



Children's
Health Scotland

On My Way

A Picture of Children's Health Rights Across Scotland



Helping other children



Finding my voice



Making new friends



Changing the world



Feeling more confident



Better health



A brighter future



Knowing my rights

Children's Health Scotland
National Health Rights
Report 2026



MY HEALTH, MY RIGHTS

CHILDREN AND YOUNG PEOPLE'S CHARTER

This Charter has been created by children and young people living with health conditions in Scotland. In no particular order, it shows their 10 most important health rights. They asked for them not to be numbered, as they are all equally important in their own right.

At Children's Health Scotland, we listen to what children and young people tell us about their health and wellbeing, and support their right to the best possible health. We think this Charter is amazing and send a big thank you to every individual who has helped to create it.

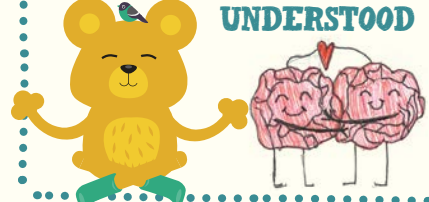
A RIGHT TO INFORMATION IN A WAY WE UNDERSTAND



A RIGHT TO BE EDUCATED ON OUR HEALTH



A RIGHT TO HAVE MY BELIEFS RESPECTED, PROTECTED AND UNDERSTOOD



A RIGHT TO ACCESS BENEFICIAL FOOD AND WATER



A RIGHT TO FUN



A RIGHT TO SAFE SPACES



A RIGHT TO RESPECT, PRIVACY, AND DIGNITY



A RIGHT TO KNOW A TRUSTED ADULT CAN STAY WITH US



A RIGHT TO BE HEARD AND RESPECTED



www.childrenshealthscotland.org

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On My Way

A Picture of Children's Health Rights Across Scotland

Children's Health Scotland National Health Rights Report 2026

Listening to the views and voices of
children and young people, families,
health professionals and education
professionals across Scotland.

Contents

Foreword	Pages 4-5
Key Findings.....	Page 6
Why this Report Matters	Page 8
About this Report	Page 9
Executive Summary	Pages 11-13
Chapter One: Children and Young People	Pages 15-29
Chapter Two: Parents and Carers	Pages 31-39
Chapter Three: Health Professionals	Pages 41-53
Chapter Four: Education	Pages 55-71
Chapter Five: Conclusion	Pages 73-74



FOREWORD

THE HEALTH RIGHTS DEFENDERS



We are the Health Rights Defenders. We are children and young people from across Scotland who care about children's health rights and want every child to have the best possible health.

We helped Children's Health Scotland think about the questions that matter to children and young people. We wanted to know whether children feel listened to, whether they understand what is happening to them, whether they get help when they need it and whether adults respect their rights.

This report contains lots of information, statistics and experiences from children and young people, families, health professionals and education professionals. We know some of it is complicated and not all children will read the full report. That's why we hope there will also be a child-friendly version so more children and young people can understand what people told us and what needs to happen next.

What we do understand is that some things came up again and again.

- Children want adults to listen to them.
- They want information explained in ways they can understand.
- They want to be involved in decisions about their health and wellbeing.
- They want support to be there when they need it.

- They want more support in education.
- They want adults to remember that they are the experts in their own lives.

We also know that good health is about more than hospitals, doctors and appointments. It is about being able to learn, play, spend time with friends and family, feel safe, have fun and look forward to the future.

The stories shared in this report show that many people are working hard to support children and young people. They also show that there is still more to do to make sure every child experiences their rights in practice, not just on paper. We hope everyone who reads this report listens carefully to what children and young people have said. Most importantly, we hope it leads to real change.

Every child deserves to be heard.
Every child deserves the best possible health. Every child deserves the chance to achieve their full potential.

The Health Rights Defenders

Children's Health Scotland



FOREWORD

Every child has the right to the best possible health.

That principle is recognised through the United Nations Convention on the Rights of the Child (UNCRC), reflected within Scotland's policy landscape and embedded within the values that underpin services for children and young people. Yet rights are only meaningful when they are experienced in practice.

This report presents the findings of Children's Health Scotland's National Health Rights Survey and captures the views and experiences of more than 1,100 children and young people, parents and carers, health professionals and education professionals from across Scotland. Together, their voices provide a powerful picture of what children's health rights look like in everyday life.

The findings reveal much to celebrate. Across Scotland, children, families and professionals described examples of compassionate care, trusted relationships, meaningful participation and rights-respecting practice. They highlighted professionals who take time to listen, services that work collaboratively and examples of support that make a real difference to children's lives.

However, the findings also challenge us to do more.

A consistent message emerged throughout the Survey: understanding children's rights does not always mean experiencing children's rights.

Children told us they want to be listened to and involved in decisions about their health. Families described the challenges of navigating systems and securing timely support. Health and education professionals spoke openly about increasing demand, workforce pressures and the barriers they face in delivering the support they know children need.

Perhaps most significantly, the report highlights concerns about delays in accessing support, particularly within mental health and neurodevelopmental services. Across all groups, participants questioned whether children are always receiving help early enough and consistently enough to realise their right to the best possible health.

The findings remind us that children's health rights are not realised through policy alone. They are realised through everyday experiences; through relationships, through participation, through access to support when it is needed, through the moments when children feel listened to, respected and valued.



For Children's Health Scotland, this report represents far more than the results of a survey. It reflects the voices, experiences and aspirations of children and young people across Scotland. We are particularly grateful to the children and young people who shared their views, experiences and drawings, helping us better understand what health, wellbeing and rights mean from their perspective.

We hope this report will strengthen understanding of children's health rights, stimulate discussion, inform policy and practice, and support action across Scotland. Most importantly, we hope it reminds all of us, whether we are professionals, policy makers, parents, carers or members of our communities, that every child deserves to realise their full potential and has the right the best possible health.

The voices contained within these pages provide both encouragement and challenge. They remind us how far Scotland has come, while also highlighting the work that remains. We invite you to listen to these voices, reflect on these findings and join us in ensuring that children's health rights are not only understood, but experienced consistently by every child.

M A Simpson

Maggie Simpson, Chair,
Children's Health Scotland

Helen Forrest

Helen Forrest, Chief Executive,
Children's Health Scotland

KEY FINDINGS

1 Scotland has made significant progress in embedding children's rights

There was strong support for children's rights across all groups, with positive examples of participation, compassionate care, rights-based practice and UNCRC-informed approaches.

Key message: Scotland has strong foundations on which to build further progress.

2 Awareness is increasing, but implementation remains inconsistent

Across all respondent groups, families, professionals and children described a growing disconnect between children's knowledge of their rights and their day-to-day experiences of services.

Key message: The challenge for Scotland is no longer awareness alone, but implementation.

3 Mental health and neurodevelopmental waiting times are the most significant national concern

This was the strongest and most consistent finding throughout the survey. Respondents reported:

- Long waiting times
- Limited support while waiting
- Escalating needs during delays
- Concerns about children reaching crisis before support becomes available

Key message: Improving support while children wait may be as important as reducing waiting times themselves.

4 Families continue to carry a significant advocacy burden

Many families reported that access to support often depends on their ability to navigate complex systems, challenge decisions and persist with referrals. Families also highlighted the challenges of accessing information, financial support and practical assistance, raising concerns that support is too often dependent on a family's knowledge, confidence and ability to identify available help.

Key message: Access to support should be determined by children's needs, not a family's ability to navigate the system.

5 Educational settings are increasingly responding to health needs

Schools are playing a growing role in supporting mental health, wellbeing and neurodevelopmental needs while specialist services remain difficult to access.

Key message: Schools are critical partners in delivering children's health rights and require appropriate support.

6 Children want adults to speak directly to them

Children consistently highlighted the importance of being listened to and included in conversations about their own health. As one child told us: "Sometimes doctors and nurses explain what is wrong to my parents and not to me. This makes me feel like I don't matter."

Key message: Children value participation, communication and being recognised as rights holders in their own right.



WHY THIS REPORT MATTERS

Children's Health Scotland is Scotland's national children's health rights charity. For 50 years, we have worked to support the right of every child to the best possible health. By working alongside children, young people, families, carers, educators, health professionals and policymakers, we strive to ensure that children's voices and experiences help shape healthcare, policy and practice across Scotland. Throughout that time, listening to children, young people and families has been at the heart of our work.

Children's Health Scotland has a long history of listening to children, young people and families about their experiences of healthcare.

In 1985, the organisation, then known as the National Association for the Welfare of Children in Hospital - NAWCH (Scotland), undertook one of Scotland's earliest national surveys exploring parental access, family facilities and children's experiences within hospital settings. The survey examined issues including parental presence, accommodation, visiting arrangements, play opportunities, education, preparation for surgery and support for families during a child's hospital stay.

Follow-up surveys were undertaken in 1988, 1991, 1995, 2000, 2005-7, 2012-13 and 2018-2019, helping to influence improvements in children's healthcare environments and ensuring that the experiences of children and families informed policy and practice across Scotland.

Forty-one years later, Scotland has changed significantly. The incorporation of the United Nations Convention on the Rights of the Child (UNCRC), the development of Getting It Right For Every Child (GIRFEC), The Promise and increasing recognition of children's participation rights have all strengthened the policy landscape surrounding children's health and wellbeing.

Yet an important question remains:

“ Do children and young people experience these rights in practice? ”

This 2026 report builds on four decades of evidence gathering by Children's Health Scotland. Unlike previous surveys, which focused primarily on hospital experiences, this survey captures a much broader picture of children's health rights across Scotland, bringing together the voices of children and young people, families, health professionals and education professionals.

The result is one of the most comprehensive national pictures of children's health rights ever undertaken in Scotland and provides an important benchmark for future improvement. Importantly, it establishes a new national baseline against which progress in children's health rights can be measured in the years ahead.



ABOUT THIS REPORT

Why did we do it?

Children's Health Scotland believes that every child has the right to the best possible health. While Scotland has made significant progress through the incorporation of the United Nations Convention on the Rights of the Child (UNCRC), Getting it right for every child (GIRFEC), The Promise and the European Association for Children in Hospital and Healthcare (EACH) Charter, less is known about how these rights are experienced in practice by children, young people and families.

The National Health Rights Survey 2026 was undertaken to

provide a national picture of children's health rights across Scotland. The survey sought to understand what is working well, where barriers remain and what changes are needed to ensure every child can realise their right to the best possible health.

The survey was also informed by Children's Health Scotland's 2024-2030 Strategic Plan, our manifesto Every Child's Right to Health, and the experiences of our Health Rights Defenders: children and young people with lived experience of navigating health and support services and systems.

Who took part?

The survey gathered evidence from multiple groups with a direct interest in children's health and wellbeing:

By the Numbers



How did we gather evidence?

Children's Health Scotland adopted a mixed-method approach, combining quantitative and qualitative evidence. Evidence was gathered through:

- Online surveys.
- School engagement activities and assemblies.
- Health Rights Defender participation activities.
- Family Participation Group engagement.
- Health-related play activities.

- Direct engagement through Children's Health Scotland programmes and networks.
- Children's drawings and creative activities designed to ensure younger children could participate in meaningful and age-appropriate ways.

This approach enabled children and young people to share their experiences in a variety of ways and ensured that participation was accessible, inclusive and child-centred.

Understanding children's health rights

The survey was informed by:

- The United Nations Convention on the Rights of the Child (UNCRC), particularly Article 24 (Health), Article 12 (Participation), Article 23 (Disability) and Article 31 (Play).
- Getting it right for every child (GIRFEC).
- The Promise.
- The European Association for Children in Hospital and Healthcare (EACH) Charter
- These frameworks provide the foundation for assessing whether children's health rights are being experienced in practice.

Interpreting the findings

The findings presented within this report represent the experiences, perceptions and views of those who took part in the survey.

The survey was designed to understand lived experience rather than provide a statistically representative sample of Scotland's population. The findings should therefore be viewed as an important insight into how children's health rights are experienced across Scotland and as a source of evidence to inform policy, practice and future improvement.



EXECUTIVE SUMMARY

At a Glance

The Children's Health Scotland National Health Rights Survey 2026 provides one of the most comprehensive pictures of children's health rights ever undertaken in Scotland. It brings together the experiences of children and young people, families, health professionals and education professionals to explore whether children's health rights are being realised in practice.

More than 1,100 voices contributed to the report, including children and young people, parents and carers, health professionals and education professionals. Alongside survey responses, 224 children shared their experiences through drawings and creative activities, ensuring younger children were able to participate in meaningful and age-appropriate ways.

The findings present a picture of both progress and challenge.

There is strong evidence that awareness of children's rights is increasing across Scotland. Children, families and professionals recognise the importance of rights, participation, dignity and respect. Many respondents described positive experiences of care, support and partnership working.

However, a consistent theme emerged across every respondent group:

Children increasingly know their rights, but they do not always experience those rights in practice.

Long waiting times, difficulties accessing support, inconsistent participation in decision-making and growing pressure on services continue to affect children's ability to realise their right to the best possible health.

SEVEN NATIONAL KEY FINDINGS

1 Scotland has strong foundations for children's health rights.

84% of children and young people reported that their rights were respected when using services that support their health, while 89% of health professionals and 95% of education professionals reported awareness of their responsibilities as duty bearers under the UNCRC and GIRFEC. These findings suggest that awareness of children's rights and rights-based approaches is increasingly embedded across Scotland's health, support and education systems.

3 Mental health and neurodevelopmental pathways are under significant strain.

56% of parents and carers, 61% of health professionals and 73% of education professionals reported significant delays and challenges accessing mental health and neurodevelopmental services. This was the strongest and most consistent concern raised throughout the survey and was identified by every respondent group.

5 Educational settings are increasingly filling service gaps.

98% of education professionals reported confidence in supporting children with physical health needs and 89% reported confidence supporting mental health needs. However, 76% identified school resource limitations and 70% identified delays in external support services as significant barriers. These findings suggest schools and educational settings are playing an increasingly important role in responding to children's health and wellbeing needs.

2 Rights awareness has grown faster than rights realisation.

65% of parents and carers reported feeling confident in understanding their child's health rights, yet only about half (52%) felt listened to and treated as equal partners in decisions affecting their child's health. Across all respondent groups, a consistent gap emerged between understanding rights and experiencing rights in practice.

4 Families continue to carry a significant advocacy burden.

Only 44% of parents and carers reported finding it easy to advocate for their child's health needs. Many families described spending considerable time navigating complex systems, pursuing referrals and challenging decisions in order to access support.

6 Children want adults to speak directly to them.

80% of children and young people reported feeling listened to and taken seriously, while 83% said they could have a say in decisions about their care and support. However, children's comments revealed that participation is not always experienced consistently, with many describing situations where adults spoke to parents or carers rather than directly to them.

7 Families need better access to practical, financial and rights-based support.

79% of health professionals and 89% of education professionals reported being unaware of the Young Patients Family Fund (YPFF). These findings suggest opportunities to improve awareness of financial assistance, practical support and rights-based information available to families caring for a child with health needs. Families should not have to discover support by chance.

What Scotland's Children Told Us

Children want:

- To be listened to.
- To understand what is happening.
- To be involved in decisions.
- To have access to trusted adults.
- To receive support earlier.
- To continue to play, learn and enjoy childhood even when they have health conditions, concerns and/or disabilities.

What Families Told Us

Families want:

- Easier access to support.
- Better communication.
- More support while waiting.
- Systems that are easier to navigate.
- Consistent rights-respecting practice.
- Greater opportunities to influence service development.

What Professionals Told Us

Health and education professionals want:

- Better access to resources and training.
- Increased workforce capacity.
- Improved mental health and neurodevelopmental pathways.
- Stronger multi-agency working.
- More support for participation and communication.
- The practical conditions needed to deliver rights-based care.

Seven National Findings, Six National Priorities

The Survey identifies six priorities for action:

- 1 Move from awareness of rights to realisation of rights.
- 2 Improve access to timely support.
- 3 Strengthen support while children wait.
- 4 Make systems easier to navigate and improve access to information, advocacy and support.
- 5 Embed consistent rights-respecting practice.
- 6 Strengthen participation and co-production.

These priorities emerged consistently across children and young people, families, health professionals and education professionals, reflecting a shared ambition to ensure every child can know their rights, experience their rights and realise their right to the best possible health.

The National Message

“Being a Health Rights Defender means I can speak up for children like me. I didn’t know I had rights before, but now I do and I want other children to know theirs too.”

Health Rights Defender

Every child should be able to know their rights, experience their rights and realise their right to the best possible health.

As Children’s Health Scotland marks its 50th anniversary, the findings provide both a celebration of progress and a call to action. The challenge now is not simply to increase awareness of children’s rights, but to ensure those rights are experienced consistently by every child, in every community, across Scotland.



SETTING THE SCENE

Children’s health rights are embedded within Scotland’s laws, policies and national commitments. The United Nations Convention on the Rights of the Child (UNCRC), Getting it right for every child (GIRFEC), The Promise and the European Association for Children in Hospital and Healthcare (EACH) Charter all recognise that children and young people have the right to be listened to, informed, respected and supported to achieve the best possible health.

Over recent decades, Scotland has made significant progress in strengthening children’s rights. Awareness of children’s participation, wellbeing and health rights has grown, and rights-based approaches are increasingly reflected across healthcare, education and wider public services.

Yet rights only become meaningful when children experience them in practice.

The National Health Rights Survey 2026 sought to answer a simple but important question:

Do children and young people experience their health rights in practice?

The findings presented in this report provide one of the most comprehensive pictures of children's health rights ever undertaken in Scotland. They draw together the perspectives of children and young people, families, health professionals and education professionals, creating a unique insight into how children's health rights are experienced across communities, services and settings throughout the country.

The findings tell a story of both progress and challenge.

Across all respondent groups, there was strong support for children's rights and widespread recognition of their importance. Children described compassionate professionals who listened, explained things clearly and helped them feel safe. Families highlighted positive experiences of partnership working and person-centred care. Health and education professionals demonstrated a strong commitment to supporting children and young people and promoting rights-based practice.

However, a consistent message emerged throughout the report.

Children increasingly know their rights, but they do not always experience those rights in practice.

Children described occasions where adults spoke to parents rather than directly to them. Families spoke about the challenge of navigating complex systems and securing support. Health and education professionals highlighted increasing demand, pressure on services and concerns about their ability to consistently meet growing levels of need.

The strongest theme running throughout the report is the impact of delays in accessing mental health and neurodevelopmental support. Children, families and professionals consistently described long waiting times, limited support while waiting and concerns about children reaching crisis point before help becomes available. These experiences raise important questions about whether children are receiving the right support, at the right time, to realise their right to the best possible health.

Yet alongside these challenges, the report also highlights hope.

Children spoke about the importance of trusted adults, friendship, participation and belonging. Families shared examples of services that listened, adapted and worked in partnership with them. Professionals described innovative approaches to participation, communication, inclusion and rights-based practice. Across all groups there was a shared belief that children's voices matter and that children's health rights should be experienced consistently, regardless of where they live or which services they access.

This report is ultimately a call to action.

It challenges all of us, policymakers, professionals, communities and wider society, to move beyond awareness of children's rights and towards their consistent realisation.

The voices within these pages suggest that progress has been made, but that there is still more to do.

By listening to children, young people, families and professionals, we have an opportunity to build a Scotland where every child can not only know their rights, but experience them, realise them and live them every day.





Health Scotland
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CHAPTER 1 CHILDREN AND YOUNG PEOPLE



“ Sometimes doctors and nurses explain what is wrong to my parents and not to me. This makes me feel like I don't matter. ”

*Young person, Children's Health Scotland
National Health Rights Survey 2026*

INTRODUCTION

Children and young people are experts in their own experiences. Understanding whether children's health rights are being realised in practice requires listening directly to children and young people about the care, support and services they receive.

Through the Survey, children and young people from across Scotland shared their experiences of health, healthcare, participation, communication, support, wellbeing and rights. The Survey explored whether children felt listened to, understood, involved in decisions, treated with kindness and supported to access the care they need. It also provided opportunities for children and young people to share their experiences in their own words.

Recognising that traditional surveys are not always accessible for younger children, Children's Health Scotland also collected 224 drawings as part of the Survey. These creative responses provided an additional opportunity for children, particularly younger children, to express their thoughts, feelings and experiences of health, healthcare and their rights.

Together, the survey responses and drawings provide a unique insight into how children and young people experience their health rights across Scotland.

While many children and young people described positive experiences of care, support and participation, others highlighted concerns about not being listened to, difficulties accessing support and decisions being made without fully involving them.

Across the Survey, a consistent message emerged: children value being heard, included and treated as individuals, and want services to recognise their voices, views and experiences.



ABOUT THE RESPONDENTS

A total of 638 children and young people took part in the Survey from across Scotland. This included 414 survey responses and 224 drawings, ensuring younger children and those who may find written surveys more challenging had an opportunity to participate and have their voices heard.

Respondents represented a wide range of ages, backgrounds and health experiences, including children and young people who access health, education and wellbeing services. The combination of survey responses, written comments and creative artwork provided valuable insight into how children experience their health rights in everyday life.



The Survey explored experiences of:

- Being listened to and taken seriously
- Understanding information about health and care
- Participation in decisions
- Having trusted adults present
- Feeling safe, supported and respected
- Play, learning and age-appropriate activities
- Privacy and confidentiality
- Children's rights within healthcare
- Access to care, support and services.

EMERGING NATIONAL PICTURE

Children and young people across Scotland described many positive experiences of healthcare and support services. Most respondents reported feeling safe, respected and able to access support from trusted adults. Many children felt listened to, treated with kindness and involved in decisions affecting their care. The findings suggest that rights-respecting practice is being experienced by many children and young people accessing services that support their health.

However, the Survey also identified important challenges. Across multiple questions, children described situations where adults spoke primarily to parents rather than directly to them, where information was not always explained in ways they could understand and where they did not always feel fully involved in decisions about their care. Several respondents expressed frustration about not being listened to or taken seriously, particularly when discussing health concerns, mental health or ongoing health conditions.

A recurring theme throughout the Survey was the importance of trusted relationships. Children frequently highlighted the value of having supportive parents, carers, teachers and professionals who listened, explained things clearly and helped them feel safe. Many children described trusted adults as playing an important role in helping them understand their health and navigate services.

The Survey also highlighted concerns about waiting times and access to support. Several children and young people described long waits for mental health services and difficulties accessing help when they needed it. These experiences closely mirror the concerns raised by parents, health professionals and education professionals elsewhere in the Survey.

The drawings submitted by children reinforced many of these themes. They highlighted the importance of feeling safe, being cared for, having fun, spending time with family and friends and accessing support when needed. The drawings provided an important reminder that children's experiences of health rights extend beyond healthcare appointments and are closely connected to everyday experiences of play, relationships, learning and wellbeing.

Taken together, the findings suggest that children and young people want services that listen, communicate clearly, involve them in decisions and provide timely support. While many children reported positive experiences, opportunities remain to strengthen participation, communication and access to support so that children's health rights are experienced consistently across Scotland.

WHAT CHILDREN TOLD US

Children told us they want:

- Adults to speak directly to them.
- Information they can understand.
- Trusted adults who support them.
- Better access to mental health support.
- Opportunities to play, learn and take part.
- Their rights to be respected in practice.

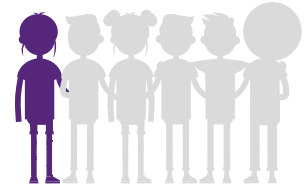
CHILDREN'S VOICES

The Picture Behind the Numbers

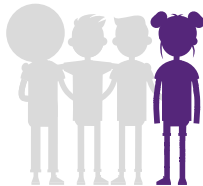
Nearly **1 in 4** children did not feel information was explained in ways they could understand.



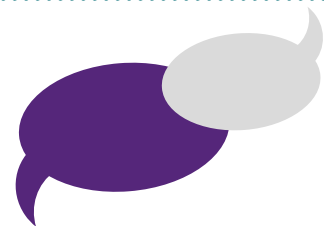
Around **1 in 6** children did not feel their rights were respected when using services that support their health.



Almost **1 in 4** children did not feel adequately prepared for what was happening to them.



Some children described being spoken about rather than spoken to.



Around **1 in 5** children did not feel fully listened to and taken seriously.



Some children felt their concerns were dismissed because of their age.



Nearly **1 in 5** children did not feel fully supported to play, learn and take part in activities important to them.



Many highlighted long waits for **mental health** and **neurodevelopmental support**.



Around **1 in 6** children did not feel they had a meaningful say in decisions about their care and support.



Children consistently highlighted the importance of **trusted adults** who listen, explain and help them access support.



The findings suggest that while many children experience positive care and support, significant numbers continue to face barriers to participation, communication and access to help when they need it. In a rights-based system, the goal is not that children's rights are realised for most children, but that they are realised consistently for every child.

FINDING 1

Children value being listened to and involved in decisions about their care.

Many children and young people reported positive experiences of participation and communication when accessing services that support their health. 80% reported that people supporting their health listen to what they say and take them seriously, while 83% reported that they and their trusted adult can have a say in decisions about their care and support. These findings suggest that many children and young people experience positive relationships with professionals and feel able to participate in decisions affecting their health.

Qualitative responses highlighted the importance children place on being listened to as individuals. Many respondents described positive experiences with doctors, nurses and other professionals who took time to explain things, involve them in conversations and support them to express their views. Children frequently linked feeling listened to with feeling safe, respected and valued. Trusted adults also emerged as an important source of support, helping children understand information, communicate their needs and feel more confident when accessing services.

As one child explained: ***"I feel safe telling my doctors and teachers about my health. I like that my parents can stay with me to help me. It makes me feel safe."***

Another reflected positively on their experience: ***"Yeah I've always had a trusted adult, they always do pretty well."***

Many children also described feeling comfortable when professionals actively included them in discussions rather than directing conversations solely towards adults. Respondents frequently highlighted the importance of having information explained directly to them in a way they could understand, recognising that children and young people want to be active participants in decisions about their own health and wellbeing.

However, the findings also suggest that participation is not experienced consistently by all children. Across several questions, a recurring theme emerged that adults sometimes speak primarily to families rather than directly to children themselves. Several respondents described situations where they felt ignored, dismissed or excluded from conversations about their care. Others reported feeling that their views were not taken seriously because of their age.

As one young person explained: ***"Sometimes doctors and nurses explain what is wrong to my parents and not to me. This makes me feel like I don't matter."***

Another commented: ***"They don't really listen and talk to my mum only."***

Others highlighted concerns about not being taken seriously: ***"The younger you are the more you are ignored."*** and ***"Have a say but don't feel listened to."***

A recurring theme throughout the Survey was that children want adults to listen directly to them, not only to the adults around them. While trusted adults were viewed as important sources of support, many children and young people emphasised the importance of professionals recognising them as rights holders with their own views, preferences and experiences. The findings suggest that children value opportunities to participate and want services to actively involve them in conversations and decisions about their health.

The drawings submitted as part of the Survey reinforced the importance of communication, relationships and feeling supported. Many drawings reflected children's connections with family members, trusted adults, friends and people who help them feel safe. Together, the drawings and survey responses suggest that positive relationships are central to how children experience their health rights in practice.



HEALTH RIGHTS FRAMEWORK



- **UNCRC Article 12:** Children have the right to express their views and have those views taken seriously.



- **UNCRC Article 24:** Children have the right to the best possible health.

WHY THIS MATTERS

Children have the right to express their views and have those views taken seriously in matters affecting them. Being listened to is about more than communication; it is closely linked to dignity, participation, trust and confidence. When children feel heard and respected, they are more likely to engage in decisions about their health and wellbeing. The findings suggest that many children and young people experience positive participation and involvement when accessing services. However, respondents also highlighted occasions where adults spoke for them or failed to involve them directly. This suggests opportunities to further strengthen child-centred communication and shared decision-making across services.

POLICY INSIGHT

The findings suggest that rights-respecting approaches to participation are being experienced by many children and young people across Scotland. High levels of reported involvement in decisions and positive experiences of being listened to indicate that many professionals are successfully supporting children to contribute to conversations about their care. However, qualitative responses reveal that children's experiences are not always consistent. Respondents frequently highlighted situations where communication was directed towards parents rather than children or where children's views did not appear to influence decisions. The findings suggest opportunities to further embed participation by ensuring professionals routinely communicate directly with children and actively seek their views.

OPPORTUNITIES FOR IMPROVEMENT

The findings suggest opportunities to strengthen participation and communication across services that support children's health. Children and young people highlighted opportunities to:

- ✓ Ensure children are spoken to directly about their health and care.
- ✓ Improve how information is explained so it is easier for children to understand.
- ✓ Increase opportunities for children to share their views and opinions.
- ✓ Ensure children feel listened to and taken seriously regardless of their age.
- ✓ Support trusted adults to help children participate in decisions when needed.
- ✓ Strengthen child-centred communication and shared decision-making across all health services



FINDING 2

Children want information, support and respect that recognises them as individuals.

Most children and young people reported positive experiences of communication and respect when accessing services that support their health. 75.8% reported that information about their care and support was explained in a way they could understand, while 87.0% reported being treated with kindness, compassion, dignity and respect. Similarly, 84.1% felt that their rights as a child were respected when using services that support their health. These findings suggest that many children experience positive, respectful and supportive relationships with the professionals involved in their care. Qualitative responses highlighted the importance children place on clear communication and being treated as individuals. Many respondents described positive experiences where doctors, nurses and other professionals took time to explain what was happening, answer questions and provide reassurance. Children frequently linked these experiences to feeling safer, more confident and more involved in decisions about their health.

As one child explained: ***"Everyone is always nice."***

Another commented: ***"It's good because all the doctors and nurses are nice."***

Several respondents also highlighted the importance of adults taking time to explain information clearly and in ways that are appropriate for children and young people. When this happened, children reported feeling more informed, reassured and able to understand what was happening.

However, responses also suggest that communication is not always experienced consistently. Some children described situations where information was shared with parents rather than being explained directly to them. Others reported that professionals sometimes used language they found difficult to understand or did not fully explain what would happen during appointments, tests or treatment.

As one young person explained: ***"Sometimes they forget to break it down for you."***

Another reflected: ***"GP is good at telling me things. Sometimes technical terms are used and I don't understand them."***

Several children and young people also highlighted situations where they felt their individual experiences or concerns were not taken seriously. This was particularly evident in comments relating to ongoing health conditions, mental health and menstrual health. Some respondents described feeling dismissed when raising concerns, while others felt assumptions were made because of their age.

One young person commented: ***"Better care for menstrual health and more acknowledgement at appointments. Stop dismissing period pain!"***

Another stated: ***"Rarely in regard to menstrual health."***

These concerns closely mirror issues raised elsewhere in the Survey, particularly around whether children and young people feel their individual experiences are recognised and understood. They also reflect wider concerns raised by families regarding access to dignity, support and understanding for children experiencing health conditions which may not always be visible to others.

The drawings submitted as part of the Survey also highlighted the importance of kindness, care and positive relationships. Many drawings depicted supportive adults, family members, friends and places where children felt comfortable and safe. Together, the drawings and survey responses suggest that children want services that recognise them as individuals, communicate clearly and treat them with dignity and respect.

HEALTH RIGHTS FRAMEWORK

- **UNCRC Article 13:** Children have the right to receive and share information.



- **UNCRC Article 24:** Children have the right to health information and support.



- **UNCRC Article 42:** Children have the right to learn about their rights.



WHY THIS MATTERS

Children have the right to receive information in ways they can understand and to be treated with dignity and respect. Effective communication helps children feel safe, reduces anxiety and enables them to participate more confidently in decisions about their health and wellbeing. The findings suggest that many children experience positive communication and respectful care. However, respondents

also highlighted occasions where information was difficult to understand, concerns were dismissed or communication was directed towards adults rather than children themselves. This suggests opportunities to strengthen child-centred communication and ensure all children feel recognised as active participants in their own care.

POLICY INSIGHT

The findings suggest that kindness, compassion and respect are being experienced by many children and young people across Scotland. However, qualitative responses demonstrate that respectful care is about more than positive interactions. Children want their concerns taken seriously, information explained clearly and their individual experiences recognised. Concerns were raised

around communication and experiences where children felt their views or symptoms were minimised. The findings suggest opportunities to strengthen child-centred communication and ensure that all children, including those raising concerns about mental health, chronic conditions or neurodevelopmental needs, feel heard and respected.

FINDING 3

Trusted adults play a vital role in helping children feel safe and supported.

88% of children and young people reported that they were able to have a trusted adult with them as much as they wanted when using services that support their health. Similarly, 84% reported feeling safe and supported by those services. The findings suggest that trusted relationships are a cornerstone of children's experiences of health services and play a significant role in helping children feel confident, reassured and able to access support when they need it.

Throughout the Survey, children and young people consistently highlighted the importance of parents, carers, family members and other trusted adults in helping them understand information, communicate their views and feel safe when accessing health services. Many respondents described trusted adults as essential sources of emotional support and reassurance, particularly when attending appointments, receiving treatment or navigating unfamiliar situations.

As one child explained: ***"I like that my parents can stay with me to help me. It makes me feel safe."***

Another reflected: ***"My family is really supportive."***

Others described positive experiences of always having someone they trusted beside them: ***"My mum's always with me."***

Many children also reported that trusted adults helped them understand information, communicate with professionals and advocate on their behalf when they found situations difficult or overwhelming. Several respondents described feeling more confident and secure when they knew they had someone available to support them.

However, some responses suggest that access to trusted adults is not always straightforward. A number of children described situations where they felt excluded from decisions regarding who could support them or where trusted adults were not always able to be present when needed. Others expressed concerns about not having enough support available in educational settings or while accessing services.

One young person explained: ***"A nurse told me I didn't need my mum, as I was over 12 years."***

Another commented: ***"Not available due to council not funding learning assistance."***

Several children also highlighted the difference that individual professionals can make. Respondents frequently linked feeling safe to experiences of kindness, understanding and trusted relationships with healthcare staff, teachers and support workers. Where children felt listened to and supported, they were more likely to report positive experiences of care and greater confidence in services.

As one respondent stated: ***"If you have a person you can talk to."***

A recurring theme throughout both the survey responses and drawings was the importance of connection, relationships and belonging. Many drawings featured family members, friends, trusted adults, homes, schools and places where children felt safe. Together, these responses suggest that children's experiences of health rights are strongly influenced by the relationships around them and the extent to which they feel supported by people they trust.

The findings suggest that trusted adults play a vital role in helping children access their health rights. While many children described positive experiences of support and reassurance, respondents also highlighted the importance of ensuring children can choose who supports them and continue to have access to trusted relationships throughout their healthcare journey.



HEALTH RIGHTS FRAMEWORK



- **UNCRC Article 3:** The best interests of the child should be a primary consideration.



- **UNCRC Article 18:** Children and families should receive support when needed.

WHY THIS MATTERS

Children have the right to support, protection and participation when accessing healthcare. Trusted adults can help children understand information, express their views and feel safe during difficult or unfamiliar experiences. The findings suggest that many children rely on these relationships as an important part of their health and wellbeing. The survey also highlights that feeling safe is closely linked to feeling supported. Children consistently described positive relationships with trusted adults as contributing to their confidence, wellbeing and ability to engage with services. Ensuring children can access trusted support when needed may help strengthen participation, communication and overall experiences of care.

POLICY INSIGHT

The findings suggest that trusted adults are central to how children experience healthcare and support services. While policy often focuses on systems and services, children consistently highlighted the importance of relationships and human connection. Respondents frequently described trusted adults as helping them navigate services, understand information and communicate their needs. A recurring theme was that support should be flexible and responsive to individual circumstances. Children highlighted the importance of being able to access support from trusted adults when they need it and having their preferences respected. The findings suggest opportunities to strengthen children's involvement in decisions about who supports them and how support is provided.

OPPORTUNITIES FOR IMPROVEMENT

The findings suggest opportunities to strengthen the support available to children and young people when accessing services that support their health. Children and young people highlighted opportunities to:

- ✓ Ensure children can access support from trusted adults when they want or need it.
- ✓ Respect children's views about who they would like involved in their care and support.
- ✓ Strengthen trusted relationships between children and professionals.
- ✓ Improve support for children who may not have a consistent trusted adult available.
- ✓ Ensure children feel safe, supported and reassured throughout their healthcare experiences.
- ✓ Recognise the important role families, carers and other trusted adults play in helping children realise their health rights.



FINDING 4

Many children feel their rights are respected, but experiences are not always consistent.

Many children and young people reported positive experiences when accessing services that support their physical health. 84% felt their rights as a child were respected, 85% reported receiving the care and support they felt was right for them and 87% reported being treated with kindness, compassion, dignity and respect. In addition, 84% reported that their privacy and personal information were respected. Together, these findings suggest that many children experience services that are supportive, respectful and aligned with their rights.

Qualitative responses highlighted the importance children place on kindness, respect and feeling valued. Many children described positive experiences with doctors, nurses, teachers and other professionals who treated them well, listened carefully and made them feel comfortable when accessing support. Children frequently linked positive experiences to feeling more confident, safe and willing to seek help when they needed it.

As one child explained: ***"Everyone is always nice."***

Another commented: ***"It's good because all the doctors and nurses are nice."***

Others highlighted positive relationships with individual professionals: ***"Each time I have attended health services everyone is supportive."***

Many respondents also described feeling their needs were understood and appropriately supported. Children frequently connected positive experiences of care to feeling listened to and respected as individuals, rather than simply being treated as patients or service users. However, the findings also suggest that rights-respecting experiences are not universal. Across several questions, children and young people described occasions where they felt dismissed, ignored or treated unfairly. Some respondents reported that adults did not always recognise the impact health conditions were having on their daily lives, while others described situations where they felt their concerns were minimised or disregarded.

As one young person explained: ***"No they dismiss me and how I feel."***

Another reflected: ***"When I had breathing issues and was taken to hospital the doctor just told me I was pretending. I felt like nobody cares about me."***



Others highlighted concerns about support within school environments: ***"School doesn't."*** and ***"Not all adults listen to me or take me seriously."***

A recurring theme throughout the Survey was that children often judge whether their rights are being respected through everyday interactions. Being spoken to politely, listened to, believed and treated fairly appeared just as important to many children as policies, procedures or formal rights frameworks. Several respondents highlighted that while adults often talk about children's rights, their experiences do not always match what they are told.

As one child observed: ***"My experience is that the adults say one thing about children's rights but they do the opposite. They tell you about the UNCRC and the articles and sometimes the same adults do not uphold those rights."***

The drawings submitted as part of the Survey reflected many of these experiences. Drawings frequently showed children alongside family members, friends, healthcare professionals, schools and places where they felt safe and included. These images reinforced the importance of kindness, belonging, respect and supportive relationships in helping children feel that their rights are recognised and upheld.

Taken together, the findings suggest that many children experience services that respect their dignity, privacy and rights. However, respondents also highlighted inconsistencies between services and individuals, suggesting opportunities to ensure rights-respecting practice is not experienced consistently by all children and young people across Scotland.

HEALTH RIGHTS FRAMEWORK

- **UNCRC Article 2:** Rights apply equally to all children.



- **UNCRC Article 12:** Children have the right to be heard.



- **UNCRC Article 24:** Children have the right to the best possible health.



WHY THIS MATTERS

Children have the right to be treated with dignity, respect and compassion. Rights are not only realised through access to services but through the way children are treated when they use those services. Feeling respected can influence children's confidence, wellbeing, willingness to ask for help and trust in the adults supporting them. The findings suggest that many children experience positive and respectful care. However, children also highlighted occasions when they felt ignored, dismissed or treated unfairly. Ensuring that every child experiences consistent respect and dignity is an important part of creating rights-respecting services.

POLICY INSIGHT

The findings suggest that many children's services are successfully creating environments where children feel respected, supported and valued. High levels of reported satisfaction across questions relating to dignity, care and privacy indicate that rights-based approaches are being experienced positively by many children and young people. However, qualitative responses demonstrate that children's experiences can vary significantly depending on the adults and services they encounter. Respondents frequently highlighted that rights-respecting practice should be reflected not only in policy but also in everyday interactions. The findings suggest opportunities to strengthen consistency and ensure all children experience the same high standard of respectful and compassionate care.



OPPORTUNITIES FOR IMPROVEMENT

The findings suggest opportunities to strengthen rights-respecting practice across services that support children's health. Children and young people highlighted opportunities to:

- ✓ Ensure all children are treated with kindness, dignity and respect.
- ✓ Take children's concerns seriously and avoid dismissing their experiences.
- ✓ Promote consistent rights-respecting practice across services.
- ✓ Strengthen children's confidence that their views and feelings will be recognised and valued.
- ✓ Protect children's privacy while ensuring they feel supported and understood.
- ✓ Ensure children's experiences of rights match the messages they receive about those rights.



FINDING 5

Children want health services to support their lives, not just their health conditions.

82% of children and young people reported being supported to play, learn and take part in age-appropriate activities when using services that support their health. In addition, 77% reported being prepared for what was going to happen in ways that helped them manage their feelings. The findings suggest that many children experience positive support that recognises they are children first, rather than patients, and value services that help them continue learning, playing and taking part in everyday activities.

Qualitative responses highlighted the importance of maintaining a sense of normality while receiving healthcare and support. Children frequently described wanting opportunities to have fun, spend time with friends, continue learning and participate in activities they enjoy. Respondents often linked positive experiences of health services to environments that felt welcoming, supportive and child-friendly rather than clinical or intimidating.

Several children highlighted examples of positive support that allowed them to continue participating in activities they enjoyed despite health challenges.

As one young person explained: ***"SMS Connect are very good."***

Another respondent highlighted the importance of participation beyond healthcare: ***"Everyone lets me join in."***

Many responses suggested that children want support that recognises their wider lives, interests and ambitions. Children frequently described feeling most positive about services when they helped them to continue doing the things that mattered to them, whether that was spending time with family, attending school, seeing friends or taking part in hobbies and activities.

However, some respondents described situations where their opportunities to play, learn or participate felt limited

by a lack of support, poor communication or decisions being made without involving them. A small number of children reported feeling excluded from activities or unable to access opportunities available to their peers. Others highlighted experiences where they felt their voices were overlooked when decisions were being made about what support they needed.

One child explained: ***"I don't get a say. I just get told. I am not heard."***

Another highlighted concerns about play and participation: ***"Teachers keeping us in when we have the right to play."***

Several children also raised concerns about support in school and access to opportunities that help them thrive despite health challenges. Respondents frequently linked participation to wellbeing, confidence and feeling included, suggesting that opportunities to play, learn and engage in everyday activities remain an important aspect of children's health rights.

The 224 drawings collected alongside the Survey strongly reinforced these messages. Across the drawings, children frequently depicted playgrounds, sports, nature, friends, pets, schools and family activities. Many images focused on happiness, fun, belonging and connection rather than illness or treatment. These responses suggest that children view health not simply as the absence of illness but as the ability to enjoy their lives, participate in activities and spend time with people who matter to them.

A recurring theme throughout both the survey responses and drawings was that health services are most effective when they support the whole child. Children consistently highlighted the importance of feeling prepared, involved and able to continue participating in everyday life even when experiencing health challenges.

HEALTH RIGHTS FRAMEWORK

- **UNCRC Article 24:**
Right to health.



- **UNCRC Article 28:**
Right to education.



- **UNCRC Article 31:**
Right to play, rest and leisure.



WHY THIS MATTERS

Children have the right to play, learn, relax and take part in activities appropriate to their age and stage of development. These experiences are not separate from health; they are an important part of wellbeing, resilience and quality of life. The findings suggest that many children

value services that recognise their interests, relationships and aspirations alongside their health needs. Supporting children to participate in everyday activities can help reduce anxiety, improve wellbeing and ensure that they continue to experience childhood while receiving support.



POLICY INSIGHT

The findings suggest that many services are successfully supporting children to play, learn and participate while accessing healthcare and support. However, respondents also highlighted that these experiences are not always consistent and can be affected by decisions made without children being actively involved. The survey and drawings both reinforce the importance of viewing children

holistically. Children consistently described health and wellbeing as being connected to relationships, learning, play, belonging and participation. The findings suggest opportunities to strengthen approaches that place children's everyday lives and experiences at the centre of care and support.

OPPORTUNITIES FOR IMPROVEMENT

The findings suggest opportunities to strengthen children's participation in play, learning and everyday activities while accessing services that support their health. Children and young people highlighted opportunities to:

- ✓ Promote children's right to play and participate in age-appropriate activities.
- ✓ Ensure children are involved in decisions that affect their daily lives and wellbeing.
- ✓ Increase opportunities for health-related play and positive childhood experiences.
- ✓ Support children to remain connected to family, friends and learning while receiving healthcare.
- ✓ Create more child-friendly environments that reduce anxiety and support wellbeing.
- ✓ Recognise that good health includes opportunities to play, learn, belong and thrive.



FINDING 6

Children and young people want earlier support and better access to help.

While many children and young people described positive experiences of healthcare and support, qualitative responses revealed ongoing concerns about accessing help when it is needed. Throughout the Survey, children highlighted experiences of long waits, difficulties accessing mental health support, limited support while waiting and concerns about not receiving help quickly enough when problems first emerged. These experiences mirror concerns raised by parents, health professionals and education professionals elsewhere in the Survey.

Many respondents described feeling frustrated, worried or unsupported while waiting for services. Several children and young people highlighted long waits for CAMHS and family support services, with some reporting that they had received little or no support while waiting. Respondents frequently linked these delays to feelings of uncertainty and a lack of confidence that help would be available when they needed it.

As one young person explained:

"On waiting list with CAMHS, have been for two years so far no support."

Another commented:

"Mental health support is not great."

Others described the impact on wider family life:

"Two children in my household on long waiting list for CAMHS. No input or support. No one to contact for family support."

Several children and young people also highlighted concerns about accessing support within education settings. Respondents described needing additional help to learn, needing assistance with health conditions or requiring greater understanding from adults around them. Some children felt they were not always receiving the support they needed to participate fully in school or daily life.

As one child explained:

"Waiting for ADHD assessment and I feel like I need other help at school to learn but there aren't enough helpers."

Another stated:

"Teach the teachers how to understand us individually. We are not all the same."

A recurring theme throughout the Survey was that support is most effective when it is available early. Several respondents suggested that concerns often become more difficult to manage when help is delayed and highlighted the importance of receiving support before difficulties reach crisis point. Children and young people frequently spoke about wanting someone to talk to, greater understanding from adults and clearer pathways to help.

Alongside concerns about access, many children and young people highlighted examples of support that had made a positive difference. Respondents frequently referred to trusted adults, family members, support workers, teachers, school staff and programmes such as Children's Health Scotland's Self-Management Skills (SMS) as helping them understand their rights, build confidence and advocate for themselves. These responses suggest that timely support can have a significant impact on children's wellbeing and ability to manage challenges.

As one young person reflected:

"SMS has been so incredibly helpful for knowing my rights and also advocating for myself."

The findings suggest that children and young people want support that is accessible, timely and responsive to their needs. While many respondents described positive relationships with professionals and supportive adults, concerns about waiting times and access to services indicate that opportunities remain to ensure children receive help when they need it most.

HEALTH RIGHTS FRAMEWORK

- **UNCRC Article 24:** Right to the best possible health.



- **UNCRC Article 23:** Disabled children have the right to support that enables them to participate fully.



WHY THIS MATTERS

Children have the right to access support that promotes their health, wellbeing and development. Delays in accessing services can affect children's confidence, emotional wellbeing, learning and participation in everyday life. The findings suggest that many children recognise when they need support and want services that respond before difficulties become overwhelming. Respondents consistently highlighted the importance of timely intervention and ongoing support while waiting for specialist services. The findings suggest that children value having someone to turn to and benefit from services that provide consistent support throughout their journey rather than only after a diagnosis or assessment is completed.

Concerns about waiting times and access to support emerged consistently across the entire Survey. Similar concerns were raised by parents and carers, health professionals and education professionals, suggesting broad agreement that delays in accessing support remain one of the most significant barriers to realising children's health rights in Scotland.

POLICY INSIGHT

Waiting times and access to support emerged as one of the strongest concerns raised by children and young people. While many respondents described positive experiences once they accessed services, several highlighted difficulties receiving support when they first needed it. These findings are consistent with concerns raised elsewhere in the Survey by parents, health professionals and education professionals.

The findings suggest opportunities to strengthen early intervention, improve support while children are waiting and ensure services are accessible, responsive and child-centred. Children and young people consistently emphasised the importance of receiving help at the right time and having adults who understand their individual circumstances and needs.

OPPORTUNITIES FOR IMPROVEMENT

The findings suggest opportunities to strengthen access to timely support for children and young people across Scotland. Children and young people highlighted opportunities to:

- ✓ Reduce waiting times for mental health and specialist services.
- ✓ Improve support available while children are waiting for assessment or intervention.
- ✓ Strengthen early intervention and preventative support.
- ✓ Ensure children can access help when concerns first emerge.
- ✓ Improve support within schools for children with health and wellbeing needs.
- ✓ Help adults better understand children's individual experiences and needs.
- ✓ Ensure children always have someone they can turn to when they need support.



WHAT THIS CHAPTER TELLS US

The experiences shared by children and young people provide a powerful insight into how children's health rights are experienced in everyday life. Most respondents reported positive experiences of healthcare and support services, describing professionals who listened, treated them with kindness and involved them in decisions about their care. Children consistently highlighted the importance of trusted adults, respectful relationships and feeling safe when accessing support.

However, the findings also suggest that positive experiences are not universal. Across multiple questions, children described situations where adults spoke primarily to parents rather than directly to them, where information was difficult to understand or where they did not feel fully listened to. Several respondents highlighted concerns about accessing support, long waiting times and feeling that their experiences or symptoms were not always taken seriously.

The drawings submitted as part of the Survey reinforced many of these messages. They highlighted the importance of family, friendship, play, learning, safety and belonging, reminding us that children's health rights extend beyond healthcare appointments and are closely connected to everyday experiences of childhood. Together, the survey responses and drawings show that children want to be heard, understood, respected and supported to live full and happy lives.

Most significantly, the findings demonstrate that children value services that communicate clearly, involve them in decisions and provide support when it is needed. These priorities were echoed throughout the wider Survey by parents and carers, health professionals and education professionals, reinforcing the importance of listening directly to children when shaping policy, services and future support. While many children reported positive experiences, opportunities remain to strengthen participation, improve access to support and ensure every child experiences their health rights consistently across Scotland.

The significance of children's health rights extends far beyond childhood itself. When children are listened to, supported early and given the opportunity to achieve the best possible health, the benefits are felt throughout their lives and into adulthood. Children who are able to participate, learn, build relationships and manage their health today are significantly more prepared to enter adulthood with the confidence, self-management skills and wellbeing that are needed to flourish. Ensuring children can exercise their health rights now is therefore not only an investment in childhood, but also an investment in Scotland's future. Every child deserves the opportunity to be on their way to the best possible health, because every child deserves the chance to realise their full potential.

HEALTH RIGHTS DEFENDERS' REFLECTION

The findings show that many children feel listened to, respected and supported, but they also show that this is not every child's experience. As Health Rights Defenders, we know how important it is for children to understand their rights and to have adults who listen when something

is wrong. Children should be spoken to directly, involved in decisions about their health and supported to access help when they need it. We believe every child should know their rights, experience their rights and feel confident using their voice.

KEY PRIORITIES EMERGING FROM CHILDREN AND YOUNG PEOPLE'S EXPERIENCES

1 Strengthen children's participation in decisions about their health

Ensure children are routinely listened to, spoken to directly and supported to influence decisions affecting their care and wellbeing.

2 Improve communication and understanding

Provide information in ways that children can understand and ensure explanations are tailored to children's age, stage and individual needs.

3 Protect access to trusted relationships

Ensure children can access support from trusted adults and that their views about who supports them are respected.

4 Promote dignity, respect and rights-respecting practice

Ensure all children are treated with kindness, compassion, dignity and respect and that their concerns are taken seriously regardless of age or circumstance.

5 Support children to play, learn and thrive

Recognise the importance of play, learning, friendship and participation as part of children's health and wellbeing and ensure these opportunities remain available to all children.

6 Improve access to timely support

Reduce waiting times, strengthen early intervention and ensure children receive meaningful support while waiting for services, particularly for mental health and neurodevelopmental needs.



CHAPTER 2 PARENTS AND CARERS



“Knowing their rights has not meant services meeting those rights.”

INTRODUCTION

Children's health rights are embedded within the UNCRC, GIRFEC, the European Association for Children in Hospital and Healthcare (EACH) Charter and The Promise. However, rights are only meaningful when they are experienced in practice through timely access to support, meaningful participation in decisions and services that respond to children's needs.

Parents, carers and those who love and care for children and young people across Scotland reported growing awareness of children's health rights and a strong commitment to advocating for children and young people. In this report we will be referring to this group as families.

However, many also described significant challenges in accessing services, navigating systems and securing support. Across the survey, a consistent message emerged: understanding children's rights does not always mean those rights are experienced in practice.

Parents and carers play a vital role in supporting children and young people's health, wellbeing and access to healthcare. Through the Children's Health Scotland National Health Rights Survey, parents, carers, foster carers and kinship carers shared their experiences of navigating health services, understanding children's health rights and advocating for the support children and young people need.

ABOUT THE RESPONDENTS

A total of 321 parents and carers participated in the National Health Rights Survey, with responses received from every NHS Health Board area in Scotland. Respondents included parents, carers, foster carers and kinship carers supporting children and young people with a wide range of health needs and experiences.

The survey explored experiences of:

- Understanding children's health rights
- Accessing healthcare and support services
- Participation in decisions about care and treatment
- Advocacy and navigating health systems
- Support for disabled children and young people
- Transitions to adult services
- Mental health and neurodevelopmental services
- Opportunities to share feedback and influence services
- Awareness of financial support and entitlements.

EMERGING NATIONAL PICTURE

Parents and carers across Scotland described growing awareness of children's health rights and a strong commitment to advocating for children and young people. Many respondents highlighted examples of compassionate care, effective partnership working and professionals who listened, communicated clearly and involved families in decisions.

However, the survey also identified significant challenges. Across multiple questions, parents and carers reported difficulties accessing support, lengthy waiting times, uncertainty about available services and a need to continually advocate to secure help for their children. Delays in mental health and neurodevelopmental pathways emerged as one of the strongest and most consistent themes throughout the survey. Families frequently described children receiving little or no meaningful support while awaiting assessment, diagnosis or intervention.

Across the Survey, families repeatedly described having to become navigators, coordinators and advocates within complex systems. Many respondents accepted that services were under pressure but questioned why securing support often depended on a parent's ability to challenge decisions, understand referral pathways, persist through delays or pay privately. Families consistently argued that children should receive support based on need rather than their family's ability to fight for it.

The findings suggest that parents and carers are increasingly aware of children's health rights, but that awareness alone does not guarantee access to support or the realisation of rights in practice. Many respondents described a gap between understanding what children and young people should be entitled to and experiencing services that consistently deliver those rights.

A recurring theme throughout the survey was the role families play in navigating systems, coordinating support and advocating on behalf of children and young people. While many parents and carers demonstrated remarkable resilience and determination, respondents frequently questioned whether access to support should depend so heavily on a family's confidence, persistence, knowledge or ability to challenge decisions.

Taken together, these findings suggest that while progress has been made in raising awareness of children's health rights, significant barriers remain to ensuring those rights are experienced consistently by children, young people and their families across Scotland.

WHAT FAMILIES TOLD US

Families told us they want:

- Easier access to health and support services.
- Shorter waiting times for assessments, support and treatment.
- More support while children are waiting.
- Services that listen and work in partnership with families.
- Systems that are easier to understand and navigate.

- Children's rights to be experienced consistently in practice.
- More opportunities to influence decisions and improve services.

Together, these priorities reflect families' desire for services that are accessible, responsive and rights-respecting, ensuring children can access support based on need rather than a family's ability to advocate for it.

FAMILIES' VOICES

The Picture Behind the Numbers

More than one-third

of families did not feel services supporting their child's health were accessible.



More than half reported significant delays accessing mental health and neurodevelopmental services.



Parents and carers frequently described having to "fight", "push" or **repeatedly challenge** systems to secure support.



Many questioned whether access to support should depend on a family's confidence, knowledge, persistence or financial circumstances.



Less than half found it easy to advocate for their child's health needs.



Many families described children receiving little or no meaningful support while waiting for assessment, diagnosis or intervention.



Several reported paying privately for assessments, therapies or treatment because they felt unable to wait for NHS services.



Families frequently described a **gap** between understanding children's rights and experiencing those rights in practice.



The findings suggest that while awareness of children's health rights is increasing, many families continue to experience barriers to accessing support, information and timely intervention.

FINDING 1

Awareness of children's health rights is increasing.

Nearly 65% of parents and carers reported feeling confident in understanding their child's health rights. However, qualitative responses suggest that awareness is often developed through lived experience, training opportunities, professional roles and personal research rather than through information routinely provided by health services. Respondents frequently attributed their understanding to external training, professional backgrounds in healthcare, support from Children's Health Scotland or their experiences of navigating services, while others reported that children's health rights, had **"never been explained"** to them.

As one parent explained: **"It wasn't until Tuesday at a training course that I learned what rights we have and its implications."**

Others highlighted the absence of information from services: **"I have never been told about this."**

Several respondents also highlighted a gap between understanding rights and experiencing them in practice: **"Knowing their rights has not meant services meeting those rights."**

HEALTH RIGHTS FRAMEWORK

- **UNCRC Article 24:** Children have the right to the best possible health.



- **UNCRC Article 42:** Children and families should know about children's rights.



WHY THIS MATTERS

Understanding children's health rights is an important foundation for participation, advocacy and informed decision-making. The findings suggest that awareness of children's health rights is increasing amongst parents and carers, with many recognising the importance of children and young people participation being informed, involved and listened to when decisions are made about their health and wellbeing.

However, the survey also suggests that awareness remains uneven and is often dependent on individual circumstances rather than systematic provision of information. Many respondents described learning about rights through training, employment, support organisations or personal experience of navigating healthcare systems. This raises important questions about whether all families have equal opportunities to access information about children's health rights.

Importantly, parents and carers frequently described a gap between understanding children's health rights and experiencing those rights in practice. Respondents highlighted challenges accessing services, securing support and ensuring children's views and needs were recognised. This suggests that increasing awareness alone will not be sufficient. Efforts to improve children's health rights must also focus on ensuring that rights are consistently embedded within everyday experiences of healthcare, participation and decision-making.

POLICY INSIGHT

The findings suggest that awareness of children's health rights is increasing amongst parents and carers. However, many respondents described learning about rights through personal experience, employment, training opportunities, professional knowledge or support from third-sector organisations rather than through information routinely provided by health services. This creates the potential for inequalities in awareness, participation and advocacy, as families who have less access to information may be less able to understand and exercise their child's health rights.

Awareness alone is not enough. Parents and carers frequently described a gap between understanding children's health rights and experiencing those rights in practice. The findings suggest that strengthening the routine provision of clear, accessible information may help children, young people and families participate more confidently in decisions about care and support.

OPPORTUNITIES FOR IMPROVEMENT

While many parents and carers felt confident advocating for their child, respondents often described difficulties navigating services, understanding available support and securing timely interventions. Several families reported that knowledge of rights alone was not always enough to ensure those rights were realised.

The findings suggest there may be opportunities to strengthen how children's health rights are promoted, communicated and embedded across Scotland's health system. Providing clear, accessible and consistent information to children, young people and families could help support participation, improve confidence in navigating services and ensure families are better equipped to make informed decisions about care and treatment.

In particular, respondents highlighted opportunities to:

- ✓ Ensure information about children's health rights is routinely available across any settings where children's health is supported.
- ✓ Provide clear, accessible and age-appropriate information for children, young people and families.
- ✓ Strengthen awareness of rights amongst both families and professionals.
- ✓ Support families to understand how children's health rights apply in everyday health experiences.
- ✓ Enable children, young people and families to participate meaningfully in decisions about care, treatment, support and health.

FINDING 2:

Access to support remains challenging for many families.

Only 36% of parents and carers reported that support and services for their child's health were accessible, while 33% reported that services were inaccessible. Qualitative responses highlighted challenges accessing CAMHS, neurodevelopmental services, speech and language therapy, occupational therapy, specialist assessments and GP appointments. Respondents frequently described lengthy waiting times, difficulties navigating referral pathways and concerns about children's needs worsening while they waited for support. Some families reported turning to private services because they felt unable to wait for NHS support, raising concerns about inequalities for families who do not have the financial means to pursue private assessments or interventions.

As one parent explained: ***"The waiting times are ridiculous to access anything."***

Another reported: ***"We feel so let down by the NHS... we are honestly one of the lucky ones who can afford to pay for a private assessment."***

However, experiences were not universally negative. Some families described examples of accessible, coordinated and responsive support.

One parent reflected: ***"Her school and educational support services have worked hand-in-hand with healthcare professionals to ensure her health needs are met safely and seamlessly throughout the school day."***

HEALTH RIGHTS FRAMEWORK

- **UNCRC Article 24:** Children have the right to the best possible health.



- **UNCRC Article 2:** Rights apply equally to all children without discrimination.



WHY THIS MATTERS

Access to health support is fundamental to ensuring children and young people can realise their right to the highest attainable standard of health. While some parents and carers described positive experiences, the findings suggest that access to support remains inconsistent across Scotland and can vary significantly depending on the type of service required.

Respondents frequently described delays in accessing specialist assessments, therapies and mental health support. Several families reported that children's health, wellbeing, educational participation and quality of life deteriorated whilst waiting for support. Others highlighted the financial and emotional impact of paying privately for assessments, therapies or treatment where they felt NHS services could not respond in a timely manner.

The findings suggest that difficulties accessing support may have wider implications for children's health rights, particularly where access is influenced by waiting times, service availability or a family's ability to navigate complex referral processes.

POLICY INSIGHT

The survey findings suggest that access to support remains one of the most significant challenges facing families. Experiences varied considerably across services, but respondents consistently identified delays, complex referral pathways and limited availability of specialist support as barriers to accessing care.

A recurring theme was the perception that families with greater confidence, knowledge, professional experience or financial resources were often better able to secure support. Several parents and carers described paying for private assessments or interventions because they felt unable to wait for NHS services. This raises important questions about equity of access and whether all children and young people can access support according to need.

OPPORTUNITIES FOR IMPROVEMENT

The findings suggest opportunities to strengthen equitable access to support for children and young people across Scotland. While examples of excellent practice exist, many families described difficulties accessing timely services and navigating referral pathways. Respondents highlighted opportunities to:

- ✓ Improve timely access to assessments, therapies and specialist services.
- ✓ Strengthen support for children and young people while waiting for services.
- ✓ Improve communication with families throughout referral and waiting-list processes.
- ✓ Simplify pathways to support and reduce barriers to accessing services.
- ✓ Reduce inequalities in access to support regardless of a family's confidence, knowledge or financial circumstances.



FINDING 3: Children are often left without meaningful support while waiting.

56% of respondents reported significant delays accessing mental health and neurodevelopmental services. Qualitative responses consistently highlighted concerns that children and young people often received little or no meaningful support while awaiting assessment, diagnosis or intervention. Respondents described children spending years on waiting lists, experiencing worsening mental health and wellbeing, struggling in education and, in some cases, reaching crisis point before support became available.

A recurring theme was that support often appeared to become available only after a child's needs had escalated significantly, leading some parents and carers to question whether early intervention was being realised in practice.

As one parent stated: ***"A child should not have to wait until a crisis point before help is given."***

Another reported: ***"We've been waiting on CAMHS for approximately six years."***

HEALTH RIGHTS FRAMEWORK

- **UNCRC Article 24:** Children have the right to timely access to healthcare and support.



- **UNCRC Article 3:** The best interests of the child should be a primary consideration.



WHY THIS MATTERS

Delays in accessing support affect more than waiting times. Parents and carers described impacts on mental health, educational participation, family wellbeing and children's confidence. Many respondents highlighted concerns that children were being left without meaningful support during critical periods of development. Families reported that prolonged waits could exacerbate anxiety and other wellbeing concerns, with some describing experiences of Emotionally Based School Non-Attendance (EBSNA) as children struggled to engage with education without appropriate support. The findings suggest that the availability of support while waiting for services may be as important to families as reducing waiting times themselves.

POLICY INSIGHT

Families consistently reported that children and young people receive limited support while waiting for assessment, diagnosis or intervention. The findings suggest opportunities to strengthen early intervention and provide meaningful support before needs escalate to crisis point.

OPPORTUNITIES FOR IMPROVEMENT

Parents and carers consistently identified delays in mental health and neurodevelopmental services as having a significant impact on children, young people and families. While many respondents recognised the pressures facing services, concerns were raised about the limited support available while children and young people were waiting for assessment, diagnosis or intervention. The findings suggest opportunities to strengthen early support, improve communication with families and ensure that children receive help before their needs escalate to crisis point. Respondents highlighted opportunities to:

- ✓ Improve support for children and young people while waiting for services.
- ✓ Strengthen early intervention pathways.
- ✓ Improve communication during waiting periods.
- ✓ Ensure support is available based on need rather than progression to crisis.
- ✓ Reduce delays in mental health and neurodevelopmental pathways.



FINDING 4:

Families should not have to fight for support.

44% of respondents found it easy to advocate for their child's health needs. Parents and carers frequently described spending considerable time navigating systems, pursuing referrals, coordinating services and challenging decisions to secure support. Many respondents felt that accessing help should not depend on a family's confidence, persistence, professional knowledge or ability to **"fight the system"**.

As one parent explained: ***"It feels like I am always having to fight the system for any kind of care."***

Another reflected: ***"It shouldn't feel like a constant battle."***

Many families also highlighted the financial impact of securing support for their child. Several respondents

described paying privately for assessments, therapies, counselling and other services because they felt unable to wait for NHS support. Others highlighted travel costs, accommodation expenses and uncertainty about the financial assistance available to families. Some questioned whether children whose families had greater financial resources, knowledge or confidence were able to access support more quickly than those who did not.

Taken together, the findings raise important questions about equity of access. Families consistently argued that support should be available based on a child's needs rather than a family's ability to navigate systems, challenge decisions or pay for additional support.

HEALTH RIGHTS FRAMEWORK

- **UNCRC Article 24:** Children have the right to the best possible health.



- **UNCRC Article 18:** Families should receive appropriate support in caring for children.



WHY THIS MATTERS

Families should not have to become experts in healthcare systems, referral pathways or funding arrangements to secure support for their children. The findings suggest that navigating services can be complex, time-consuming and emotionally demanding. Several respondents expressed concern that families with fewer resources, confidence, support networks or financial means may face greater barriers to accessing help.

The findings also suggest that financial circumstances can influence how quickly some children access assessments, therapy or specialist support. In a rights-based system, access to support should be determined by need rather than a family's ability to pay for alternatives when statutory services are unavailable or delayed.

POLICY INSIGHT

Many parents and carers described advocacy as a necessity rather than a choice. The findings suggest that children's access to support should rely less on individual persistence and more on clear, accessible and responsive systems. Families frequently highlighted the challenges of navigating complex pathways, coordinating support and understanding where to go for help.

A recurring theme was concern that some families were turning to private assessments, therapy or treatment because they felt unable to wait for support through statutory services. While families recognised the pressures facing services, respondents questioned whether access to support was always equitable when outcomes could be influenced by financial circumstances, professional knowledge or confidence in navigating systems. The evidence suggests that simplifying access to support and reducing reliance on both parental advocacy and private provision could help improve equity of experience for children and young people across Scotland.

OPPORTUNITIES FOR IMPROVEMENT

Parents and carers frequently described the time, knowledge, persistence and, in some cases, financial resources required to access support for their child. While many demonstrated remarkable determination in advocating for children and young people, respondents questioned whether access to services should depend so heavily on a family's ability to navigate systems, challenge decisions or fund support privately. The findings suggest opportunities to make pathways to support clearer, more joined up and easier to navigate. Respondents highlighted opportunities to:

- ✓ Improve information and signposting so families know where to access help and support.

- ✓ Strengthen coordination between services and statutory bodies to reduce the burden on families.
- ✓ Ensure referral pathways are clear, consistent and easy to navigate.
- ✓ Increase access to independent advocacy, peer support and guidance for families.
- ✓ Improve awareness of financial support available to families caring for children with health needs.
- ✓ Reduce inequalities by ensuring access to support is based on need rather than a family's confidence, knowledge, financial circumstances or ability to advocate.

FINDING 5:

Children's health rights are not always experienced consistently in practice.

Just over half of respondents (52.0%) felt listened to and treated as equal partners in decisions affecting their child's health, while 20.6% reported negative experiences. Parents and carers described significant variation between services, professionals and areas of Scotland.

One parent reflected: *"They consistently value my insights*

as a parent and involve us fully in every decision. It feels like a genuine, respectful partnership where my daughter's best interests and rights are always the priority."

Others reported contrasting experiences. *"There seems to be a lot of assumptions made about my capacity as a parent and my knowledge of my own child."*

HEALTH RIGHTS FRAMEWORK

- **UNCRC Article 12:** Children have the right to be heard and involved in decisions affecting them.



- **UNCRC Article 24:** Children have the right to the best possible health.



- **UNCRC Article 2:** Rights apply equally to all children.



WHY THIS MATTERS

Meaningful participation is a fundamental component of children's health rights. While many respondents described positive partnership working and compassionate care, others reported feeling dismissed, excluded from decisions or required to repeatedly justify concerns about their child. The findings suggest that rights-respecting practice exists across Scotland but is not experienced consistently by all families.

POLICY INSIGHT

While many parents and carers described positive experiences of partnership working, communication and shared decision-making, others reported feeling dismissed, excluded or insufficiently involved in decisions affecting their child. The findings suggest that rights-respecting practice is being experienced inconsistently across Scotland, with family experiences often dependent on individual professionals, services or local systems. Families should be able to expect the same high standard of participation, communication and person-centred care regardless of where they access support.

OPPORTUNITIES FOR IMPROVEMENT

The findings suggest opportunities to strengthen consistency in how children's health rights are experienced across Scotland's health system. Parents and carers frequently highlighted the importance of being listened to, treated as equal partners and having their knowledge of their child recognised and valued. Embedding a consistent rights-based approach across services could help ensure that positive experiences become the norm rather than depending on individual professionals or local practice. Respondents highlighted opportunities to:

- ✓ Promote consistent partnership working with children, young people and families.
- ✓ Ensure children's and families' views are actively considered in decisions about care and support.
- ✓ Strengthen communication and information sharing across services.
- ✓ Recognise and value the expertise, knowledge and lived experience of families.
- ✓ Embed rights-respecting practice consistently across Scotland's health system so that experiences do not vary according to location, service or individual professional.



FINDING 6:

Families want their experiences to influence services and decision-making.

Only 14% of respondents reported being asked for feedback by their Health Board, while 87% said they had never been asked. Despite this, qualitative responses suggest that many parents and carers are willing to share their experiences and contribute to service improvement. Respondents frequently highlighted the importance of listening to lived experience as a source of learning and improvement.

One respondent commented: *"I think feedback should be invited after every contact."*

Another stated: *"We were never given information on who we could raise complaints with or the procedure if we wanted a second opinion."*

HEALTH RIGHTS FRAMEWORK

- **UNCRC Article 12:** Children and families should be listened to when decisions are made.



- **UNCRC Article 24:** Healthcare systems should support children's health and wellbeing.



- **UNCRC Article 42:** Children and families should know about their rights.



WHY THIS MATTERS

Participation and co-production are central to improving services. Families bring valuable lived experience and insight into what's working well and where improvements are needed. However, the findings suggest opportunities for more consistent and meaningful engagement with families across Scotland's health system.

POLICY INSIGHT

Only 14% of respondents reported being asked for feedback by their Health Board, while 87% said they had never been asked. Families also noted that schools, education settings and local authorities are not seeking feedback to improve services for children. While many parents and carers expressed a willingness to share their experiences and contribute to improving services, opportunities to do so appear limited and inconsistent. The findings suggest that children, young people and families remain an underutilised source of insight, expertise and lived experience within health service improvement. Strengthening participation and co-production could help ensure that services are informed by the experiences of those who use them and respond more effectively to the needs of children and families.

OPPORTUNITIES FOR IMPROVEMENT

The findings suggest opportunities to strengthen how children, young people and families influence the design, delivery and improvement of health and support services. Respondents frequently highlighted the value of listening to lived experience and ensuring that feedback leads to meaningful change. Creating more consistent opportunities for participation could help strengthen trust, improve service quality and ensure that children's health rights are reflected in service development and decision-making. Respondents highlighted opportunities to:

- ✓ Increase opportunities for children, young people and families to provide feedback on their experiences.
- ✓ Strengthen co-production and participation in service design and improvement.
- ✓ Improve awareness and accessibility of feedback, complaints and engagement processes.
- ✓ Ensure lived experience informs service planning, policy development and quality improvement activities.
- ✓ Create regular and meaningful opportunities for children, young people and families to influence change at local and national levels.
- ✓ Demonstrate how feedback from families has been used to improve services and outcomes.



WHAT THIS CHAPTER TELLS US

The experiences shared by parents and carers paint a complex picture of children's health rights in Scotland. Many respondents demonstrated a strong understanding of children's rights and a clear commitment to supporting their children and young people to access the care and support they need.

However, the findings suggest that awareness alone does not guarantee that rights are realised in practice. Across multiple areas, parents and carers described difficulties accessing services, lengthy waiting times, challenges navigating systems and the need to continually advocate on behalf of their child.

While many families reported positive experiences of compassionate care, meaningful participation and effective partnership working, experiences were not consistent. Respondents frequently described variation between services, professionals and geographical areas, leading some families to question whether children's health rights are being experienced equally across Scotland.

The survey also highlights the important role families play in securing support for children and young people. Many parents and carers described becoming experts in navigating systems, coordinating services and advocating for support.

While this determination was often instrumental in accessing help, respondents questioned whether access to healthcare should depend so heavily on a family's knowledge, confidence or ability to challenge decisions.

Perhaps most significantly, the findings highlight concerns about children and young people receiving limited support whilst waiting for mental health and neurodevelopmental services. Parents and carers consistently described the impact of delays on wellbeing, education and family life, suggesting that support while waiting remains an important area for improvement.

Taken together, the findings suggest that progress has been made in raising awareness of children's health rights. However, opportunities remain to strengthen access to support, participation, consistency of experience and the meaningful involvement of children, young people and families in shaping services.

Most importantly, the findings suggest that children's health rights should not depend upon a family's ability to navigate systems, challenge decisions, advocate persistently for support or pay privately for services that should be available when children need them.

PARENT AND CARER REFLECTION

Parents and carers play a vital role in helping children and young people realise their health rights. The findings show that many families are knowledgeable, resilient and determined advocates for their children. However, they also highlight concerns about access to support, long waiting times and the challenges of navigating complex systems.

Families should not need to fight for support or become experts in healthcare to secure help for their child. Children's health rights should be realised consistently, regardless of where a family lives, what they know, who they know or how strongly they are able to advocate.

KEY PRIORITIES EMERGING FROM PARENT AND CARER EXPERIENCES

1 Increase awareness and understanding of children's health rights

Ensure children, young people and families receive clear, accessible and consistent information about children's health rights and how they apply in practice.

2 Improve access to timely support

Reduce barriers to accessing assessments, therapies and specialist services, ensuring support is available when it is needed.

3 Strengthen support while children and young people are waiting

Improve the availability of meaningful support during waiting periods, particularly within mental health and neurodevelopmental pathways.

4 Make systems easier to navigate

Ensure access to support relies less on individual advocacy and more on clear, coordinated and responsive services.

5 Embed consistent rights-respecting practice

Promote participation, partnership working and person-centred care across all services so that children's health rights are experienced consistently.

6 Strengthen participation and co-production

Create more opportunities for children, young people and families to influence service design, delivery and improvement through meaningful engagement and feedback.



CHAPTER 3 HEALTH PROFESSIONALS



INTRODUCTION

Health professionals play a key role in ensuring children's health rights are understood, protected and realised in practice. Through the Children's Health Scotland National Health Rights Survey, professionals from across Scotland shared their experiences of promoting children's rights, involving children in decisions about their health and navigating the challenges facing children's healthcare services.

While many respondents demonstrated strong commitment to children's rights and rights-based practice, the survey also identified significant challenges. Workforce pressures, limited resources, increasing demand and lengthy waiting times were frequently highlighted as barriers to consistently delivering children's rights in practice. Across the survey, a clear message emerged: health professionals want to provide rights-based care, but often feel constrained by systems operating under considerable pressure.

ABOUT THE RESPONDENTS

A total of 162 health professionals participated in the Children's Health Scotland National Health Rights Survey, with responses received from every NHS Health Board area in Scotland. Respondents represented a broad range of professional disciplines and services, including nurses, health visitors, doctors, allied health professionals, psychologists, therapists, play specialists and senior leaders.

The survey explored experiences of:

- Understanding children's health rights
- Participation and decision-making
- Rights-based and trauma-informed practice
- Equitable care for disabled children and young people
- Training and resource needs
- Barriers to upholding children's health rights
- Mental health and neurodevelopmental services
- Support for care experienced children.

EMERGING NATIONAL PICTURE

Health professionals across Scotland demonstrated strong awareness of children's health rights, with 82% reporting confidence in their understanding of children's health rights and 89% reporting awareness of their responsibilities as duty bearers under Scotland's UNCRC incorporation. However, awareness alone was not viewed as sufficient to realise children's rights in practice.

Many respondents described children's rights as central to their role and highlighted examples of good practice across a range of services.



However, the survey also identified significant challenges. Professionals frequently described increasing demand, workforce shortages, limited resources and growing complexity of need affecting their ability to consistently realise children's rights in practice. Many respondents felt that awareness of children's rights has improved, but that services do not always have the capacity required to deliver those rights consistently.

The strongest theme throughout the survey related to mental health and neurodevelopmental services. Professionals repeatedly described lengthy waiting times, restrictive referral thresholds and limited support available to children and families while awaiting assessment or intervention. Taken together, the findings suggest that while commitment to children's rights is strong, significant barriers remain to ensuring those rights are experienced consistently across Scotland.

WHAT HEALTH PROFESSIONALS TOLD US

Health professionals told us they want:

- More time to deliver rights-based care.
- Better access to specialist services and referral pathways.
- Reduced waiting times for children and young people.
- Stronger multi-agency working.
- Improved mental health and neurodevelopmental support.
- Greater awareness of children's rights across services.
- Practical conditions that enable children and young people to participate meaningfully in decisions affecting their health.

Together, these priorities reflect health professionals' commitment to children's health rights and their desire to provide high-quality, rights-respecting care within increasingly pressured systems.

KEY STATISTICS

- 79% were unaware of the Young Patients Family Fund (YPPF).
- 66% would benefit from further training in children's rights, participation, trauma-informed practice or communicating rights to families.
- 61% reported significant delays and challenges accessing mental health and neurodevelopmental services.
- 52% identified system pressures and demand as barriers to upholding children's health rights.
- Only 46% felt they had the resources needed to explain children's health rights to children and families.
- 72% reported being confident or very confident explaining children's rights to families.
- 82% reported feeling confident in their understanding of children's health rights.
- 89% reported being aware of their responsibilities as duty bearers under Scotland's UNCRC incorporation.

HEALTH PROFESSIONALS' VOICES

The Picture Behind the Numbers

More than 1 in 10

health professionals were unaware of their responsibilities as duty bearers under Scotland's UNCRC incorporation.



More than 1 in 3

health professionals would benefit from additional training in children's rights, participation, trauma-informed practice or communicating rights to children and families.



More than 1 in 2

health professionals reported significant delays and challenges accessing mental health and neurodevelopmental services for children and young people.



More than 1 in 2 identified system pressures and increasing demand as barriers to upholding children's health rights in practice.



More than 1 in 2 did not feel they had the resources needed to explain children's health rights to children and families.



Almost 4 in 5 health professionals were unaware of the Young Patients Family Fund (YPPF).



Many professionals described a gap between understanding children's rights and having the capacity, resources and support needed to consistently realise those rights in practice.



The findings suggest that awareness of children's health rights is growing across Scotland's health workforce. However, awareness has not yet been matched by the resources, workforce capacity, training and system support required to ensure children's rights are consistently experienced by all children and young people.

FINDING 1

Health professionals demonstrate strong commitment to children's health rights.

82% of health professionals reported feeling confident in their understanding of children's health rights, while 89% reported being aware that health professionals are duty bearers with legal responsibilities under Scotland's UNCRC incorporation. The findings suggest that awareness of children's rights is increasingly embedded across Scotland's health workforce, with many respondents describing children's rights as central to their professional values and everyday practice.

Qualitative responses suggest that confidence is commonly developed through professional experience, engagement with frameworks such as GIRFEC and the UNCRC, participation in training and involvement in rights-based networks. Many professionals described routinely placing children and young people at the centre of decision-making and highlighted the importance of advocacy, participation and partnership working with families. Several respondents also described children's rights as a core part of their role rather than an additional responsibility.

However, the findings also suggest that awareness is not universal. While many professionals felt confident in relation to participation, consent and confidentiality, some reported less confidence regarding specific children's rights frameworks, particularly the European Association for Children in Hospital and Healthcare (EACH) Charter. Respondents frequently highlighted that children's rights continue to evolve and emphasised the importance of ongoing learning and reflection.

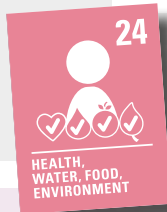
As one respondent explained: ***"There is always more to be learned and understood."***

Another reflected: ***"We should always be trying to develop our understanding; the sharing of learning should never be seen as fully complete."***

Others emphasised the importance of children's rights in everyday practice: ***"All adults involved in working with children should be upholding their rights."***

HEALTH RIGHTS FRAMEWORK

- **UNCRC Article 24:** Children have the right to the best possible health.



- **UNCRC Article 42:** Children should know about their rights.



WHY THIS MATTERS

Understanding children's health rights is fundamental to delivering rights-respecting care. The findings suggest that awareness of children's rights is becoming increasingly embedded across Scotland's health workforce and provides an important foundation for participation, communication and shared decision-making.

However, respondents consistently highlighted the importance of ongoing learning and support to ensure rights-based approaches are understood and applied consistently across different health settings and professional groups.

POLICY INSIGHT

The findings suggest that awareness of children's health rights amongst health professionals is relatively high. However, respondents frequently highlighted the importance of continued professional development and practical guidance to help professionals understand how children's rights apply within increasingly complex healthcare environments.

OPPORTUNITIES FOR IMPROVEMENT

The findings suggest opportunities to continue building knowledge and confidence in children's health rights across Scotland's health workforce. In particular, respondents highlighted opportunities to:

- ✓ Expand access to children's health rights training.
- ✓ Provide regular refresher opportunities on rights-based practice.
- ✓ Strengthen understanding of UNCRC incorporation and duty bearer responsibilities.
- ✓ Increase awareness of the European Association for Children in Hospital and Healthcare (EACH) Charter and other children's rights frameworks.
- ✓ Share examples of effective rights-based practice across services.
- ✓ Support multidisciplinary learning and collaboration.



FINDING 2

Training and resources have not kept pace with rights-based expectations.

46% of health professionals felt they had the resources needed to explain children's health rights to children and families. However, 66% reported that they would benefit from further training in children's health rights, participation, trauma-informed practice or communicating rights to families. These findings suggest that while awareness of children's rights is growing, many professionals do not feel fully equipped with the practical tools needed to consistently communicate and promote children's rights in healthcare settings.

Qualitative responses revealed a consistent demand for accessible resources, child-friendly information and practical guidance. Professionals frequently highlighted that existing information is often aimed at adults or professionals rather than children and young people. Several respondents described a need for visual resources, easy-read information and age-appropriate materials that could help children and families better understand their rights.

Respondents also expressed a strong interest in further training, particularly around communicating rights to families,

supporting meaningful participation and applying children's rights within complex situations. Many emphasised that training should focus on practical implementation and provide examples that can be applied in everyday healthcare settings.

As one respondent stated: ***"Specific resources directed to children around their rights are lacking."***

Another commented: ***"Would be good to have a clear and concise explanation to provide children and families."***

Others highlighted the importance of accessibility: ***"More language friendly and visual guidance may be helpful."***

The findings suggest that awareness of children's rights has progressed more rapidly than the availability of practical resources to support implementation. Professionals demonstrated strong commitment to children's rights but consistently highlighted the need for better tools, accessible information and ongoing learning opportunities to support rights-based practice across Scotland's health system.

HEALTH RIGHTS FRAMEWORK

- **UNCRC Article 42:** Children and families should receive information about rights.



- **UNCRC Article 12:** Children should be supported to participate in decisions affecting them.



WHY THIS MATTERS

Health professionals play an important role in helping children, young people and families understand their rights. The findings suggest that accessible resources and practical training can support participation, improve communication and help ensure that children are active participants in decisions about their healthcare.

Many respondents highlighted that understanding children's rights should not depend on individual professionals or local initiatives. Consistent access to information, resources and training may help to ensure that children and families receive the same quality of rights-based support regardless of where they access services.

POLICY INSIGHT

The findings suggest that awareness of children's rights amongst health professionals is relatively high. However, many respondents reported gaps in child-friendly resources, communication tools and practical implementation support. Professionals consistently highlighted a need to move beyond awareness-raising towards resources and training that help embed children's rights within everyday healthcare practice.

OPPORTUNITIES FOR IMPROVEMENT

The findings suggest opportunities to strengthen how children's health rights are communicated and embedded across Scotland's health system. In particular, respondents highlighted opportunities to:

- ✓ Develop child-friendly and accessible resources that explain children's health rights.
- ✓ Increase the availability of visual, easy-read and communication-friendly materials.

- ✓ Improve visibility of children's rights information across healthcare settings.
- ✓ Provide practical training on communicating rights to children, young people and families.
- ✓ Strengthen training on participation and trauma-informed practice.
- ✓ Share examples of effective rights-based practice across services.



FINDING 3

Awareness of financial support and entitlements remains low.

79% of health professionals reported being unaware of the Young Patients Family Fund (YPFF). The findings suggest that awareness of financial support, practical assistance and family entitlements is not consistently embedded across children's health services. While health professionals demonstrated strong commitment to supporting children, young people and families, many respondents may not be routinely aware of support mechanisms that can help reduce the financial pressures associated with healthcare, hospital attendance and ongoing treatment.

The Young Patients Family Fund (YPFF) was established to help reduce some of the financial burden experienced by families when a child or young person requires hospital care. However, the survey findings suggest that awareness of the fund remains low amongst many health professionals who may be supporting children and families throughout their healthcare journey.

Qualitative responses highlighted wider concerns regarding how families are informed about available support, entitlements and sources of assistance. Professionals frequently described families facing increasingly complex

circumstances, including challenges associated with travel, prolonged waiting times, caring responsibilities and the wider financial impact of supporting a child with health needs. Several respondents suggested that families often rely on personal research, third-sector organisations or informal networks to identify available support.

A recurring theme throughout the survey was the importance of ensuring that children, young people and families receive clear, accessible and timely information. While health professionals consistently demonstrated a commitment to supporting families, the findings suggest that information about financial support and entitlements may not always be routinely available or consistently communicated across services.

The findings indicate that awareness of financial support is an important component of rights-based practice. Access to support should not depend upon whether a family happens to encounter a professional who is aware of available assistance. Instead, information about support and entitlements should be embedded within healthcare pathways and routinely offered to children, young people and families when relevant.

HEALTH RIGHTS FRAMEWORK

- **UNCRC Article 24:** Children have the right to the best possible health.



- **UNCRC Article 26:** Children have the right to benefit from social and financial support where appropriate.



- **UNCRC Article 27:** Children have the right to a standard of living that supports their health, wellbeing and development.



WHY THIS MATTERS

Financial pressures can create additional barriers for families seeking to access healthcare and support for their children. Awareness of available assistance can help reduce stress, improve access to services and ensure families are better supported throughout a child's healthcare journey.

The findings suggest that low awareness of financial support schemes and entitlements may contribute to inequalities in access to assistance and place additional burdens on families who are already navigating complex health systems. Families should not have to discover support by chance or through their own persistence and research.

POLICY INSIGHT

Awareness of children's health rights should include awareness of the practical and financial support available to help children and families realise those rights in practice. The findings suggest that while health professionals demonstrate strong commitment to supporting children and families, awareness of available support mechanisms is not consistently embedded across services.

Improving awareness of schemes such as the Young Patients Family Fund (YPFF) may help strengthen rights-based practice, reduce inequalities and ensure children, young people and families receive timely information about sources of practical and financial assistance when they need it most.

OPPORTUNITIES FOR IMPROVEMENT

The findings suggest opportunities to strengthen awareness of financial support and family entitlements across Scotland's health system. In particular, respondents highlighted opportunities to:

- ✓ Increase awareness of the Young Patients Family Fund (YPFF) amongst health professionals.
- ✓ Ensure information about financial support is routinely shared with children, young people and families.
- ✓ Improve signposting to practical assistance, financial support and relevant entitlements.
- ✓ Embed discussions about financial support within rights-based care and family-centred practice.
- ✓ Strengthen partnership working between health services and third-sector organisations providing advice and support.
- ✓ Reduce inequalities by ensuring access to support does not depend upon individual knowledge, confidence or chance encounters with informed professionals.

FINDING 4

Health professionals are working hard to involve children, but barriers to participation remain.

Health professionals (43%) reported that children are frequently or consistently involved in decisions about their health during appointments. However, responses suggest that meaningful participation remains inconsistent across services and can be influenced by factors such as communication needs, anxiety, time pressures and adult-led decision-making. Professionals frequently described making considerable efforts to involve children and young people in healthcare discussions while recognising that barriers continue to limit participation for some groups of children.

Communication needs emerged as the most commonly reported barrier to participation, identified by 61% of respondents. Anxiety (50%), time constraints (42%) and trusted adult dynamics (40%) were also frequently highlighted.

As one respondent explained:

"We actively engage children in setting goals that are meaningful. We have a range of tools for different ages and use resources like Talking Mats for individuals who are non-verbal."

However, respondents also highlighted ongoing challenges:

"A lot of the parents talk for the children."

A recurring theme throughout the survey was the participation of children who are non-verbal, disabled or have complex communication needs. Several professionals expressed concern that assumptions are sometimes made about a child's ability to participate, particularly when they use alternative communication methods. Respondents emphasised that meaningful participation should not depend on a child's ability to communicate verbally and highlighted the importance of providing appropriate support and adjustments.

Many professionals described situations where parents or carers unintentionally dominated conversations, making it more difficult for children's views to be heard directly. Others highlighted the challenges of involving very young children, children with complex disabilities and children who use alternative methods of communication.

Despite these challenges, qualitative responses demonstrated a strong commitment to participation. Many respondents described using tools such as Talking Mats, alternative and augmentative communication methods, child-centred goal setting and advocacy support to ensure children's views were heard. Several respondents highlighted examples of services actively adapting their approach to help children participate more meaningfully in decisions about their health and care.

Another reflected:

"Health services have been getting better at actively trying to include children, though we still have a way to go."

And:

"Not all doctors and professionals will include children in conversations, often talking to the adults in the room."

The findings suggest that health professionals across Scotland are increasingly committed to participation and are implementing a range of approaches to involve children and young people in decisions about their health. However, experiences remain variable, and many respondents described opportunities to strengthen participation further, particularly for children who experience communication barriers, anxiety or complex health needs.

HEALTH RIGHTS FRAMEWORK

- **UNCRC Article 12:** Children have the right to express their views and have those views taken seriously.



- **UNCRC Article 13:** Children have the right to receive information in ways they can understand.



WHY THIS MATTERS

Meaningful participation is a fundamental component of children's health rights. Children and young people have the right to receive information, express their views and have those views taken into account when decisions are made about their healthcare. The findings suggest that many professionals are working hard to uphold these rights and recognise the importance of hearing directly from children and young people whenever possible.

However, participation is not experienced equally by all children. Respondents consistently highlighted that communication barriers, service pressures and assumptions about children's abilities can affect opportunities for meaningful involvement. This suggests that continued effort is needed to ensure all children can participate in ways that are appropriate to their age, stage of development and communication needs.

POLICY INSIGHT

The findings suggest that participation is becoming increasingly embedded within children's healthcare services. Professionals described a range of innovative approaches to engaging children and supporting shared decision-making. However, respondents also identified variation across services and highlighted the need for greater consistency in how children's views are sought, recorded and acted upon.

Particular challenges were identified for younger children, disabled children and those with communication needs. The findings suggest opportunities to strengthen inclusive participation practices and ensure that all children are supported to express their views regardless of how they communicate.



OPPORTUNITIES FOR IMPROVEMENT

The findings suggest opportunities to strengthen meaningful participation across Scotland's health system. In particular, respondents highlighted opportunities to:

- ✓ Increase the use of communication tools and alternative communication approaches.
- ✓ Improve participation opportunities for children with disabilities and communication needs.
- ✓ Create more child-friendly healthcare environments.
- ✓ Support professionals to engage directly with children and young people.
- ✓ Improve access to advocacy and participation support.
- ✓ Promote consistent approaches to hearing, recording and responding to children's views.



FINDING 5

Disabled children and young people continue to face barriers to equitable care.

Almost half (49%) of health professionals felt unable to consistently provide equitable care for disabled children and young people with Additional Support Needs (ASN) while qualitative responses highlighted ongoing concerns about access to support, appropriate environments, specialist services and transitions to adult care. The findings suggest that professionals are committed to delivering equitable care but often face challenges that make this difficult to achieve consistently in practice.

Many respondents described adapting their practice to meet the needs of disabled children and young people and highlighted examples of good practice, including the use of alternative communication methods, personalised approaches, specialist services and partnership working with families. Professionals frequently emphasised the importance of listening to children and recognising that every child has unique needs and preferences.

However, concerns were raised about limited service capacity, long waiting times and gaps in support. Respondents frequently highlighted challenges accessing assessments, therapies, respite services and specialist interventions. Several professionals questioned whether children with disabilities and ASN are able to access support when they need it, particularly when services are under pressure or eligibility criteria are restrictive.

As one respondent explained: ***“There are long waiting times for children to be assessed for neurodiverse signs and symptoms.”***

Another reflected: ***“Services for children with additional needs are tragic, the waiting lists are extensive and there is not enough support for interventions.”***

Several respondents also highlighted concerns about healthcare environments, noting that busy clinics, sensory challenges and a lack of quiet spaces can create additional barriers for children with ASN. Others described difficulties providing reasonable adjustments due to workforce pressures, limited facilities or a lack of specialist resources.

A recurring theme throughout the survey was transition to adult services. Professionals frequently reported that support available to children and young people often reduces significantly once they reach adulthood. Respondents described concerns about continuity of care and highlighted the impact that service gaps can have on young people and their families.

As one respondent stated: ***“Transition to adult services is still universally poor.”***

Another commented: ***“We often struggle to ensure continuing care for these children.”***

The findings suggest that while many professionals are working hard to provide equitable and person-centred care, systemic challenges continue to affect the experiences of disabled children and young people. Respondents consistently highlighted a gap between recognising what children need and having the resources and capacity required to provide that support consistently.

HEALTH RIGHTS FRAMEWORK

- **UNCRC Article 23:** Disabled children have the right to appropriate support and participation.



- **UNCRC Article 2:** Rights apply equally to all children.



- **UNCRC Article 24:** Children have the right to the best possible health.



WHY THIS MATTERS

Disabled children and young people have the same rights as all children to access healthcare, participate in decisions and receive support that meets their individual needs. Achieving equitable care often requires additional adjustments, specialist services and flexible approaches that enable children and young people to participate fully in healthcare experiences.

The findings suggest that many barriers identified by professionals relate not to a lack of commitment, but to limitations in capacity, resources and service availability. Where support is delayed, inaccessible or unavailable, disabled children and young people may face additional obstacles to realising their health rights.

POLICY INSIGHT

Professionals consistently demonstrated a commitment to supporting disabled children and young people and recognised the importance of equitable, personalised care. However, respondents frequently described challenges relating to service capacity, waiting times, accessibility and transitions to adult services.

The findings suggest that strengthening equitable care requires more than awareness of children's rights alone. It also requires sufficient investment in services, environments and support systems that enable disabled children and young people to access care according to their needs.

OPPORTUNITIES FOR IMPROVEMENT

The findings suggest opportunities to strengthen equitable access and support for disabled children and young people across Scotland. In particular, respondents highlighted opportunities to:

- ✓ Improve access to specialist assessments, therapies and support services.
- ✓ Increase access to respite, family support and community-based services.
- ✓ Reduce waiting times for children with disabilities and ASN.
- ✓ Strengthen transition planning and continuity of care into adult services.
- ✓ Create more accessible and child-friendly healthcare environments.
- ✓ Ensure reasonable adjustments are consistently available across healthcare setting.



FINDING 6

System pressures are limiting the realisation of children's health rights.

52% of health professionals identified system pressures and demand as barriers to upholding children's health rights in their role. Respondents also frequently highlighted the complexity of cases (48%), lack of resources (43%), lack of time (34%) and lack of training (30%) as factors affecting their ability to consistently deliver rights-based care. The findings suggest that many barriers to children's health rights are systemic rather than individual, with professionals often feeling constrained by pressures beyond their control.

The findings suggest that many barriers to children's health rights are not caused by a lack of professional commitment, but by workforce pressures, service capacity and increasing demand across children's services.

Throughout the survey, health professionals consistently demonstrated a strong commitment to children's rights and a desire to provide high-quality, person-centred care. However, many respondents described working within increasingly stretched services, where rising demand, workforce shortages and administrative pressures can limit the time available to build relationships, support participation and respond to individual needs. Several professionals highlighted concerns that the growing complexity of children's needs has not always been matched by increased service capacity.

Many respondents described frustration at knowing what children and families need but being unable to consistently provide timely support because of service pressures. Professionals frequently spoke about trying to balance children's rights, clinical priorities and organisational demands within environments where resources are limited and demand continues to grow.

As one respondent explained: ***"It's really difficult to fit everything into a very stretched workload."***

Another commented: ***"We will all be doing our best in the role to try to work to promote all children's health, development and wellbeing, but this is not always achievable to the high standard we would hope for."***

Others highlighted the impact of resource constraints: ***"Lack of resources within the service can negatively affect timely assessment and intervention for children and young people."***

A recurring theme throughout the survey was the perception that professionals are often expected to deliver rights-based care within systems that do not always provide the necessary capacity and support. Respondents frequently highlighted that children's rights are generally well understood amongst professionals, but that the ability to consistently realise those rights can be affected by workforce shortages, waiting lists, staffing pressures and increasing demand across children's services.

Several respondents also described the emotional impact of these pressures. Professionals spoke about feeling frustrated when they were unable to secure appropriate support for children and families, particularly when referral pathways were limited or services were unavailable. Some described a growing gap between policy aspirations and the realities of day-to-day service delivery.

As one respondent reflected: ***"We all really want to make a difference and improve the rights and lives of children."***

Another observed: ***"There is a strong desire to deliver services that are rights based."***

The findings suggest that health professionals remain highly committed to children's rights and continue to promote participation, advocacy and child-centred care wherever possible. However, respondents consistently highlighted the challenge of delivering these ambitions within services facing significant operational pressures. Taken together, the findings suggest that strengthening children's health rights requires not only awareness and commitment, but sufficient capacity and investment to support implementation in practice.

HEALTH RIGHTS FRAMEWORK

- **UNCRC Article 4:** Public bodies should take steps to realise children's rights.



- **UNCRC Article 24:** Children have the right to the best possible health.



WHY THIS MATTERS

Children's health rights are realised through everyday interactions with healthcare services. While professional commitment is essential, rights-based care also depends on services having the time, staff and resources required to support meaningful participation, timely access to care and person-centred approaches.

The findings suggest that many professionals are already working hard to uphold children's rights despite significant pressures. However, where demand exceeds capacity, opportunities for participation, early intervention and personalised support may become more difficult to achieve consistently. This can have implications for children's experiences of healthcare and their ability to access support when they need it.

POLICY INSIGHT

A clear theme throughout the survey was that many barriers to children's health rights are structural rather than individual. Professionals consistently described strong commitment to children's rights but highlighted challenges relating to workforce capacity, service demand and resource availability. Meaningful participation of children in decisions about their health is both a fundamental right under the UNCRC and an important contributor to high-quality healthcare. Evidence shows that participation increases knowledge, engagement and satisfaction with care, while strengthening agency and self-efficacy, factors known to support better lifelong health and wellbeing.

The findings suggest that improving children's experiences of healthcare may require greater attention to the conditions that enable rights-based practice. Supporting children's rights in practice is likely to depend not only on training and awareness, but also on ensuring services are sufficiently resourced to meet the needs of children, young people and families.

OPPORTUNITIES FOR IMPROVEMENT

The findings suggest opportunities to strengthen the conditions that support rights-based care across Scotland's health system. In particular, respondents highlighted opportunities to:

- ✓ Increase workforce capacity across children's services.
- ✓ Reduce pressures associated with increasing demand and complexity of need.
- ✓ Improve access to resources that support children's rights in practice.
- ✓ Strengthen coordination and partnership working across services.
- ✓ Ensure service planning considers the practical requirements of rights-based care.
- ✓ Support staff wellbeing and professional development to sustain high-quality care.



FINDING 7

Delays in mental health and neurodevelopmental services remain the most significant national concern.

61% of health professionals reported observing significant delays and challenges in accessing mental health and neurodevelopmental services for children and young people. Respondents consistently identified lengthy waiting times, restrictive referral criteria and limited service capacity as some of the most significant barriers affecting children's health rights across Scotland. The findings suggest that difficulties accessing timely mental health and neurodevelopmental support have become one of the most pressing challenges facing children, young people, families and professionals.

Qualitative responses revealed widespread concern about the impact of waiting times on children's wellbeing, development and family life. Professionals frequently described children waiting months or years for assessment or support, with many reporting that children often receive little meaningful intervention while waiting. Respondents consistently highlighted concerns that support is frequently only available once needs have significantly escalated, with several questioning whether early intervention is being realised in practice.

Many professionals described increasing demand across CAMHS, neurodevelopmental pathways and community paediatric services. Long waiting lists for ADHD and autism assessments were raised repeatedly, alongside concerns about referral thresholds that can leave some children unable to access support despite clear evidence of need. Several respondents highlighted the frustration of identifying concerns early but being unable to secure timely intervention for children and families.

As one respondent explained: ***"NO services that will help them until something serious happens."***

Another reported: ***"CAMHS... 5-7 years wait for an ND assessment."***

Others described the impact on children and families: ***"Children are being let down by services. The right support at the right time is not happening."***

And: ***"The waiting lists are extremely long and I work with children and young people every day who are stuck at home in real distress."***

A recurring theme throughout the survey was the lack of support available while children and young people are waiting. Respondents frequently described families turning to other services for help because specialist support was unavailable, delayed or inaccessible. Professionals often found themselves supporting children and families beyond the remit of their own service because appropriate mental health or neurodevelopmental support could not be accessed. Several respondents expressed concern that children were deteriorating whilst waiting for intervention and that families were being left to navigate significant challenges without adequate support.

Professionals also highlighted concerns about inequalities arising from delays. Some respondents described situations where families with greater confidence, knowledge or financial resources were better able to pursue assessments or support, while others remained on waiting lists for long periods. Several questioned whether access to support was sufficiently needs-led and highlighted concerns about children falling through gaps between services or failing to meet increasingly restrictive eligibility criteria.

Despite these challenges, many respondents acknowledged the pressure facing children's services and recognised that growing demand has placed significant strain on staff and systems. However, professionals consistently emphasised that current pressures should not detract from the impact delays have on children and young people. The findings suggest broad agreement across the workforce that mental health and neurodevelopmental pathways require urgent attention if children's health rights are to be fully realised.

HEALTH RIGHTS FRAMEWORK

- **UNCRC Article 24:** Children have the right to timely healthcare and support.



- **UNCRC Article 3:** The best interests of the child should be a primary consideration.



WHY THIS MATTERS

Timely access to mental health and neurodevelopmental support is fundamental to children's health, wellbeing and development. Delays do not simply affect assessment or diagnosis; professionals described wider impacts on education, relationships, emotional wellbeing, participation and family life. Many respondents expressed concern that children are not always receiving support when it is needed most.

The findings suggest that support available while children are waiting may be as important as reducing waiting times themselves. Professionals consistently highlighted the risks associated with needs escalating during prolonged waiting periods and emphasised the importance of early intervention and preventative support.

POLICY INSIGHT

Mental health and neurodevelopmental services emerged as the strongest and most consistent issue throughout the survey. Respondents across a wide range of professions described growing demand, lengthy waiting times and limited support available while children await assessment or intervention. The findings suggest that current pressures are affecting children's ability to access support in a timely manner and may have wider implications for children's health rights, participation, inclusion and wellbeing.

A recurring theme was that professionals often identified children's needs long before support became available. This raises important questions about how services can strengthen early intervention, reduce delays and ensure children receive support based on need rather than progression to crisis.



OPPORTUNITIES FOR IMPROVEMENT

The findings suggest opportunities to strengthen access to mental health and neurodevelopmental support for children and young people across Scotland. In particular, respondents highlighted opportunities to:

- ✓ Reduce waiting times for mental health and neurodevelopmental services.
- ✓ Improve access to timely assessments, interventions and specialist support.
- ✓ Strengthen support available while children and young people are waiting.
- ✓ Review referral pathways and eligibility criteria to reduce barriers to support.
- ✓ Improve early intervention and preventative support services.
- ✓ Ensure children and families receive clear communication throughout waiting periods.
- ✓ Reduce inequalities in access to mental health and neurodevelopmental support.
- ✓ To support children and young people while they are waiting by more effectively using GIRFEC in all settings related to a child's health and wellbeing.



This finding closely mirrors the strongest themes identified by parents and carers, with both groups highlighting delays, limited support while waiting and concerns about children reaching crisis point before accessing help. Together, the findings suggest that improving mental health and neurodevelopmental pathways remains one of the most significant opportunities to strengthen children's health rights across Scotland.

WHAT THIS CHAPTER TELLS US

The experiences shared by health professionals highlight a workforce that is strongly committed to children's health rights and recognises its responsibilities in promoting participation, advocacy and child-centred care. Respondents demonstrated high levels of awareness of children's rights and widespread support for rights-based approaches across healthcare services.

However, the findings suggest that awareness alone is not sufficient to ensure children's rights are consistently realised in practice. Across multiple questions, professionals described workforce pressures, limited resources, increasing demand and growing complexity of need affecting their ability to deliver the standard of care they aspire to provide. Many respondents highlighted a gap between understanding children's rights and having the capacity, time and support required to fully implement them.

While many professionals described positive examples of participation, communication and inclusive practice, the findings suggest that experiences remain inconsistent. Respondents frequently identified barriers affecting disabled children, children with communication needs and those requiring specialist mental health or neurodevelopmental support. Professionals consistently highlighted the

importance of ensuring all children can participate meaningfully in decisions affecting their health.

Most significantly, concerns about mental health and neurodevelopmental services emerged throughout the survey. Professionals repeatedly highlighted long waiting times, limited support while children are waiting and increasing difficulties accessing specialist services. These experiences mirror the concerns raised by parents and carers and suggest that delays in access to support remain one of the most significant children's health rights issues facing Scotland.

Taken together, the findings suggest that health professionals are committed to delivering rights-based care but require the resources, capacity and system-wide support necessary to ensure children's rights are experienced consistently by all children and young people across Scotland.

Most importantly, the findings suggest that children's health rights are unlikely to be realised consistently without sufficient workforce capacity, service investment and practical support for professionals working directly with children, young people and families.

HEALTH PROFESSIONAL REFLECTION

Health professionals are committed to upholding children's health rights and supporting children and young people to participate meaningfully in decisions affecting their health. The findings demonstrate strong awareness of children's rights and a clear desire to provide rights-based care. However, they also highlight concerns about workforce

capacity, rising demand, service pressures and delays in accessing specialist support. To realise children's health rights consistently in practice, professionals need the time, resources, training and system support required to translate commitment into action.

KEY PRIORITIES EMERGING FROM HEALTH PROFESSIONAL EXPERIENCES

1 Strengthen children's health rights knowledge and implementation

Ensure health professionals have access to ongoing learning, practical guidance and resources that support the implementation of children's rights in everyday practice.

3 Strengthen participation across healthcare services

Ensure all children and young people, including those with disabilities and communication needs, can participate meaningfully in decisions about their health and care.

5 Address system pressures affecting children's services

Support rights-based care through adequate workforce capacity, resources and service planning that enables professionals to meet the needs of children, young people and families.

2 Improve access to resources and communication tools

Provide child-friendly information, accessible resources and practical tools that help professionals communicate children's rights to children, young people and families.

4 Improve equitable access for disabled children and young people

Strengthen support, accessibility and service provision for disabled children and young people with additional support needs, including during transition to adult services.

6 Improve mental health and neurodevelopmental pathways

Reduce waiting times, strengthen early intervention and ensure children and young people receive meaningful support while awaiting assessment, diagnosis or treatment.



Children's Health Scotland

We're Going on a Bear Hunt
(CHORUS)



CHAPTER 4 EDUCATION



INTRODUCTION

Educational settings play a vital role in supporting children's health, wellbeing and access to their rights. Professionals working across educational settings, early learning and childcare, further education, community learning, care settings and other educational environments are often the people who spend the most time with children and young people outside the family home and are uniquely positioned to identify health concerns, support wellbeing, promote participation and advocate for children when additional support is needed. Children's health rights are embedded within the UNCRC, GIRFEC, The Promise and Scotland's wider commitment to ensuring every child has the opportunity to achieve their full potential.

Through the Survey, education professionals shared their experiences of supporting pupils with health needs, understanding children's rights, accessing external

support services and working alongside families and health professionals. Respondents also highlighted the opportunities and challenges educational settings face in supporting children with physical health conditions, mental health needs, neurodevelopmental differences and additional support needs.

While many respondents described strong commitment to children's rights and wellbeing, the survey also identified growing concerns about limited resources, increasing complexity of need and difficulties accessing specialist support. Across the survey, a consistent message emerged: educational settings are increasingly expected to support children's health and wellbeing, but many feel they do not have the resources, staffing or external services needed to meet growing levels of need.



ABOUT THE RESPONDENTS

A total of 56 education professionals participated in the Survey, with responses received from multiple local authority areas and NHS Board regions across Scotland. Respondents included teachers, headteachers, deputy headteachers, principal teachers, support for learning staff, early years professionals, child protection coordinators and education managers.

The survey explored experiences of:

- Understanding children's health rights
- Supporting physical, mental and social health needs
- Use of GIRFEC and reasonable adjustments
- Care experienced children and The Promise
- Participation and pupil voice
- Mental health and neurodevelopmental services
- Attendance and access to education
- Working with health professionals
- Training and resource needs
- Awareness of children's health rights and entitlements.

EMERGING NATIONAL PICTURE

Education professionals across Scotland demonstrated strong awareness of children's rights and a clear commitment to supporting children and young people with health needs. Many respondents reported high levels of confidence in their understanding of children's health rights and described rights-based approaches as being embedded within their school ethos, particularly through Rights Respecting Schools, GIRFEC and The Promise.

However, respondents frequently described increasing pressures on educational settings as children's health and wellbeing needs become more complex. Across multiple questions, education professionals reported growing concerns about limited staffing, inadequate resources, lengthy waiting times for specialist services and a lack of external support. Many educational settings described identifying children's needs early but struggling to access timely help from mental health, neurodevelopmental and other specialist services.

A recurring theme throughout the survey was the growing role educational settings now play in responding to health needs. Respondents frequently described supporting children with mental health challenges, neurodevelopmental needs, attendance difficulties and complex wellbeing concerns while waiting for external support. Many questioned whether educational settings are increasingly being expected to fill gaps left by overstretched services.

The strongest concern related to access to mental health and neurodevelopmental services. Education professionals consistently described lengthy waiting times, difficulties securing referrals and limited support available to children while they waited. Respondents frequently expressed concern about the impact these delays have on learning, attendance, wellbeing and family life.

Together, the findings suggest that educational settings remain strongly committed to promoting children's health rights but require greater support, improved access to specialist services and stronger multi-agency working to ensure children's needs are consistently met.

WHAT EDUCATION PROFESSIONALS TOLD US

Education professionals told us they want:

- Better access to mental health and neurodevelopmental services.
- More support available for children and families while they are waiting for services.
- Increased non-teaching staff and resources within educational settings.
- Stronger multi-agency working between education, health, wider public services and the third sector.
- Better access to specialist advice and external support.
- Greater awareness of children's health rights and entitlements.

- Meaningful participation for children and young people in decisions affecting their health and wellbeing.
- Recognition of the important role school nurses play in supporting children's health rights.

Together, these priorities reflect education professionals' commitment to children's health rights and their desire to ensure children receive the support they need to learn, participate and thrive. Respondents consistently highlighted that educational settings play a vital role in promoting children's health and wellbeing but require stronger support from wider systems and services to meet growing levels of need.

KEY STATISTICS

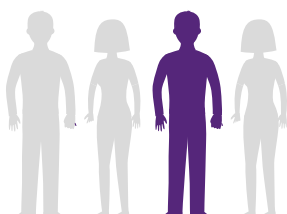
- **89%** were unaware of the Young Patients Family Fund (YFFF).
- **76%** identified school resource limitations as a barrier to supporting pupils with health needs.
- **73%** reported significant delays and challenges accessing mental health and neurodevelopmental services.
- **70%** identified delays in external support services as a barrier.
- **88%** agreed that the role of the school nurse should be recognised as essential in supporting children's health rights.
- **75%** supported investment in Children's Health Scotland Self-Management Skills (SMS) Programmes within educational settings.

The findings suggest that while education professionals are increasingly supporting children's health and wellbeing, many feel that educational settings are being asked to respond to rising levels of need without the staffing, specialist services and external support required to consistently realise children's health rights.

EDUCATION PROFESSIONALS' VOICES

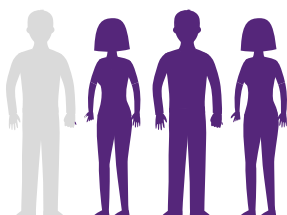
The Picture Behind the Numbers

Almost 1 in 4 education professionals were not fully confident in their understanding of children's health rights.

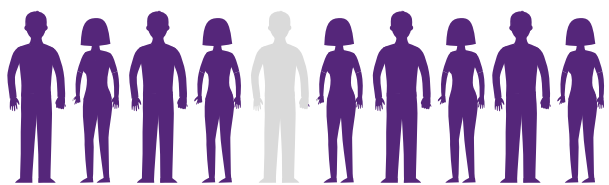


More than 3 in 4

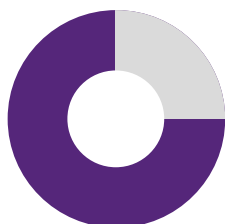
identified school resource limitations as a barrier to supporting pupils with health needs.



Almost 9 in 10 agreed that the role of the school nurse should be recognised as essential in supporting children's health rights.



Three quarters supported investment in Children's Health Scotland Self-Management Skills (SMS) Programmes within educational settings.



The findings suggest that educational settings are increasingly supporting children's health and wellbeing, but concerns remain about capacity, access to specialist support and whether schools are being expected to fill gaps elsewhere in the system.

More than 7 in 10 reported significant delays and challenges accessing mental health and neurodevelopmental services.



More than 7 in 10 identified delays in external support services as a barrier.



Almost 9 in 10 were unaware of the Young Patients Family Fund (YFFF).



Many described a growing gap between the health and wellbeing needs children present with and the resources available to respond effectively.



FINDING 1

Awareness of children's health rights is strong across education.

Almost 1 in 4 education professionals were not fully confident in their understanding of children's health rights within an education setting, although 95% reported awareness of their responsibilities as duty bearers under UNCRC and GIRFEC. The findings suggest that children's rights are increasingly embedded within education, with many respondents describing rights-based approaches as central to their school's values, policies, and everyday practice.

Qualitative responses suggest that awareness has been strengthened through Rights Respecting Schools, GIRFEC, The Promise and ongoing professional learning. Many respondents described children's rights as being firmly embedded within school culture, with several highlighting Gold or Silver Rights Respecting School Awards and dedicated rights-based leadership roles. Respondents frequently referred to children's rights as a key part of promoting wellbeing, participation and inclusion across their settings.

Several respondents reported that rights-based approaches influence both classroom practice and wider school leadership. Professionals described supporting children to understand their rights, involving pupils in decision-making and ensuring children's wellbeing remains central to planning and support arrangements. Many respondents highlighted the positive impact that Rights Respecting Schools programmes have had on awareness amongst both staff and pupils.

As one respondent explained: *"I have led our school to achieving our Gold UNCRC Rights Respecting Schools award. I am confident about discussing children's rights with children, staff, parents and the wider school community."*

Another reflected: *"We are a Gold Rights Respecting School. The Rights are embedded and reflected in the ethos of the school."*

Others highlighted how rights-based approaches support everyday practice: *"GIRFEC and UNCRC are embedded in our practice."*

However, while awareness of children's rights was generally high, some respondents reported requiring further support to understand children's health rights specifically. A small number of respondents highlighted the need for additional training and guidance, particularly regarding the practical application of children's health rights within education settings. Several respondents also distinguished between general awareness of children's rights and understanding how those rights apply in relation to health, health support and access to support services.

The findings suggest that education professionals across Scotland have embraced children's rights as an important part of supporting wellbeing, participation and inclusion. However, respondents also highlighted opportunities to strengthen understanding of children's health rights specifically and ensure that all education staff feel confident applying rights-based approaches when supporting children with health needs.

HEALTH RIGHTS FRAMEWORK

24



- **UNCRC Article 24:** Children have the right to the best possible health.

42



- **UNCRC Article 42:** Children should know about their rights.



WHY THIS MATTERS

Educational settings play an important role in helping children understand their rights and ensuring those rights are respected in everyday life. Education professionals are often among the first adults to identify concerns, provide support and advocate for children whose health needs are affecting their wellbeing, learning or participation. A strong understanding of children's rights helps create environments where children feel listened to, included and supported.

The findings suggest that rights-based approaches are becoming increasingly embedded across Scottish education. However, respondents highlighted that understanding children's rights in a general sense may not always translate into confidence around children's health rights specifically. Strengthening awareness of the connection between education, wellbeing and health rights may help ensure children receive consistent support regardless of where concerns arise.

POLICY INSIGHT

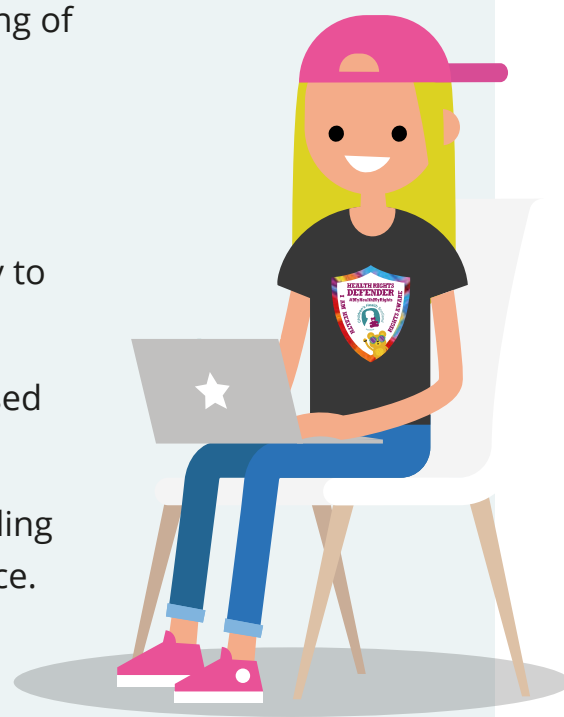
The findings suggest that awareness of children's rights is well established across many education settings, particularly through the influence of Rights Respecting Schools, GIRFEC and The Promise. Education professionals demonstrated strong awareness of their responsibilities as duty bearers and frequently described rights-based approaches as a core part of their professional practice.

However, respondents also highlighted opportunities to strengthen understanding of children's health rights and how these connect to education, wellbeing, attendance, participation and access to support. This suggests value in continuing to build links between rights-based education and children's health and wellbeing outcomes.

OPPORTUNITIES FOR IMPROVEMENT

The findings suggest opportunities to continue strengthening awareness and implementation of children's health rights across education settings. In particular, respondents highlighted opportunities to:

- ✓ Strengthen education professionals' understanding of children's health rights.
- ✓ Build on the success of Rights Respecting Schools approaches.
- ✓ Increase awareness of how children's rights apply to health, wellbeing and access to support.
- ✓ Provide professional learning opportunities focused on children's health rights.
- ✓ Support educational settings to continue embedding rights-based approaches across policy and practice.
- ✓ Strengthen links between children's rights, wellbeing, GIRFEC and educational inclusion.



FINDING 2

Educational settings are increasingly supporting children's health needs, but capacity remains a challenge.

Many education professionals reported feeling confident in identifying and supporting children's health needs in school. More than 98% felt confident or somewhat confident supporting children with physical health needs, while 89% reported confidence in identifying and supporting mental health needs and 88% reported confidence supporting children's social health needs. In addition, 66% reported always feeling confident in using GIRFEC to secure support and reasonable adjustments for pupils with additional support needs. These findings suggest that educational settings are playing an increasingly important role in supporting children's health, wellbeing and inclusion.

Qualitative responses highlighted the breadth of support now being provided within educational settings. Respondents described coordinating Child's Plans, making referrals, supporting attendance, chairing meetings, implementing reasonable adjustments and working closely with families and external agencies. Many professionals emphasised that educational settings are often the first place where concerns about a child's health or wellbeing are identified and where support begins.

Many respondents reported strong knowledge of GIRFEC and highlighted the importance of child-centred planning when supporting children with health needs. Educational settings frequently described adapting learning environments, developing personalised support plans and working collaboratively with children and families to promote inclusion and participation. Examples were provided of educational settings supporting children with complex physical health needs, reintegrating pupils following hospital stays and providing targeted wellbeing support.

As one respondent explained:

"I apply GIRFEC principles consistently in my practice to ensure that each child's wellbeing is prioritised and that support is timely, proportionate and child-centred."

Another reflected:

"We take a holistic, child-centred approach, working closely with colleagues, families and relevant professionals to ensure appropriate supports are in place."

However, despite high levels of confidence, respondents frequently described concerns about capacity. Many professionals reported that while they were able to identify needs and understand what support was required, educational settings often lacked the staffing, resources or external services needed to consistently meet those needs. Several respondents highlighted growing demand and increasing numbers of children requiring additional support.

As one respondent stated:

"Often we identify needs, however, the supports required to be delivered by the school now outweigh the school's capacity to provide it."

Another commented:

"I know what I can do to help but are often restricted due to lack of resources including people to be able to carry this out."

A recurring theme throughout the survey was the gap between identifying a child's needs and securing the support required to meet them. Respondents



frequently described understanding what adjustments, interventions or services would benefit children but struggling to access sufficient resources to deliver them. Several professionals questioned whether educational settings are increasingly being expected to respond to complex health needs without the staffing and specialist services required to do so effectively.

The findings suggest that education professionals are highly committed to supporting children's health and wellbeing and are increasingly undertaking responsibilities that extend beyond traditional educational roles. However, respondents consistently highlighted concerns about capacity, resources and increasing demand, suggesting that confidence and commitment alone are not always enough to ensure children's health needs can be fully met in practice.

HEALTH RIGHTS FRAMEWORK



- **UNCRC Article 24:** Children have the right to the best possible health.



- **UNCRC Article 3:** The best interests of the child should be a primary consideration.

WHY THIS MATTERS

Educational settings are often the first services to identify emerging concerns affecting a child's physical health, mental health or wellbeing. Education professionals play a critical role in supporting participation, learning and inclusion for children whose health needs may affect their daily lives. The findings suggest that educational settings are increasingly acting as key partners in promoting children's health rights.

However, respondents consistently highlighted that identifying a need is not the same as being able to meet it. Where resources, staffing or specialist support are limited, educational settings may struggle to provide the level of support children require. This has implications not only for learning and attainment, but also for children's wellbeing and their ability to access the support they need.

POLICY INSIGHT

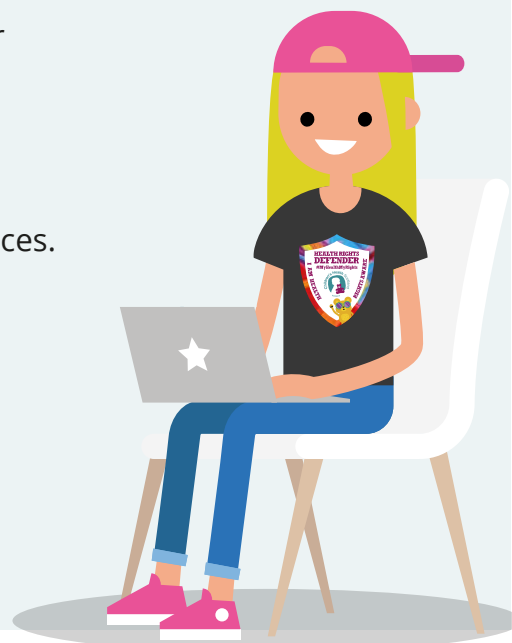
The findings suggest that education professionals have developed significant expertise in identifying and responding to children's health and wellbeing needs. Educational settings are increasingly using GIRFEC, child-centred planning and multi-agency approaches to support children with a wide range of needs.

However, a recurring theme throughout the survey was that school capacity has not always kept pace with rising demand. Respondents frequently described situations where educational settings were expected to provide support beyond their available resources. The findings suggest a need to consider whether education settings have sufficient capacity and external support to meet the growing complexity of children's health and wellbeing needs.

OPPORTUNITIES FOR IMPROVEMENT

The findings suggest opportunities to strengthen support for educational settings as they respond to increasingly complex health and wellbeing needs. Respondents highlighted opportunities to:

- ✓ Increase educational settings staffing and support for children with health needs.
- ✓ Strengthen access to reasonable adjustments and additional support provision.
- ✓ Improve access to specialist advice and external services.
- ✓ Support educational settings to implement GIRFEC consistently and effectively.
- ✓ Reduce the gap between identifying needs and accessing support.
- ✓ Ensure increasing levels of need are matched by appropriate resources and workforce capacity.



FINDING 3

Educational settings are creating opportunities for participation, but children's voices are not always heard consistently.

84% of education professionals reported that children and young people are always or often meaningfully involved in conversations about their health needs, rights and support in school. The findings suggest that educational settings across Scotland are placing increasing emphasis on participation, with many respondents describing efforts to ensure children and young people are listened to and involved in decisions that affect their lives.

Qualitative responses highlighted a strong commitment to pupil voice within education settings. Many respondents described involving children in wellbeing discussions, support planning, review meetings and target setting. Educational settings frequently reported using rights-based approaches to ensure that children are consulted about their experiences and given opportunities to

influence decisions affecting their learning, health and wellbeing.

Several respondents described participation as a core element of both GIRFEC and Rights Respecting School approaches.

Many professionals emphasised that participation is most effective when children feel safe, understood and able to

communicate in ways that are meaningful to them.

Respondents highlighted the importance of adapting communication approaches, particularly for children with disabilities, communication needs or additional support needs. Several examples were provided of educational settings using tailored approaches to support participation and ensure children's views informed planning and decision-making.

As one respondent explained: ***"Children and young people are regularly and meaningfully involved in conversations about their health needs, rights and support, and this is a priority in our practice."***

Another reflected: ***"Learners are actively involved in co-creating targets within their Additional Support Plans, including daily learning and social targets, so that goals are relevant, meaningful and owned by the child."***

However, the findings also suggest opportunities to strengthen children's understanding of their own health needs and rights. While many educational settings reported strong participation practices, only 30% of respondents believed children consistently understand their own health needs and rights, while 69% reported this only happens sometimes. This suggests that involvement in discussions does not always translate into a full understanding of rights, health conditions or available support.

Respondents also highlighted that participation can be affected by wider pressures including staffing capacity, communication barriers and the complexity of children's needs. Several professionals noted that meaningful participation requires time, relationships and appropriate support, particularly for children experiencing health challenges or neurodevelopmental differences.

A recurring theme throughout the survey was the importance of helping children understand their rights from an early age. Respondents frequently linked participation to confidence, self-advocacy and wellbeing, highlighting the role educational settings play in supporting children to develop the knowledge and skills needed to communicate their needs and access support throughout their lives.

The findings suggest that educational settings are increasingly committed to participation and pupil voice. However, respondents highlighted opportunities to strengthen children's understanding of their own health needs and rights, ensuring that participation is not only about being consulted but also about being informed, empowered and supported to influence decisions affecting their lives.

HEALTH RIGHTS FRAMEWORK



- **UNCRC Article 12:** Children have the right to express their views and have those views taken seriously.



- **UNCRC Article 13:** Children have the right to receive information.

WHY THIS MATTERS

Meaningful participation is a fundamental component of children's health rights. Children and young people have the right to express their views, receive information and be involved in decisions that affect their health, wellbeing and education. Educational settings play a vital role in helping children develop these skills and in creating environments where their views are respected and valued.

The findings suggest that many educational settings are already creating opportunities for participation. However, participation is most effective when children understand their rights, their health needs and the support available to them. Strengthening children's knowledge and confidence can help ensure they are active participants in decisions affecting their lives rather than passive recipients of support.

POLICY INSIGHT

The findings suggest that participation and pupil voice are increasingly embedded within Scottish education. Many respondents described strong rights-based approaches and highlighted examples of children being actively involved in discussions about their health, wellbeing and support needs.

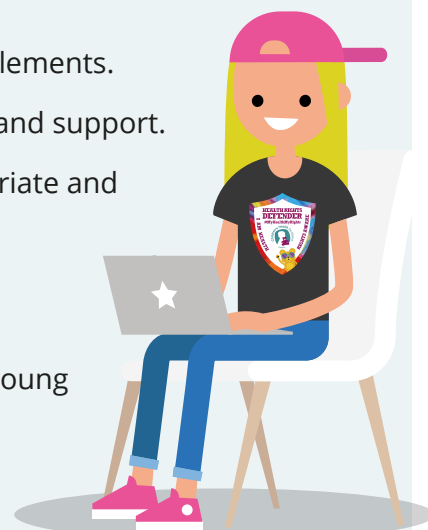
However, the survey also suggests there is a distinction between involving children in conversations and ensuring they fully understand their rights. Opportunities remain to strengthen health rights education and support children to become more informed, confident and empowered participants in decisions that affect them.



OPPORTUNITIES FOR IMPROVEMENT

The findings suggest opportunities to strengthen participation and health rights awareness within education settings. In particular, respondents highlighted opportunities to:

- ✓ Increase children's understanding of their health rights and entitlements.
- ✓ Strengthen participation in decisions affecting health, wellbeing and support.
- ✓ Ensure information about health needs and rights is age-appropriate and accessible.
- ✓ Support children with communication needs to participate meaningfully in decision-making.
- ✓ Build confidence and self-advocacy skills amongst children and young people.
- ✓ Continue embedding rights-based approaches across school culture and practice.



FINDING 4

Educational settings play a critical role in supporting care experienced children, but additional support is needed.

Education professionals reported relatively high levels of confidence in supporting care experienced children. More than two-thirds (70%) felt well equipped to support the health and wellbeing needs of children in kinship care, while 70% reported feeling well equipped to support foster care children. Qualitative responses suggest that educational settings are increasingly embedding trauma-informed approaches, The Promise and rights-based practice into their support for care experienced children and young people.

Many respondents described significant investment in training and professional learning relating to trauma, attachment, nurture and care experience. Professionals frequently highlighted The Promise, GIRFEC, trauma-informed practice, nurture approaches and Rights Respecting Schools as important frameworks shaping support for care experienced children. Several educational settings described dedicated staff roles, specialist support teams and strong links with Virtual Educational settings and other agencies supporting care experienced learners.

Respondents consistently recognised that care experienced children may face additional challenges affecting their health, wellbeing, participation and learning. Many

professionals emphasised the importance of building trusting relationships, understanding the impact of trauma and creating supportive environments where children feel safe, valued

and included. Several respondents highlighted that effective support depends upon understanding the individual experiences and needs of each child rather than adopting a one-size-fits-all approach.

As one respondent explained: ***"Children who are care experienced take a priority after The Promise pledge."***

Another reflected: ***"I feel confident in supporting the health and wellbeing needs of children in kinship care, with my practice underpinned by attachment theory, trauma-informed approaches, nurture principles and The Promise."***

Many respondents also described examples of good practice, including nurture groups, wellbeing support, trauma-informed training, personalised support planning and collaborative working with carers and partner agencies. Educational settings frequently highlighted their commitment to ensuring care experienced children have access to the support required to participate fully in school life and achieve their potential.

However, despite this commitment, respondents also highlighted significant challenges. Resource limitations, staffing pressures and difficulties accessing external support were recurring themes throughout the survey. Several professionals expressed concern that educational settings are expected to meet increasingly complex needs without sufficient specialist services or workforce capacity. Others described concerns about reductions in support services and difficulties securing timely intervention from partner agencies.

As one respondent stated: ***"Our school has The Promise Award and our awareness is high. Sadly, lack of resources, limitations around social work interventions and time are the problem areas."***

Another commented: ***"We are understaffed, underfunded and have no additional support in place."***

A recurring theme throughout the survey was that while educational settings are increasingly expected to support care experienced children, many respondents felt this responsibility cannot sit solely with education. Professionals consistently highlighted the importance of multi-agency working and expressed concern when support from health, social work and other services was not readily available.



Several respondents questioned whether current service capacity is sufficient to meet the growing complexity of need experienced by some care experienced children and young people.

The findings suggest that educational settings are strongly committed to supporting care experienced children and

have made significant progress embedding trauma-informed and rights-based approaches. However, respondents consistently highlighted that continued progress will depend on sufficient staffing, resources and effective partnership working across services to ensure care experienced children receive the support they need.

HEALTH RIGHTS FRAMEWORK



- **UNCR Article 20:** Children unable to live with their families have the right to special support and protection.



- **UNCR Article 39:** Children affected by adversity should receive support for recovery and wellbeing.



- **The Promise.**

WHY THIS MATTERS

Care experienced children and young people often face additional challenges that can affect their health, wellbeing, attendance and educational experiences. Educational settings can play an important role in providing stability, trusted relationships and access to support. The findings suggest that many education professionals recognise this responsibility and are working hard to ensure care experienced children feel included, supported and able to achieve their potential. Respondents consistently highlighted the importance of trauma-informed, relationship-based approaches that recognise the impact of adversity and prioritise children's wellbeing. However, the findings also suggest that educational settings cannot meet these needs alone. Ensuring care experienced children realise their health rights requires coordinated support across education, health and social care services.

POLICY INSIGHT

The findings suggest that The Promise, trauma-informed practice and rights-based approaches are becoming increasingly embedded within Scottish education. Many respondents described strong awareness of the needs of care experienced children and highlighted significant investment in training and professional development.

However, professionals frequently raised concerns about workforce capacity, reductions in support services and difficulties accessing external interventions. The findings suggest that while policy commitments are widely supported, additional investment may be required to ensure educational settings have access to the resources and multi-agency support needed to translate these commitments into consistent experiences for children and young people.

OPPORTUNITIES FOR IMPROVEMENT

The findings suggest opportunities to strengthen support for care experienced children and young people across education settings. In particular, respondents highlighted opportunities to:

- ✓ Continue embedding The Promise and trauma-informed practice across education.
- ✓ Strengthen support for children in kinship care and foster care.
- ✓ Improve access to specialist wellbeing, health and social care support.
- ✓ Increase staffing and resources to support care experienced children effectively.
- ✓ Strengthen multi-agency working between education, health and social care services.
- ✓ Ensure care experienced children receive timely support based on need rather than availability of services.



FINDING 5

Educational settings are under increasing pressure to meet growing health and wellbeing needs and need stronger multi-agency support.

76% of education professionals identified school resource limitations as a barrier to supporting pupils with health needs, while 70% highlighted delays in external support services. Respondents also frequently identified time pressures (46%) and lack of information from health professionals (44%) as significant challenges. In addition, 88% agreed that the role of the school nurse should be recognised as essential in supporting children's health rights. Together, these findings suggest that educational settings are playing an increasingly important role in supporting children's health and wellbeing, often while facing significant resource and capacity constraints.

Throughout the survey, education professionals described a growing expectation that educational settings should respond to increasingly complex health, wellbeing and neurodevelopmental needs. Many respondents reported that educational settings are often the first place where concerns are identified and the service families turn to when support from health and other agencies is unavailable. While respondents consistently expressed a commitment to supporting pupils, many questioned whether educational settings currently have sufficient staffing, specialist expertise and external support to meet rising levels of need.

Many professionals described situations where support required by pupils exceeded the resources available within educational settings. Respondents frequently highlighted increasing numbers of children requiring wellbeing support, attendance interventions, neurodevelopmental assessments, mental health support and additional support plans. Several expressed concern that teachers and school staff are increasingly being expected to fill gaps left by overstretched services elsewhere.

As one respondent explained: ***"Often we are the only port of call. It is very difficult for families and professionals to access supports for children."***

Another reflected: ***"Often we identify needs however the supports required to be delivered by the school now outweigh the school's capacity to provide it."***

Others highlighted the impact on the workforce: ***"We are crying out for more staff in educational settings. More mental health and attendance staff, where is the attendance officer, the school nurse, the school-based psychologist?"***

A recurring theme throughout the survey was the challenge of securing support from external services. Respondents frequently reported delays accessing specialist advice, difficulties obtaining timely responses from services and challenges coordinating support across agencies. Many described situations where educational settings continued supporting children and families while waiting for health, social care or specialist interventions to become available.



Many respondents highlighted the important role school nurses play in supporting children's health rights within educational settings. Professionals described school nurses as providing health expertise, supporting early intervention, promoting health literacy and helping schools navigate complex health concerns. However, several respondents raised concerns regarding limited availability and workforce pressures affecting access to school nursing support. The findings suggest that school nurses are viewed as a vital bridge between health and education and an important partner in supporting children's health, wellbeing and participation.

Several respondents also highlighted concerns about communication and information sharing between services. While many described examples of positive partnership working, others reported difficulties accessing information needed to support pupils effectively. Delays in responses, staffing shortages and inconsistent communication were frequently identified as barriers to joined-up support.

As one respondent stated: ***"We are quick to contact who we need to but responses are slow and action is not always deemed necessary even though we think it is."***

Another commented: ***"It is imperative that health and education professionals work as a team to ensure there is sufficient support and understanding around individuals' needs and challenges."***

The findings suggest that education professionals remain highly committed to supporting children's health and wellbeing. However, respondents consistently highlighted a growing gap between the needs educational settings are being asked to meet and the resources available to meet them. Many professionals described feeling that while educational settings continue to adapt and respond, additional support from health services and wider systems is required if children's health rights are to be consistently realised.

HEALTH RIGHTS FRAMEWORK



- **UNCR Article 24:** Children have the right to the best possible health.



- **UNCR Article 4:** Public bodies should take steps to realise children's rights.



- **UNCR Article 3:** The best interests of the child should be a primary consideration.

WHY THIS MATTERS

Educational settings are often the most accessible source of support for children and families and are frequently where health and wellbeing concerns are first identified. The findings suggest that schools, early learning settings and other educational environments are playing an increasingly important role in supporting children's health rights.

However, respondents consistently highlighted that educational settings cannot meet these responsibilities in isolation. Realising children's health rights requires effective partnership working across education, health and social care. Where specialist services, communication pathways or workforce capacity are limited, children may experience delays accessing the support they need, regardless of how committed individual professionals are to helping them.

POLICY INSIGHT

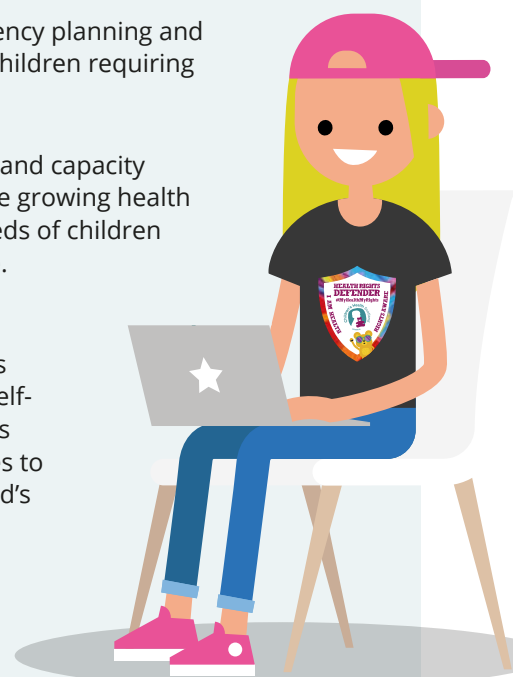
The findings suggest that educational settings are becoming increasingly central to supporting children's health and wellbeing. Professionals described significant commitment to meeting children's needs and working alongside families and other services to secure support.

A recurring theme throughout the survey was that many challenges facing educational settings originate outside education itself, including delays accessing specialist support, difficulties securing timely interventions and limitations in service capacity. Respondents consistently highlighted the importance of stronger multi-agency working and recognised school nurses as key partners in promoting children's health rights. The findings suggest opportunities to strengthen collaboration, improve communication and ensure educational settings have access to the expertise and support required to meet children's needs effectively.

OPPORTUNITIES FOR IMPROVEMENT

The findings suggest opportunities to strengthen educational settings' ability to support children with health and wellbeing needs through improved resources, capacity and partnership working. In particular, respondents highlighted opportunities to:

- ✓ Increase educational setting staffing and specialist wellbeing support.
- ✓ Strengthen school nursing capacity and ensure school nurses are recognised as essential partners in supporting children's health rights.
- ✓ Improve access to external health and support services.
- ✓ Strengthen communication and information sharing between education and health professionals.
- ✓ Reduce pressures associated with increasing levels of need within educational settings.
- ✓ Improve multi-agency planning and coordination for children requiring support.
- ✓ Ensure resources and capacity keep pace with the growing health and wellbeing needs of children and young people.
- ✓ Provide support through Children's Health Scotland Self-Management Skills (SMS) Programmes to support every child's right to the best possible health.



FINDING 6

Delays in mental health and neurodevelopmental services, combined with limited awareness of available support, are impacting children's health, wellbeing and education.

73% of education professionals reported significant delays and challenges accessing mental health and neurodevelopmental services for children and young people. In addition, 89% reported being unaware of the Young Patients Family Fund (YPFF), highlighting wider concerns about awareness of available support and entitlements. The findings suggest that children, young people and families continue to face significant barriers accessing the support they need, both in terms of specialist services and information about available assistance.

Throughout the survey, education professionals consistently described delays in CAMHS, neurodevelopmental assessments and wider specialist services as one of the greatest barriers to meeting children's health and wellbeing needs. Respondents frequently described children spending

months or years on waiting lists while their needs increased in complexity. Many professionals reported that educational settings were often left managing significant health and wellbeing challenges without access to specialist advice, assessment or intervention. Several described situations where children reached secondary school before receiving assessments that had first been requested in the early years of primary education.

Qualitative responses revealed widespread concern about the impact of these delays on children, families and educational settings. Many respondents highlighted concerns that children and young people receive little meaningful support while waiting and that families are often left unsure where to turn for help.

As one respondent explained:

"Often children, young people and families are unsure where to turn whether Community Child Health or CAMHS and they can fall between the two. The long wait times can mean that the child's needs are not addressed. Families need something to support them while they wait."

Another reflected:

"Children are being failed by the lack of available and timely support they require."

Several respondents described particularly lengthy waits for neurodevelopmental assessments:

"Waiting lists for assessments are currently 4-5 years."

and

"Children are commonly on waiting lists for several years."



A recurring theme throughout the survey was concern that delays were having a significant impact on attendance, learning and emotional wellbeing. Respondents frequently described children becoming increasingly anxious, disengaged from education or unable to fully participate in school life while waiting for support. Many professionals also highlighted the impact on families, who were often left feeling frustrated, exhausted and unsure where to access help.

Several respondents expressed concern that educational settings were increasingly becoming the default source of support while specialist services remained inaccessible. Professionals frequently described managing mental health needs, supporting emotional wellbeing and coordinating interventions despite recognising that specialist support was required. Many felt that educational settings were being asked to bridge gaps that should be addressed elsewhere within the system.

As one respondent stated: ***“Parents are upset, anxious, worried and have nowhere to turn to other than school for advice and support. Educational settings are not trained health support professionals, and we do not have easy access to outside agencies.”***

Another commented: ***“Too many children are missing years of education while on waiting lists.”***

The survey also highlighted low awareness of available financial and practical support for families. Nearly nine in ten education professionals reported being unaware of the Young Patients Family Fund (YPFF), suggesting that information about support and entitlements may not be reaching the professionals who work closely with children and families. The findings suggest that access to support is influenced not only by service availability but also by awareness of what help exists and how it can be accessed.

Taken together, the findings suggest that delays in mental health and neurodevelopmental services remain one of the most significant barriers to realising children's health rights. Education professionals consistently highlighted the need for earlier intervention, more timely access to specialist



WHY THIS MATTERS

Timely access to mental health and neurodevelopmental support is essential for children's wellbeing, participation and educational inclusion. Delays can affect far more than access to assessment or diagnosis. Education professionals described impacts on attendance, emotional wellbeing, learning, relationships and children's ability to participate fully in school life. The findings also suggest that children and families need access to clear information about the practical, financial and specialist support available to them. Support that exists but is not known about cannot help families. Ensuring that children, young people and families are aware of available support is therefore an important part of realising children's health rights in practice.

support, meaningful assistance while children are waiting and improved awareness of the support available to children and families.

These findings closely mirror concerns raised by parents, carers and health professionals elsewhere in the Survey, suggesting broad agreement across sectors that delays in mental health and neurodevelopmental pathways remain one of the most significant barriers to realising children's health rights in Scotland.

HEALTH RIGHTS FRAMEWORK



- **UNCRC Article 24:** Children have the right to the best possible health.



- **UNCRC Article 26:** Children have the right to benefit from social and financial support where appropriate.



- **UNCRC Article 27:** Children have the right to a standard of living that supports their health, wellbeing and development.



- **UNCRC Article 28:** Children have the right to education.

POLICY INSIGHT

Mental health and neurodevelopmental services emerged as the strongest and most consistent concern throughout the education survey. Education professionals repeatedly described lengthy waiting times, restrictive referral pathways and limited support while children are waiting for assessment or intervention. These findings closely mirror concerns raised by parents, carers and health professionals elsewhere within the Survey.

The findings further suggest that support systems are often difficult to navigate, with many professionals reporting limited awareness of available financial assistance and entitlements for families. Improving outcomes for children may therefore require not only reducing waiting times, but also strengthening information sharing, signposting and access to practical support.

OPPORTUNITIES FOR IMPROVEMENT

The findings suggest opportunities to strengthen access to support for children and young people across Scotland. Respondents highlighted opportunities to:

- ✓ Support children and young people while they are waiting by using GIRFEC effectively across all settings involved in a child's health and wellbeing.
- ✓ Reduce waiting times for CAMHS and neurodevelopmental services.
- ✓ Improve access to timely assessment, diagnosis and intervention.
- ✓ Strengthen support available while children and families are waiting.
- ✓ Improve communication between education, health, support services and families during waiting periods.
- ✓ Increase awareness of the Young Patients Family Fund (YPPF) and other financial support available to families.
- ✓ Improve signposting to practical support, advice and entitlements.
- ✓ Strengthen early intervention and preventative support.
- ✓ Reduce barriers created by referral thresholds and eligibility criteria.
- ✓ Ensure children can access support when they need it, rather than when they reach crisis point.



WHAT THIS CHAPTER TELLS US

The experiences shared by education professionals highlight the increasingly important role educational settings play in supporting children's health, wellbeing and rights. Respondents demonstrated strong awareness of children's rights and a clear commitment to promoting participation, inclusion and person-centred support. Many professionals described rights-based approaches as being embedded within their educational settings through Rights Respecting Schools, GIRFEC, The Promise and wider wellbeing initiatives.

However, the findings suggest that educational settings are being asked to respond to increasingly complex health and wellbeing needs while facing significant pressures on staffing, resources and external support services. Across multiple questions, respondents described a gap between identifying children's needs and accessing the specialist support required to address them. Concerns about mental health and neurodevelopmental services emerged consistently throughout the survey, alongside wider concerns about capacity, communication and multi-agency working.



While educational settings continue to play a vital role in supporting children and young people, respondents frequently questioned whether education settings can continue to absorb growing levels of need without greater investment and stronger support from health and other services. Taken together, the findings suggest that education professionals are highly committed to upholding children's

health rights but require the resources, partnerships and service infrastructure needed to ensure those rights are consistently realised in practice.

Most importantly, the findings suggest that educational settings should not be expected to compensate for gaps in health and specialist services but should be supported as equal partners in a coordinated, rights-based system of care.

EDUCATION PROFESSIONAL REFLECTION

Education professionals play a vital role in supporting children's health, wellbeing and rights. The findings demonstrate a strong commitment to participation, inclusion and rights-based practice across Scotland's education system. However, they also highlight growing concerns about capacity, staffing, access to specialist services and the increasing responsibility educational settings are carrying in addressing children's health needs. Educational settings

are important partners in supporting children's health rights, but they cannot replace timely access to health and specialist services. Ensuring children's rights are realised consistently in practice will require stronger multi-agency working, investment in support services and recognition of the important role education plays in children's health and wellbeing.

KEY PRIORITIES EMERGING FROM EDUCATION PROFESSIONAL EXPERIENCES

1 Strengthen understanding of children's health rights within education

Ensure education professionals have access to guidance, training and resources that strengthen understanding of children's health rights and their role as duty bearers.

2 Increase support for educational settings responding to health and wellbeing needs

Provide educational settings with the staffing, non-teaching staff, resources and specialist support required to respond to increasing levels of physical, mental and social health need.

3 Strengthen participation and pupil voice

Ensure children and young people are actively involved in decisions about their health, wellbeing and support and understand their rights in practice.

4 Continue embedding trauma-informed and Promise-informed practice

Build on progress already made to ensure care experienced children continue to receive consistent, relationship-based and rights-respecting support.

5 Improve communication and partnership working between education and health

Strengthen joined-up working, information sharing and access to specialist advice so educational settings can better support children with health needs.

6 Improve access to mental health and neurodevelopmental services

Reduce waiting times, strengthen early intervention and ensure children and families receive meaningful support while waiting for assessment, diagnosis or specialist intervention.





CHAPTER 5 CONCLUSION ON MY WAY



A Picture of Children's Health Rights Across Scotland

The Survey set out to understand whether children's health rights are being realised in practice across Scotland. By listening directly to children and young people, families, health professionals and education professionals, the Survey provides one of the most comprehensive pictures to date of children's experiences of health rights across Scotland. Together, more than 1,100 voices contributed to this report through survey responses, written feedback and children's drawings.

Across all groups, there was overwhelming support for children's health rights and widespread recognition of their importance. Children described positive experiences of compassionate professionals, trusted adults and services that listened to them. Families highlighted examples of partnership working and person-centred care. Health and education professionals demonstrated a strong commitment to children's rights and a clear determination to help children and young people achieve the best possible health.

However, the findings also reveal a consistent message throughout the report: understanding rights does not always mean experiencing rights.

Children told us about times when they were not fully listened to or involved in decisions about their health.

Families described the challenges of translating knowledge of rights into meaningful access to support.

"Sometimes doctors and nurses explain what is wrong to my parents and not to me. This makes me feel like I don't matter."

Health professionals spoke about the pressures of trying to deliver rights-based care within increasingly stretched systems.

"Children are being let down by services. The right support at the right time is not happening."

Taken together, these voices tell a consistent story. Progress has been made in raising awareness of children's rights and embedding rights-based approaches across Scotland. Yet significant barriers remain to ensuring those rights are experienced consistently by all children and young people.

"Knowing their rights has not meant services meeting those rights."

Education professionals echoed these concerns, highlighting the impact of delayed support and service pressures on children and young people.

"Children are being failed by the lack of available and timely support they require."

Across the report, one message emerged again and again: children want to be heard, families want support that is accessible and timely, and professionals want the capacity and resources needed to provide the support children deserve.

CHAPTER 5 CONCLUSION | ON MY WAY

While each group brought a different perspective, their priorities were remarkably similar.

- Children wanted adults to listen to them, involve them in decisions and explain things in ways they could understand.
- Families wanted support that is accessible, timely and easier to navigate.
- Health professionals wanted the time, capacity and resources needed to deliver rights-based care.
- Education professionals wanted earlier intervention and stronger collaboration to support children before needs escalate.

Together, these perspectives describe not separate challenges, but different views of the same system.

Most notably, delays in mental health and neurodevelopmental services emerged as a national concern across every chapter of this report. Children, families, health professionals and education professionals all described the impact of waiting for support and questioned whether children are receiving help early enough to prevent needs escalating.

Their experiences suggest that long waits do more than delay assessments or interventions. They affect children's wellbeing, education, confidence, relationships and ability to participate fully in everyday life. At a time when children should be on their way to the best possible health, many described being on their way to an assessment, on their way to treatment, or on their way to support that remains out of reach.

The findings also remind us that children's health rights extend far beyond healthcare alone.

Children consistently highlighted the importance of being listened to, feeling safe, having trusted relationships, spending time with family and friends, learning, playing, participating and belonging. The drawings submitted as part of the Survey reinforced these messages, reminding us that health is experienced not only in clinics, hospitals and services, but in homes, schools and communities.

Ultimately, children's health rights are realised through everyday experiences.

- A child being listened to during an appointment.
- A family receiving support when it is needed.
- A professional having the time to explain, reassure and involve.
- A teacher recognising when a child needs help.
- A service responding before needs escalate.

These are the moments that shape children's experiences of their health, wellbeing and rights. They are the moments that can build confidence, strengthen participation and help children move forward. They are the moments that matter.

The significance of children's health rights extends far beyond childhood itself. When children are listened to, supported early and given the opportunity to achieve the best possible health, the benefits are felt throughout their lives and into adulthood. Children who are able to participate, build relationships, develop self-management skills and access support when they need it are better equipped to flourish, contribute and thrive as adults.

Ensuring children can realise their health rights today is therefore not only an investment in childhood. It is an investment in Scotland's future.

NATIONAL PRIORITIES FOR ACTION

Based on the findings of this report, we are calling for:

Timely, equitable and rights-based support for every child.

Earlier intervention and meaningful support while children and young people wait for services.

Greater consistency in how children's health rights are experienced across Scotland.

Workforce planning and investment that enables professionals to deliver rights-based care.

Meaningful participation of children, young people and families in shaping policy, services and decisions.

Long-term investment in preventative, community and third-sector support.

Stronger collaboration across health, education, social care and the third sector.

The findings of this report show that Scotland is on its way to becoming a nation where children's health rights are understood, valued and increasingly embedded across services.

The challenge now is to ensure those rights are experienced consistently by every child, every day, in every community.

Every child is on their own journey. Along the way they will experience moments that shape their health, wellbeing, confidence, participation and future opportunities.

When children are listened to, supported and respected, those moments can have a lasting impact.

Children's health rights are not only realised through policy and legislation. They are realised through the everyday interactions, decisions and experiences that shape a child's life. They are realised through the moments that matter, because every child deserves moments that support, respect and uphold their rights along the way and because every child has the right to the best possible health.

On My Way

Moments that matter

Everyone is on a journey. Tell us about yours.

Small moments that matter can change a child's journey forever. Together we can help children find their way to better health, brighter futures and stronger voices. A moment. A conversation. A friendship. A new opportunity.



I'm on my way to...



Helping other children



Finding my voice



Making new friends



Changing the world



Feeling more confident



Better health



A brighter future



Knowing my rights

Small moments that matter can change a child's journey forever.



Children's
Health Scotland

Every child has the right to the best possible health

www.childrenshealthscotland.org

We'd like to thank the Scottish Government, NHS Greater Glasgow and Clyde, People's Postcode Lottery and National Lottery Awards for All.



Scottish Government
Riaghaltas na h-Alba
gov.scot



UNCRC (<https://www.unicef.org.uk/wp-content/uploads/2016/08/unicef-convention-rights-child-uncrc.pdf>)

EACH Charter (<https://www.childrenshealthscotland.org/childrens-healthcare-rights/the-each-charter/>)

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