Children’s Health Scotland (CHS) welcomes the efforts made by The Scottish Parliament’s Equalities and Human Rights Committee (EHRiC) to seek views on the delivery of national equalities and human rights priorities as part of its scrutiny of the Scottish Government’s Budget for 2020-21.

CHS would like to see greater visibility and investment given to the health rights of children and young people.

At CHS our aim is for all children and young people to have the best possible start in life, so that they grow up happy, healthy and safe with the opportunity to fulfil their potential. We are responsible for continually driving awareness of children’s health in Scotland. How we do this is informed by our Vision, which is “for every child and young person in Scotland to realise their right to the best quality healthcare” and our Purpose, which is “to make sure children and young people get the treatment they need”.

The health and wellbeing of children and young people lies at the heart of our work and this aligns with the aims and aspirations of the Children and Young People (Scotland) Act 2014. The rights and needs of sick children, young people and their families are widely protected and promoted through our work which is underpinned by the ten principles of the EACH Charter and their corresponding rights as set out in the UNCRC.

CHS is the only charity in Scotland dedicated to informing, promoting and campaigning on behalf of the needs of all children and young people within our healthcare system. We work to inform children and young people, and their parents and carers of:

- **Health rights and responsibilities.**
- **Where to access information and support.**
- **What they should expect from health service providers.**

Ultimately, we want to empower children and young people to participate in decisions about their treatment and care.

To achieve this, we work in partnership with children and young people, the Scottish Government, NHS, the voluntary sector and health professionals so that health services are planned in child-focused environments that are equipped with appropriate ratios of trained staff. We actively promote the use of evidence-based practice to provide high quality healthcare services at home and in hospital, while working to obtain equality of services and access across Scotland.
What are the key public policy areas where individuals and protected groups are struggling to access their rights?

Children and young people require special attention in respect of their health rights because of their particular vulnerabilities and their reliance on adults. Although they have rights, they are dependent on others to give effect to their rights. Key public policy areas and strategic developments where children and young people can struggle to access their right to the best quality healthcare include:

- The UN Convention on the Rights of the Child with a focus on protecting the healthcare rights of children and young people.
- The rights of children and young people as enshrined in the European Association for Children in Hospital (EACH) Charter
- The Health and Social Care Standards that set out what we should expect when using health, social care or social work services in Scotland. They seek to provide better outcomes for everyone.
- The Scottish Government Policy on Maternal and child health that focuses on the development of a Child and Adolescent Health and Wellbeing Action Plan which will cover both physical and mental wellbeing.
- The Scottish Government Policy on Getting it right for every child (GIRFEC) that supports children and young people so that they can grow up feeling loved, safe and respected and can realise their full potential.
- The Scottish Government Policy on Human rights with particular reference to children’s rights: we want to recognise, respect and promote children’s rights. These include rights to be treated fairly, to be heard and to be as healthy as possible.
- The outcomes of the Health and Social Care Delivery Plan.

Which groups of people are most likely to be affected and why?

The following groups of people are likely to struggle with their right to the best quality healthcare.

- Children and young people who are ill or coping with experience of hospitalisation, medical or dental treatment. The impact of illness, especially chronic illness, can be severe. Children and young people are at risk from social isolation, difficulty in making friends, poor mental health and wellbeing and poorer educational and career outcomes due to missing school. Some find it difficult to be open about their illness. Many are bullied for being ‘different’ eg because of taking medication or because they cannot take part in the same
physical activities as their peers.

- Children and young people transitioning through childhood, adolescence and into adulthood which are particularly difficult for those with long-term health conditions. Adolescents with long-term conditions often engage in risk taking behaviours eg not taking medication or attending appointments.

Transition from primary to secondary can be difficult as is transition from paediatric to adult health services if there is inadequate psychological preparation and support.

- Children and young people with long-term health conditions. This group need specialist help to focus on their right to be healthy, to feel less alone, to feel part of a group, to know they are able to make friends, to feel more confident and better equipped to deal with their condition through developing coping skills and strategies.

- Children and young people with mental health and wellbeing problems which affect about 1 in 10 children and young people. Mental health and wellbeing should have the same importance and rights as physical health for children and young people. Children and young people with these health problems need help to focus on increasing mental and physical wellbeing so they can manage stress, emotions, friendships, feelings, healthy eating, talking with parents/carers, teachers and health professionals. This can be partly achieved through self-management that puts children and young people living with long- term health conditions back in ‘the driving seat’. It supports and encourages children and young people to access information and to develop skills that will enable them to live their lives on their terms.

What type of public sector funding (European, national or local) is provided to your organisation to support vulnerable groups and those with protected characteristics to access public services?

CHS currently receive core funding from the Scottish Government through The Children, Young People and Families Early Intervention Fund which aims to support activities which build opportunities and improve outcomes for children, young people and their families. This funding ends in March 2020 and we are now in the process of submitting a funding application for the Families and Community Fund - a new Scottish Government fund to help support children, young people and families.

Core funding from the Scottish Government allows us to operate as an independent organisation – not part of any health board or hospital – so we can give parents information on any aspect of healthcare for children and young people. It enables us to help children and young people to exercise their rights to healthcare and to have these rights upheld, and their healthcare needs met, in partnership with their parents, carers and professionals.

Our Purpose is ‘to make sure children and young people get the treatment they need’ and we are the only charity in Scotland dedicated to informing, promoting
and campaigning on behalf of the needs of all children and young people within our healthcare system.

**Is the level of public sector funding provided enough to deliver national priorities and better outcomes for people and communities, please provide evidence?**

No. Without doubt CHS could help more children and young people access their right to the best quality healthcare with additional funding. We could place more Children’s Health and Wellbeing Services in local authority areas and support more Health Boards with additional funds. We could deliver more training (induction programmes, digital learning tools, special smiles training, training for kinship and foster carers, be part of service re-design group and help boards to use a rights-base approach to services (ie Rights of the Child Group) with additional funding.

**Are there public funding challenges for the third sector; if so what would be the implications for delivering equalities and human rights outcomes?**

Yes. The third sector organisations continue to face the twin challenges of increasing demand against a backdrop of funding challenges, particularly shrinking public sector budgets and the direct and knock-on effect of local authority cuts on voluntary organisations and the communities they work in. According to some of the latest research from SCVO, the third sector is very concerned about the overall financial picture. 34% think their own organisation’s financial situation will deteriorate. 75% think that the financial situation for the sector will worsen, and 82% are worried about the challenges created by funding cuts. 81% of respondents expect demand to increase, up from 72% in 2017.

One of the main challenges for CHS is securing long-term funding to deliver rights-based services relating to health and wellbeing for children and young people. We all seem to be competing for the same pot of money and sometimes the smaller, rights based third sector organisations struggle. Many no longer have unrestricted core funding and find themselves chasing smaller pots of money, often in partnerships that are financially and emotionally expensive. Having to run faster to stand still is an emerging trend as is the need to become more competitive. One minute you can be partnering with organisation on a project or service and the next you can be competing for income from the same Trust or Foundation.

**What type of administrative systems are in place to monitor the impact on equalities and human rights outcomes from public sector funding to the third sector?**

CHS continually monitors our impact and we evidence our outcomes in funding reports. Training and consultation with Evaluation Support Scotland has informed our evaluation methodology and we’re committed to measuring and understanding our impact, making the most of our resources and achieving outcomes that matter. We use Logic Modelling to show the link between activities and outcomes, and various methods of collating information to measure impact. This enables us to learn lessons for continual
improvement. It also allows us to evidence the high quality, collective impact of our work to demonstrate how we make a difference.

**What changes could be made to improve accountability for national priorities being delivered by the public sector in partnership with the third sector?**

CHS believe that overwhelmingly the intrinsic motivation for people within our sector is that they want to make the lives of children and young people better, and that this can easily be forgotten in designing accountability for national priorities. However, accountability can vary dependent on the priorities. CHS would like the following to be considered when making changes to improve accountability for national priorities being delivered:

1. Better engagement with the third sector to support their participation in national priorities being delivered by the public sector.
2. Treating as a priority the views and voices of those less empowered and not traditionally heard, especially children and young people who are sick and in need of help.
4. Taking into consideration accountability that the third sector already deliver to funders.
5. Creating a ‘level playing field’ on which third sector organisations can compete.
6. Increasing transparency through the publication of performance information.