

Fife Health
& Social Care
Partnership



United Nations Convention on the Rights of the Child

Children's Rights Report

NHS Fife and Fife Health and Social Care Partnership

First reporting period: July 2024 to March 2026



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Prepared by the NHS Fife and Fife Health and Social Care Partnership

UNCRC Implementation Group

About this document

NHS Fife and Fife Health and Social Care Partnership Children's Rights (UNCRC) Report.

Joint report on action taken to ensure compatibility with the United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Act 2024. Reporting period: July 2024 to March 2026.



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1. Introduction

1.1 Legislative context

The United Nations Convention on the Rights of the Child (UNCRC), adopted by the United Nations in 1989, sets out the rights to which all children and young people are entitled. The Convention applies to individuals under the age of 18 and comprises 54 Articles that collectively address all aspects of a child or young person's life.

In 2024, the Scottish Parliament enacted the United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Act 2024, which directly incorporates the UNCRC into domestic Scots law. The Act places statutory duties on public authorities to ensure that they do not act incompatibly with UNCRC requirements and to demonstrate and report on compliance with the Act.

1.2 Organisational context

Initially, a Fife UNCRC Short Life Working Group was established, with representation from NHS Fife and the Fife Health and Social Care Partnership (HSCP), to prepare for incorporation of the UNCRC. This group coordinated early self-assessment activity and the development of initial action plans.

Building on this work, a Fife UNCRC Implementation Group was subsequently established to facilitate and support the implementation of the Act across all relevant services within NHS Fife and the Fife HSCP, including services not directly focused on children but which have an impact on individuals under the age of 18.

The group is co-chaired by the Senior Manager for Community Children's Services and the NHS Fife Child Health Commissioner, with representation from a broad range of services across NHS Fife and the Fife HSCP. Its role is to provide strategic leadership for UNCRC implementation across Fife, coordinate staff training in line with national guidance, and identify and promote examples of good practice.

The UNCRC Implementation Group reports to Fife's Equality and Human Rights Steering Group. Executive oversight is provided by the Executive Director of Nursing for NHS Fife and the Director of Health and Social Care for the Fife HSCP.

1.3 Purpose of this report

As listed authorities, NHS Fife and Fife HSCP are required to produce a report addressing the following four areas, set out in Section 18 of the UNCRC Act:

1. Action taken during the reporting period to ensure compatibility with the UNCRC requirements as defined by the Act.
2. Action taken to secure better or further effect of children's rights.
3. Actions intended to be taken in the next three-year reporting period to ensure compatibility with the UNCRC requirements as defined by the Act.
4. Actions intended to be taken to secure better or further effect of children's rights.

This joint Children's Rights Report reports on work related to implementing the principles of UNCRC in health services and associated settings to meet this requirement for the first reporting period of July 2024 – March 2026. Reporting authorities are also required to produce a child-friendly version of their report. This will be developed, with support from NHS Fife's Corporate Communications and Engagement Team, to accompany the main report.



1.4 Children and young people in Fife

The most up-to-date available demographic data was collected from several sources, which report on different age ranges for children and young people.

National Records of Scotland data shows that as of 2024, an estimated 69,513 children aged under 18 live in Fife¹. Of these, 15,953 (22.9%) were pre-school aged, 27,287 (39.3%) were aged 5–11 years and 26,273 (37.8%) were aged 12–17 years.

¹ [Population estimates time series data - National Records of Scotland \(NRS\)](#)

The population of children represented 18.5% of the total population of Fife, in line with the national average (18.4%). Of children under 18, there were more males than females, 51.4% versus 48.6%.

At the 2022 Scottish census, 93.6% of children in Fife aged under 16 years were of white ethnicity, 2.8% were of Asian ethnicity, 2.1% were of mixed or multiple ethnicity and 1.4% were from other minority ethnic groups.

Latest Public Health Scotland data shows that 55,453 children aged 0–14 years in Fife were registered with a GP, while 61,296 children aged under 18 years were registered with a dentist.

2. Reporting approach

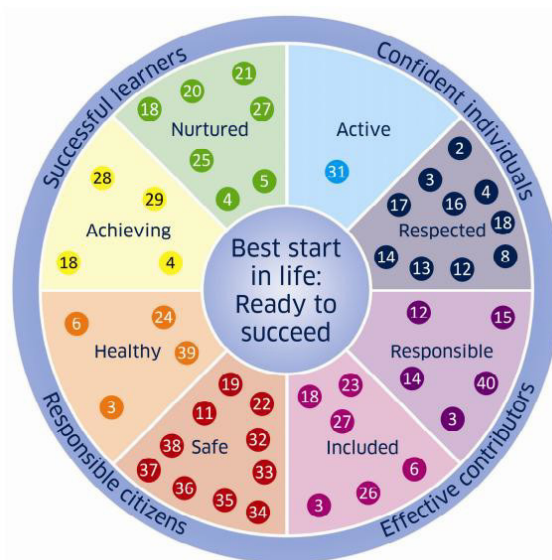
2.1 Report structure

The statutory guidance accompanying the UNCRC Act does not prescribe a specific format or approach for authorities' reports. The Fife UNCRC Implementation Group considered several options and agreed, in addition to presenting cross-cutting themes in line with the four areas above, to collect information from services framed around the Getting It Right for Every Child (GIRFEC) wellbeing indicators.

GIRFEC is described as Scotland's national commitment to provide all children, young people, and their families with the right support at the right time, so that every child and young person can reach their full potential. Since publication of its initial implementation plan in 2006, GIRFEC has promoted eight wellbeing indicators (Safe, Healthy, Active, Nurtured, Achieving, Respected, Responsible, Included, known as SHANARRI) to understand a child or young person's wellbeing at a given time.

The UNCRC was foundational to the development of the GIRFEC approach and work has taken place nationally to map the UNCRC articles to each of the wellbeing indicators, as shown in the Wellbeing Wheel².

Figure 1: SHANARRI Wellbeing Wheel



² [Stage 2 – Further Assessment of Impact - Child rights and wellbeing impact assessment external guidance and templates - gov.scot](#)

The SHANARRI indicators are well understood by colleagues within health services, and they naturally align with service delivery in a way that is adaptable across different contexts.

2.2 Data sources

To produce this Children's Rights Report, data from the following sources was collated and analysed:

- Local population demographics and service registrations (presented in introduction)
- Local reports and papers developed during the reporting period, including Children's Community Services frameworks, Children's Community Services annual reports, and Children's Community Services flash reports
- A bespoke workforce survey, shared with services across NHS Fife and Fife HSCP, incorporating the four key reporting areas described in section 1.3; assessment of compliance, in line with SHANARRI indicators; examples of good practice; and identification of gaps and opportunities

For each of the SHANARRI indicators, services were provided with information on how these mapped to the UNCRC articles and were asked to rate how well they felt their services aligned with these rights. The survey was completed at a service level, with no identifiable information on children or young people included.

Figure 2: SHANARRI child friendly graphic



2.3 Analysis

In total, 25 services responded to the workforce survey (a list of these can be found in Appendix A). In addition, a review was undertaken of local flash reports submitted by services across NHS Fife and the Fife HSCP during the reporting period.

A flexible thematic analysis was carried out, using data from the reports and survey, to identify emergent and recurring themes and priorities. GIRFEC and the UNCRC were used as guiding frameworks to align these themes to specific rights. Information on examples of good practice was also gathered from these sources and supplemented through engagement with the relevant services.

An integrated approach has been taken to reporting and action-planning, whereby intelligence gathered through the workforce survey and local service reports informs this report and will be used to underpin the action plan for the next reporting period.

3. Action taken during the reporting period

Activity during the reporting period is organised into key themes and presented alongside the specific UNCRC articles they relate to (Table 1). More detail on each theme, with examples, is provided below.

Table 1. Themes of action taken during the reporting period.

Theme	UNCRC articles
Embedding children's rights in systems, policy, and governance	2, 3, 12, 19, 24
Incorporating children's voice, views, and involvement	3, 12, 13
Non-discrimination, equitable access and reducing inequalities	2, 3, 24
Child-friendly communication and approaches	12, 13, 17, 24
Workforce development and training	24
Promoting GIRFEC / SHANARRI approach	3
Multi-agency / partnership working	3, 24

3.1 Embedding children's rights in systems, policy, and governance

To promote and prioritise children's rights within our health services, it is important that consideration of each article is built into routine systems, policies, processes, and service redesign.

Across Fife, children's rights have been embedded within service delivery through a range of mechanisms. This includes the integration of a robust Child Rights and Wellbeing Impact Assessment (CRWIA) within NHS Fife-wide Equality Impact Assessment (EQIA) processes, the development and review of service policies aligned with children's rights, and the implementation of child-centred escalation pathways where concerns or rights-related issues are identified.

An example of children's rights-based policy development within Fife is the implementation of a Child Not Brought (CNB) Policy within the Fife Public Dental Service (PDS). This policy has been fully implemented to uphold a child's right to access healthcare and to support safeguarding, recognising that missed dental appointments and untreated dental caries can be indicators of risk.

Under the CNB Policy, children who miss three consecutive appointments are escalated to the Named Person within the child's school, in line with the Fife Child Wellbeing Pathway, to ensure appropriate support is offered to the child and family to address barriers to dental attendance.

The PDS CNB Policy has been established for several years and is now being used as an example of good practice to inform and support the development of rights-based policies across other services, strengthening the promotion and protection of children and young people's rights across Fife.

“Community Children's Services have implemented a UNCRC reporting process to strengthen accountability through structured evidence gathering, quality assurance, and children's engagement, showing active integration of rights in governance.”

— Community Children's Services

3.2 Incorporating children's voice, views, and involvement

Children have the right to have their views respected (Article 12) and to express their thoughts and opinions (Article 13). Services can incorporate the voice of children into their delivery through providing opportunities to share feedback and in involving children in shaping service developments and decision-making.

A range of activity has taken place across services within Fife to ensure that children's voices are heard. Supporting much of this is the Participation and Engagement Framework which was developed by Fife Community Children's Services and refreshed in 2025 to support the UNCRC Act. The framework includes practical tips and tools to support and standardise meaningful involvement across services.

Child and young person involvement in service design and delivery has included the use of child-led feedback mechanisms, facilitation of focus groups, and the co-development of care plans with children and young people engaging with services. Examples are provided below.

- Maternity Services coordinated a 'bite and blether' session with young people who had received specialist support from the Vulnerable in Pregnancy (VIP) team. The session included input from Child and Adolescent Mental Health Services (CAMHS), Social Work, and the Family Nurse Partnership team, and provided young people with the opportunity to discuss and feed back on the care they received. This identified several strengths and challenges from their experiences which will continue to inform service improvements.

“Focus group work with children and young people has been beneficial in hearing what has gone well and what needs to change.”

— **Maternity Services**

- With CORRA funding, Fife Children's Services Partnership has facilitated extensive participation and engagement of children and young people to support the implementation of the UNCRC Act. This co-production approach has delivered key messages for children, young people, families, and duty bearers, presented in accessible formats. The findings were shared with children and young people's groups across Fife.

The resulting Fife Children's Rights Charter and associated resources reflect the partnership's commitment to embedding children's rights into everyday practice, aligned with existing strategies and policies.

3.3 Non-discrimination, equitable access and reducing inequalities

Article 2 of the UNCRC states that the Convention applies to every child without discrimination. Data gathered for this report has emphasised a focus within Fife on ensuring equity of access to services and that they are delivered in a non-discriminatory way.

Actions to promote equitable access and reduce inequalities include targeted early intervention to address the development and attainment gap, the implementation of 'opt-out' or passive-consent pathways to healthcare, and the use of an enhanced NHS Fife Equality Impact Assessment (EQIA) process to support the systematic and balanced identification and mitigation of equity gaps.

Further examples are detailed below.

- As the Named Person for preschool children, Health Visiting teams aim to improve equity of access and outcomes through assessing needs early and co-ordinating multi-agency support for children and their families.
- The Community Children's Nursing Service guarantees access to trained staff during school hours so that children with complex health needs can fully participate in education.
- Fife's PDS is carrying out a test of change at one primary school to implement toothbrushing across all primary school years, meaning that those pupils attending school would have at least one brush with fluoride toothpaste each day. This work aims to reduce the health inequalities gap and improve experience for children in Fife.
- Fife's PDS also offer a virtual tour around the Dental Theatre where procedures involving general anaesthetic take place to reduce potential barriers to attendance by reducing the need for parents, carers, and children to take more time off work or school for a theatre visit. This also reduces the number of visits and transport costs which can be a barrier to attending appointments.
- Fife's Learning Disability Service for Children and Young People has supported the rights of children with complex needs to not be in hospital and to live in the community. The team also supports children to have access to education in the hospital environment.
- Speech and Language Therapy support children with communication needs to access support through their Augmentative and Alternative Communication (AAC) service.

“Our AAC service can provide data and information in relation to Scotland's AAC legislation (2016) which ensures that children with communication needs are legally entitled to communication equipment and support. This is a direct fulfilment of their right to express their views and to be included.”

— **Speech and Language Therapy Service**

3.4 Child-friendly communication tools and approaches

To ensure that children can engage with services and express their views and opinions, it is essential that reliable information is provided to them in accessible formats. Several services in Fife have developed and implemented child-friendly communication tools during this reporting period, aligning with Articles 12, 13, 17 and 24. Examples include:

- Fife's PDS have developed child-friendly online resources to reduce anxiety before dental visits, including an online [animated video](#) for children requiring dental treatment and a child-friendly leaflet.
- Fife Specialist Palliative Care / District Nursing: Children and Families Counselling Team deliver both 1:1 counselling and group work with children, young people, and families. Their experience and skills ensure that a rights-based approach is core to their engagement with children and families.
- Fife Alcohol and Drug Partnership's (ADP) [Think Again](#) campaign was based entirely on lived experience feedback from the outset, with the campaign being developed and co-produced with children and young people.
- Fife Community Children's Services have developed a Standard Operating Procedure (SOP) for Consent for Media aimed specifically at children and young people.
- Fife Children's Rights Charter, and all associated resources, have been co-produced with children for children, in a child-friendly format, to highlight children's rights.
- The use of child-friendly communication formats and tools is a key component of service delivery across a range of services, including School Nursing and Speech and Language Therapy, supporting meaningful engagement with children, and ensuring information is accessible, understandable, and appropriate to their age and developmental stage.

“All therapists are trained in tools, such as talking mats, to support children and young people with communication difficulties to share their views and participate in decision-making.”

— **Speech and Language Therapy Service**

3.5 Workforce development and training

Since the implementation of the UNCRC Act, workforce development and training in children and young people's rights has been prioritised across services within Fife. This has served to both increase the awareness and understanding of UNCRC amongst health and social care staff and, in turn, contribute to Article 24, whereby children have the right to good quality healthcare and services.

The UNCRC Short Life Working Group and Fife UNCRC Implementation Group have sought to promote training and education across Fife health services. Of those services who completed the workforce survey, 80% had accessed bespoke UNCRC training during the reporting period (52% online; 28% face to face).

In addition to these training opportunities, staff in Fife have also engaged with a series of 7-minute briefings which aimed to serve as a reminder of the UNCRC Act requirements and to highlight key areas of development or relevant resources. Topics for these briefings include:

- The refreshed Fife Child Wellbeing Pathway
- The Team Around the Child (TAC)
- The Child's Plan
- Named Person and Lead Professional roles

The rollout of workforce training related to these has been led by the Education Quality Improvement and Participation (EQUIP) Team. Service feedback for this report has also highlighted completion of mandatory child protection training as a valuable tool for staffs' overall understanding of children's rights.

3.6 Promoting GIRFEC / SHANARRI approach

The UNCRC was foundational to, and aligns closely with, the GIRFEC approach in Scotland. With GIRFEC having been in place since 2006, many services have established pathways and processes that are based on this approach.

- All services within Community Children's Services have embedded GIRFEC and the SHANARRI indicators within their routine assessments and practice.
- Podiatry has included SHANARRI indicators within their electronic patient records and consideration of each of these takes place at each clinical encounter.
- In 2024, Fife's Child Wellbeing Pathway was refreshed to account for updated national GIRFEC guidance and the UNCRC Act. The pathway aims to support practitioners to work in partnership with children, families, and other services. The use of SHANARRI indicators for single and multi-agency assessments is promoted throughout the pathway.

3.7 Multi-agency / partnership working

While much of the information collated for this report came from individual services, a key theme that emerged was of a strong multi-disciplinary and partnership approach in Fife to ensuring compatibility with the UNCRC.

Services are working together to provide children with holistic care, which is in their best interests (Article 3). For example:

- Implementation of the National Child Protection Guidance (2023) and revised Inter-agency Referral Discussion (IRD) model has strengthened governance, decision-making and safeguarding practice across Children's Community Services.
- Adult Mental Health's Community and Specialist Pathways incorporate input from Health Visiting, Psychology, Infant Mental Health, and Maternity services to identify and address needs for all members of a family.
- Fife Alcohol and Drug Partnership (ADP) have developed and implemented a multi-agency approach to prevent drug-related deaths in children and young people, including a specific hospital liaison service with 24/48 hour community-based response for children and young people with a drug use issue who present at the Emergency Department or on a hospital ward.
- Fife Alcohol and Drug Partnership (ADP) has delivered a comprehensive multi-agency awareness campaign aimed at parents, carers, and young people. The campaign focuses on raising awareness of the risks associated with drug use, particularly those substances known to cause the greatest harm to children and young people in Fife.
- The Learning at Home resource, designed to be accessible to children and families, was co-developed by colleagues in education and allied health professionals to support participation in education.

“We have strong partnership working with health, education and social work colleagues to ensure children and young people's rights are considered holistically.”

— **Child and Family Psychology**

3.8 Summary of action taken

Analysis of activity from the first reporting period has identified a number of key strengths in the implementation of the UNCRC Act across Fife, aligned to the agreed thematic areas.

Central to this has been the establishment of the UNCRC Short Life Working Group, followed by the UNCRC Implementation Group, which provides a formal governance structure to support, oversee and provide assurance on UNCRC implementation activity across Fife. The creation of this partnership forum has ensured that implementation activity is subject to appropriate scrutiny and oversight, and that progress is considered at a system-wide level.

This whole-system approach, underpinned by senior leadership representation from a broad range of services, has ensured that responsibility for UNCRC implementation is shared collectively across Fife health services, rather than being viewed as the remit of any single service or function.

Evidence collated through the reporting process demonstrates a skilled and knowledgeable workforce, operating under clear and committed leadership, with a strong focus on ensuring services act compatibly with the requirements of the UNCRC Act.

4. Action planned for the next reporting period

Thematic analysis of local service reports and the workforce survey have identified a set of key themes to inform action planning for the next reporting period, to support continued compatibility with the UNCRC across NHS Fife and the Fife Health and Social Care Partnership (HSCP) (summarised in Table 2).

Further detail on each theme, including illustrative examples, is set out below. Many of the actions identified build on progress made during this first reporting period and focus on consolidating and further embedding existing activity.

Table 2. Themes of action planned for the next reporting period.

Theme	UNCRC articles
Improved participation and engagement	3, 12, 13
Policy review and reporting	2, 24
Workforce development and training	24
Development of child-friendly information and environments	3, 12, 13, 17

4.1 Improved participation and engagement

Though there have been some good examples of involving children and young people in service development and decision-making, there is recognition that more can be done in this area and many services are working to incorporate this into their planned activities.

Examples include:

- CAMHS are planning to re-establish their children and young people's reference and consultation group as a forum to gather feedback and opinions.
- Podiatry is carrying out engagement work with young people to ensure the service meets their needs.

- Adult Mental Health services are planning to involve children and young people in policy and service developments and are considering how they support young carers involved with family members in their service.
- Immunisation Services are engaging with children and young people in development of vaccination policy.
- Physiotherapy plan to host a Participation and Engagement workshop for all staff.
- School Nursing and Family Nurse Partnership will undertake training to further embed participation and engagement in service delivery.
- Speech and Language Therapy plan to expand their co-production models with children and young people, including those with additional support needs, to enable the voice of all children to be heard.

“We are involving children, young people, and communities in the development of vaccination policy to ensure their views are considered and to build trust.”

— Immunisation and CTAC

4.2 Policy review and reporting

As services continue to work towards embedding children's rights in their routine processes, a number are reviewing their existing policies or developing new ones to ensure compatibility with the UNCRC Act. Activity is also taking place to measure and report on policy actions that have been implemented. Examples include:

- The Health Promotion Service has integrated UNCRC into their annual service delivery plan, project plans and individual workplans to ensure staff have considered, incorporated, and recorded UNCRC actions. They are now planning to review how this is translating into practice.
- Podiatry and the Public Dental Service are making improvements to their 'child not brought' and child-friendly-complaints policies, respectively.
- Children's Community Services are developing their own 'child not brought' policy, based on learning from other partners.
- Urgent Care Services Fife are strengthening safeguarding processes by collaborating with child protection leads on a 'was not brought' policy for NHS Fife.
- Health Promotion Service are considering how they reflect UNCRC as part of any reporting including annual reports and case studies.
- An audit for the new NHS Fife EQIA process is scheduled for late 2026, to monitor compliance and effectiveness.

4.3 Workforce development and training

Evidence from services stressed that embedding UNCRC into everyday practice is best achieved by giving staff clear guidance, ongoing training, and practical frameworks that consistently support children's voices, rights-based decision-making, and participation across all services.

As outlined in section 3, a range of staff training has been delivered since the publication of the UNCRC Act, however services in Fife are continuing to prioritise workforce development over the next reporting period. Services will support staff to engage with child protection and children's rights training, while bespoke developments are being scheduled, including:

- Physiotherapy is holding a participation and engagement workshop with their staff.
- Immunisation and CTAC are supporting health workers to improve communication skills around vaccine hesitancy.
- Integrated Discharge Hub and Specialist Nursing Services are strengthening staff training in rights-based and trauma-informed practice.

4.4 Development of child-friendly information and environments

Ensuring information from services is shared in a child-friendly format is an ongoing theme for the next reporting period.

- The NHS Fife Corporate Communications and Engagement team are planning a content review of their public-facing website and staff intranet.
- Podiatry and Physiotherapy are reviewing existing patient information and developing resources in accessible formats.
- Fife's PDS are planning a new child-friendly resource on inhalation sedation.
- Urgent Care Services Fife are working in collaboration with the Outpatients Department at Victoria Hospital Kirkcaldy to provide a more child-friendly environment.
- Fife ADP are developing a campaign on risks of ketamine use targeted at children and young people and the wider workforce with an emphasis on early help and support.

“While children receive safe, equitable and responsive care, the out of hours service at VHK would benefit from more consistent child-friendly environments, as current facilities are primarily designed for adults and may not fully support comfort, communication or emotional wellbeing for younger patients.”

— Urgent Care Services Fife

4.5 Other planned actions

Evidence provided by services has highlighted further planned developments which cut across several themes and will promote children's rights and contribute to UNCRC compatibility.

- The Integrated Discharge Hub and Specialist Nursing Services are aiming to enhance multi-agency consistency, introduce improved communication tools, and embed children's rights more explicitly within assessment and planning frameworks. They are also focusing on improving documentation of the child's voice, expanding access to advocacy.
- Speech and Language Therapy are developing their understanding and use of data to further reduce inequalities and be better able to provide targeted support and/or early intervention.
- Addictions Services are carrying out development work with children and families to ensure those at most significant risk of harm and neglect are offered intensive support through a Multisystemic Therapy (MST) care model.
- The Learning Disability Service are working with Social Work colleagues to increase integrated patterns of working. A multi-agency working group has commenced looking at improvements to transition pathways.
- Fife ADP are developing an approach for young people affected by ketamine use and early identification / intervention pathways linked to Primary Care, young people, Social Work teams and Third Sector organisations.

5. Key gaps and opportunities

In addition to highlighting actions taken and planned during this reporting period, the information collated from services has identified some potential gaps in delivery and some key opportunities to further align services with the UNCRC across Fife. As with other elements of the analysis, these opportunities have been summarised under cross-cutting themes below.

5.1 Consistent guidance and documentation

Efforts to ensure that children's rights are embedded in service delivery would benefit from consistent guidance and documentation.

Services are currently using different paperwork and systems to document encounters with children and to capture their views. Aligning and streamlining documentation, where possible, could support staff to better record and share data in relation to UNCRC. There is also an opportunity to consider what additional guidance could be developed for adult services to promote children's rights in their service design and delivery.

5.2 Ongoing staff communications

Regular updates and communications can play an important role in supporting staff to prioritise children's rights in their practice.

The development of this Children's Rights Report provides an opportunity to share details of progress made with the workforce and to spotlight specific examples of good practice.

Updating the NHS Fife website and intranet could help to platform UNCRC content, while services have recommended the introduction of prompts and reminders within patient management systems.

5.3 Workforce development and training

Alongside regular communications, formal training for the workforce should continue to be prioritised.

Efforts should be made to ensure that all services across NHS Fife and Fife HSCP have accessed bespoke UNCRC training, in addition to mandatory Child Protection courses.

From the workforce survey, several services felt that further training and children's rights resources would support them to embed UNCRC in their daily practice. Scoping to understand what training content and format would best meet these needs should be completed.

5.4 Support for child and young person engagement

Meaningful participation and engagement with children and young people is integral to ensuring that children's voices are heard, and that services are designed and delivered in their best interests.

As highlighted in this report, there have been some good examples of engagement with children in this reporting period, while other services have activity planned for the coming months. However, analysis of service data indicates that more could be done in this area, with services requesting resources and guidance to support this. Additional promotion of the Participation and Engagement Framework developed in Children's Community Services could equip services to involve children and young people in their developments. A system-wide method for routinely capturing and analysing children and young people's voices has also been proposed and could be explored.

5.5 Multi-disciplinary working

Much of the action taken within NHS Fife and Fife HSCP to ensure compatibility with UNCRC has been strengthened by multi-disciplinary input.

The data collected for this report has identified that more work is required to support partnership working across services working with children and young people. Opportunities to collaborate and share learning should be sought. Specifically, several healthcare services highlighted a need for closer working relationships and shared processes with colleagues in education to promote children's rights.

“We can better recognise when health issues are impacting a child's right to education by strengthening routine information-sharing between health and education, using standardised tools to flag attendance or learning concerns linked to health, and ensuring every practitioner proactively considers whether a child's health needs are limiting their ability to learn, participate or attend school.”

— Community Children's Services

5.6 Increased capacity and resource

Services across NHS Fife and Fife HSCP are under significant demand and often work with children and young people who have complex needs.

In producing this Children's Rights Report, it is recognised that services would welcome increased capacity and resource to focus on UNCRC requirements, particularly in engaging with children and involving them in service developments.

5.7 Summary of gaps and opportunities

While it is reassuring that much of the activity already planned for the next reporting period (section 4) is aimed at addressing some of the specific gaps identified, the additional data collated for this report will support the UNCRC Implementation Group to ensure that further developments are appropriately designed and targeted.

6. Example of good practice: NHS Fife EQIA process

Information gathered through service reports and the workforce survey has highlighted an awareness of children's rights and efforts to embed these in practice across services in Fife. The improvement work for NHS Fife's EQIA process represents a board-wide development which warrants further highlighting as an example of good practice.

In 2025 NHS Fife commissioned an independent Learning Review, led by an external agency, to help understand how to continue to strengthen equality, inclusion, and diversity across everything the organisation does. As part of this Learning Review, NHS Fife EQIAs were identified as a key workstream for improvement. Between Autumn 2025 and Spring 2026, significant work has been undertaken to enhance both the processes and documentation associated with NHS Fife EQIAs.

A decision was taken to retain CRWIAs within the NHS Fife EQIA process. This approach aims to promote completion and improve compliance, while also supporting the mainstreaming of children's rights across all areas of the organisation, rather than limiting consideration of children's rights to a standalone process.

As part of this review, the EQIA process was also streamlined from a two-stage process to a simpler single-stage one, supported by a supplementary Screening Tool to aid decision-making and governance at an early stage.

Four key outputs have been produced as part of this work:

- 5.** EQIA Framework: a new document outlining NHS Fife's organisational approach to EQIAs, including governance arrangements and oversight.
- 6.** EQIA Screening Tool: a new tool to support proportionate and consistent decision-making on whether an EQIA (including a CRWIA) is required, strengthening governance and accountability.
- 7.** EQIA Template: a fully revised EQIA template designed to improve the robustness of evidence gathering and impact assessment, including a newly designed and strengthened CRWIA section.
- 8.** EQIA Guidance: a comprehensively revised guidance document providing step-by-step support for Lead Assessors throughout the EQIA process, from early consideration of whether an EQIA is required, through completion of the template, to publication and final sign-off. This guidance includes a dedicated section on how to effectively complete the CRWIA component.

Implementation of the revised process and associated documentation is expected in early Spring 2026. Progress will be reported annually to the Equality and Human Rights Steering Group, with an initial progress update after the first six months of implementation. Formal auditing of the process is expected to take place after one year. Evidence from these reports and audit will be included in NHS Fife and Fife HSCP's Children's Rights Report for the next reporting period.

7. Forward plan

A key element of this report's requirements is in detailing actions that are intended for implementation in the next reporting period to ensure compatibility with the UNCRC Act. The findings reported on here have identified some specific actions that are underway or in development (section 4) and some broader opportunities for improvement (section 5).

7.1 Action planning

The Fife UNCRC Implementation Group will develop a detailed action plan for the next reporting period. This will utilise the data gathered for this report and will involve further analysis of this and engagement with services. Specific actions will be aimed at addressing the gaps highlighted in section 5 of this report along with other activities that are recommended through the action-planning process. Key areas for action are likely to include:

- Identifying / increasing capacity for participation and engagement work
- Improving the use of the new NHS Fife EQIA / CRWIA process within service planning
- Developing child-friendly communications across services
- Improving consideration of children in contact with adult services
- Improving consideration of specific needs of children in certain groups e.g. care experienced and young carers

7.2 Review of reporting approach

Alongside the development of the action plan, the UNCRC Implementation Group will review the approach taken for collating and analysing data for the purpose of this report. This will inform the plan for the next Children's Rights Report through consideration of what additional data sources could aid assessment of compatibility with the UNCRC Act and how / when this should be collected. Appraisal of opportunities to introduce trend analysis and year-on-year benchmarking to demonstrate progress could be completed.

8. Conclusion

Since publication of the UNCRC (Incorporation) (Scotland) Act in 2024, wide-ranging activities have taken place across NHS Fife and Fife HSCP to ensure compatibility with the Act's requirements and to secure better or further effect of children's rights in Fife. The actions detailed in this report and the plan to build on these in the next reporting period, under the oversight of the UNCRC Implementation Group, underline the strong commitment within NHS Fife and Fife HSCP to embed and prioritise children's rights within all services.

Appendix A: Services that completed the UNCRC workforce survey

NHS Fife / Fife HSCP services that completed the UNCRC workforce survey:

Service	
NHS Fife Corporate Communications and Engagement	Fife Child and Adolescent Mental Health Services
Urgent Care Services Fife	NHS Fife Podiatry Service
NHS Fife Equality and Human Rights	Fife Child and Family Psychology
Fife Hospital at Home	Preventative and Primary Care Physiotherapy
Fife HSCP Health Promotion Service	Fife Immunisation and Community Treatment and Care services
Fife HSCP Adult Mental Health Urgent, Acute and Intensive Care Pathways	Fife Community Children's Services
Fife Public Dental Service	Fife School Nursing and Family Nurse Partnership
Integrated Discharge Hub and Specialist Nursing Services	Fife Specialist Palliative Care / District Nursing
Fife Adult Mental Health Services	Fife Children and Young People's Speech and Language Therapy Service
Community Mental Health Team, Glenrothes	NHS Fife Learning Disability Service
Fife Alcohol and Drug Partnership	Emergency Department
Fife Maternity Services	Health Visiting



Accessibility and contact

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Fife UNCRC Implementation Group

For queries about UNCRC implementation in NHS Fife and the Fife HSCP, please contact the group via your service lead or NHS Fife Corporate Communications and Engagement.