p>	<p>Overall, this form will be more appropriate and child-friendly for all children, including those with disabilities.</p> <p>The new form explicitly asks if the child or young person completing the form has capacity to do so. For children or young people that do not have capacity, a trusted adult will be required to sign the form with them.</p> <p>Those children and young people who require additional communication support, i.e. BSL interpreters or talking mats, will be appropriately supported to share their stories and media.</p> <p>If BSL interpreters are used when completing the form, they must also sign the document alongside the child or any trusted adult to verify the interpretation of the document. This is in line with the NHS Fife Interpreting policy.</p> <p>Overall, this revised form and process is expected to positively impact this group for the above listed reasons.</p>
<p>Race and Ethnicity – <i>Note: Race = “a category of humankind that shares certain distinctive physical traits” e.g. Black, Asian, White, Arab</i></p> <p><i>Ethnicity = “large groups of people classed according to common racial, national, tribal, religious, linguistic or cultural origin/background”</i></p> <p><i>Think: White Gypsy Travellers, Black African, Asian Pakistani, White Romanian, Black Scottish, mixed or multiple ethnic groups.</i></p>	<p>We do not anticipate any impact on this group with the revised process and form. The new process will be inclusive of all race and ethnicities. If interpreters are required for either the child/young person or trusted adult, they will be provided as per the NHS Fife interpreting policy.</p>

<p>Sex – <i>Think: male and/or female, Gender-Based Violence</i></p>	<p>We do not anticipate any impact on this group with the revised process and form. The new process will be inclusive of both sexes.</p>
<p>Sexual Orientation - <i>Think: lesbian, gay, bisexual, pansexual, asexual, etc.</i></p>	<p>This consent form will be used by children and young people, regardless of sexual orientation. Should the young person’s story be relating to their sexual orientation or sexual health, this consent form will better equip them with an understanding of how their story will be used and the implications of this.</p>
<p>Religion and Belief - <i>Note: Religion refers to any religion, including a lack of religion. Belief refers to any religious or philosophical belief including a lack of belief.</i> <i>Think: Christian, Muslim, Buddhist, Atheist, etc.</i></p>	<p>We do not anticipate any impact on this group with the revised process and form. The new process will be inclusive of all religions and beliefs.</p>
<p>Gender Reassignment – <i>Note: transitioning pre and post transition regardless of Gender Recognition Certificate</i> <i>Think: transgender, gender fluid, nonbinary, etc.</i></p>	<p>This consent form will be used by all children and young people, regardless of gender reassignment. For those who have this protected characteristic, staff will utilise the SOP to ensure the children/YP fully understand the implications of sharing their story.</p>
<p>Pregnancy and Maternity – <i>Note: Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after birth.</i> <i>Think: workforce maternity leave, public breast feeding, etc.</i></p>	<p>This form will be used by the family nurse partnership, FNP, a service that supports new mums in need of additional support, such as young mums. This service often shares ‘graduation’ stories of children that have followed their pathway once they reach 2 years old. Mums that utilise this service whilst under 18, and wish to share their story or media, will utilise this consent form and process. As the new process is expected to be more informative, accessible and child-friendly, it is anticipated it will have a positive impact on this group.</p>
<p>Marriage and Civil Partnership – <i>Note: Marriage is the union between a man and a woman or between a same-sex couple. Same-sex couples can also have their relationships legally recognised as a civil partnership.</i> <i>Think: workforce, inpatients visiting rights, etc.</i></p>	<p>As this concerns under 18s, it is unlikely many young people (16-18) would be married or in a civil partnership, however, in the instance that they are, they will be treated equally with others in their age category and will therefore have equal access to this process.</p>

Question 5: Children’s Rights & Wellbeing Impact Assessment

From July 2024, the UNCRC is enforceable by law. This means public bodies must act compatibly with children’s rights. Please consider here any impacts of your

proposal on children’s rights as per the [UNCRC](#) articles. The UNCRC applies to all under 18s, with no exceptions.

Even if your proposal does not directly impact children, there may be indirect impact, so please work through the below regardless.

UNCRC Right	Anticipated Impacts & Relevant Mitigations
<p>Article 3 - Best Interests of the Child <i>Note: Consideration to how any proposal may impact children must be made. Decisions must be made whilst considering what is best for children.</i></p>	<p>The new process is expected to make improvements targeted at children and young people.</p>
<p>Article 6 & 19- Life, Survival and Development & Protection <i>Think: Children have the right to life. Governments should make sure that children develop and grow healthily and should protect them from things or people which could hurt them.</i></p>	<p>The new process is expected to support children& young people’s rights, providing opportunity for supportive discussions about what information they are sharing without taking away their right to privacy and making them feel unsafe as a result of information they have shared</p>
<p>Article 12 & 13 – Respect for Children’s Views and Access to Information <i>Note: every child has the right to have a say in decisions that affect them this could include making a complaint and accessing information.</i></p>	<p>The new process is entirely around children’s access to information and access to appropriately sharing their own information. The revised process is expected to positively impact both children’s access to info about them and to share info about themselves.</p>
<p>Article 22 & 30 – Refugee &/or Care Experienced Children <i>Note: If a child comes to live in the UK from another country as a refugee, they should have the same rights as children born in the UK. Some children may need additional considerations to make any proposal equitable for them (e.g. The Promise, Language interpretation or cultural differences).</i></p>	<p>The new process will be equally accessible to all children, including those protected by these acts.</p>
<p>Article 23 – Disabled Children <i>Note: Disabled children should be supported in being an active participant in their communities.</i> <i>Think: Can disabled children join in with activities without their disability stopping them from taking part?</i></p>	<p>The new process will be equally accessible to all children, including those with disabilities.</p>

<p>Article 24 & 27 – Enjoyment of the Highest Attainable Standard of Health <i>Note: Children should have access to good quality health care and environments that enable them to stay healthy both physically and mentally.</i></p> <p><i>Think: Clean environments, nutritious foods, safe working environments.</i></p>	<p>This new process will support children and young people’s rights to the best possible health. The process will ensure children and young people’s engagement is effective it should be continuous with appropriate opportunities to be involved in processes and developments.</p>
<p>Other relevant UNCRC articles: <i>Note: Please list any other UNCRC articles that are specifically relevant to your proposal.</i></p>	

Question 6: Please include in brief any evidence or relevant information, local or national that has influenced the decisions being made. This could include demographic profiles, audits, publications, and health needs assessments.

NHS Fife use photographs, videos and recordings to share service user experiences’ of services. These are used to both promote and raise awareness of services and for service managers to use in reports and updates for staff. The current consent form is aimed for an adult population and therefore NHS Fife Community Children’s Services identified that updating in a more accessible format would support the implementation of Children’s Rights into practice which is statutory requirement for public services under the UNCRC Implementation (SCOTLAND) Act 2024.

**Question 7: Have you consulted with staff, public, service users, children and young people and others to help assess for Impacts?
(Please tick)**

Yes	X	No	
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If yes, **who** was involved and **how** were they involved?

If not, why did you not consult other staff, patients or service users? Do you have feedback, comments/complaints etc that you are using to learn from, what are these and what do they tell you?

A group of young people were consulted on the development of the form and information sheet. Their feedback resulted in small changes being made to the form during development. The young people involved felt that all though the form was quite long, it did explain providing consent for photographs well.

Question 10: Which of the following ‘Conclusion Options’ applies to the results of this Stage 1 EQIA and why? Please detail how and in what way each of the following options applies to your Plan, Strategy, Project, Redesign etc.

Note: This question informs your decision whether a Stage 2 EQIA is necessary or not.

Conclusion Option	Comments
<p>1. No Further Action Required. Impacts may have been identified, but mitigations have been established therefore no requirement for Stage 2 EQIA or a full Children’s Rights and Wellbeing Impact Assessment. (CRWIA)</p>	
<p>2. Requires Further Adjustments. Potential or actual impacts have been identified; further consideration into mitigations must be made therefore Stage 2 EQIA or full CRWIA required.</p>	
<p>3. Continue Without Adjustments Negative impacts identified but no feasible mitigations. Decision to continue with proposal without adjustments can be objectively justified. Stage 2 EQIA /full CRWIA) may be required.</p>	
<p>4. Stop the Proposal Significant adverse impacts have been identified. Proposal must stop pending completion of a Stage 2 EQIA or full CRWIA to fully explore necessary adjustments.</p>	

PLEASE NOTE: ALL LARGE SCALE DEVELOPMENTS, CHANGES, PLANS, POLICIES, BUILDINGS ETC MUST HAVE A STAGE 2 EQIA /full CRWIA)

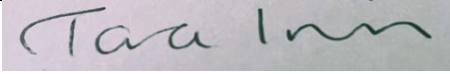
If you have identified that a full EQIA/CRWIA is required then you will need to ensure that you have in place, a working group/ steering group/ oversight group and a means to reasonably address the results of the Stage 1 EQIA/CRWIA and any potential adverse outcomes at your meetings.


For example you can conduct stage 2 and then embed actions into task logs, action plans of sub-groups and identify lead people to take these as actions.

It is a requirement for Stage 2 EQIA’s to involve public engagement and participation.

You should make contact with the Participation and Engagement team at fife.participationandengagements@nhs.scot to request community and public representation, and then contact Health Improvement Scotland to discuss further support for participation and engagement.

To be completed by Lead Assessor	
Name	Tara Irvin

Email	Tara.irvin@nhs.scot
Telephone (ext)	
Signature	
Date	18/11/25

To be completed by Equality and Human Rights Lead officer – for quality control purposes	
Name	Isla Bumba
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Telephone (ext)	
Signature	
Date	17/11/25

Return to Equality and Human Rights
Team at

Fife.EqualityandHumanRights@nhs.scot