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HOW THE CONVENTION WORKS

EAST DUNBARTONSHIRE COMMUNITY PLANNING PARTNERSHIP UNCRC REPORT 2024 – 2026

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INTRODUCTION

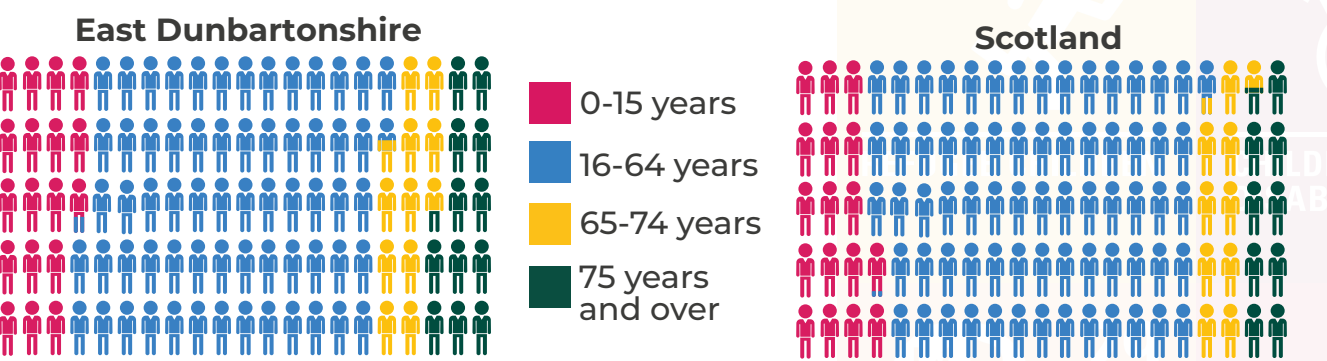
Since the United Nations Convention on the Rights of the Child (UNCRC) was incorporated into Scots law in July 2024, East Dunbartonshire Community Planning Partnership (CPP) has overseen numerous strategies and programmes to ensure compliance. Article 1 of the UNCRC defines a child as anyone under the age of 18; in some circumstances, for Care Experienced Young People, this extends to the age of 26.

East Dunbartonshire Council covers an area of 77 square miles. According to the mid-2024 population estimates East Dunbartonshire has a population of 109,970, a 0.7% increase compared to the previous year.

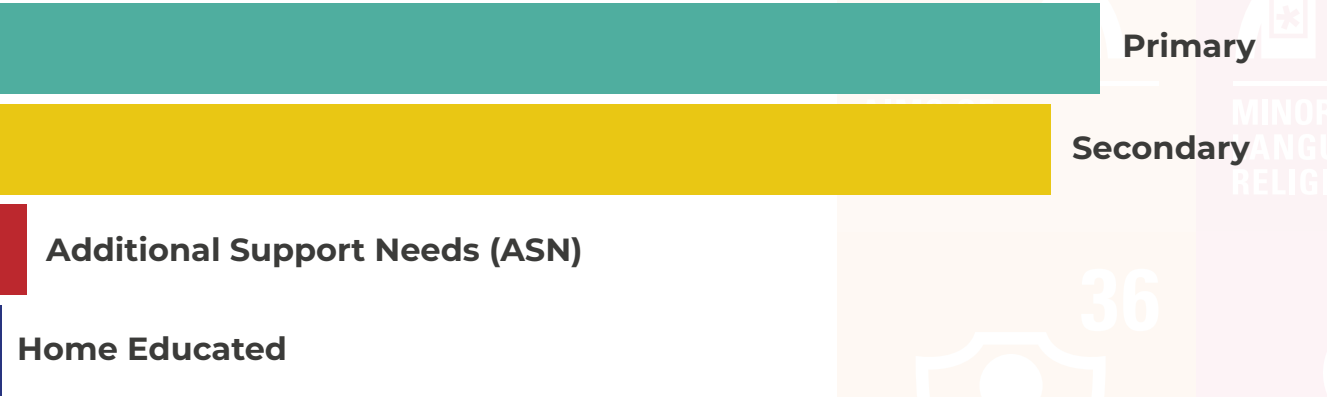
Population Estimates

	0-15 years	16-64 years	65-74	75 years and over
East Dunbartonshire	17.7%	58.7%	11.2%	12.4%
Scotland	16.1%	64.6%	9.8%	9.5%

Source: National Records of Scotland, mid-2024 population estimates



Our school roll (Sept 2025 Census) is Primary 8,816, Secondary 8,428 and Additional Support Needs (ASN) 229. There are also 29 children home educated.

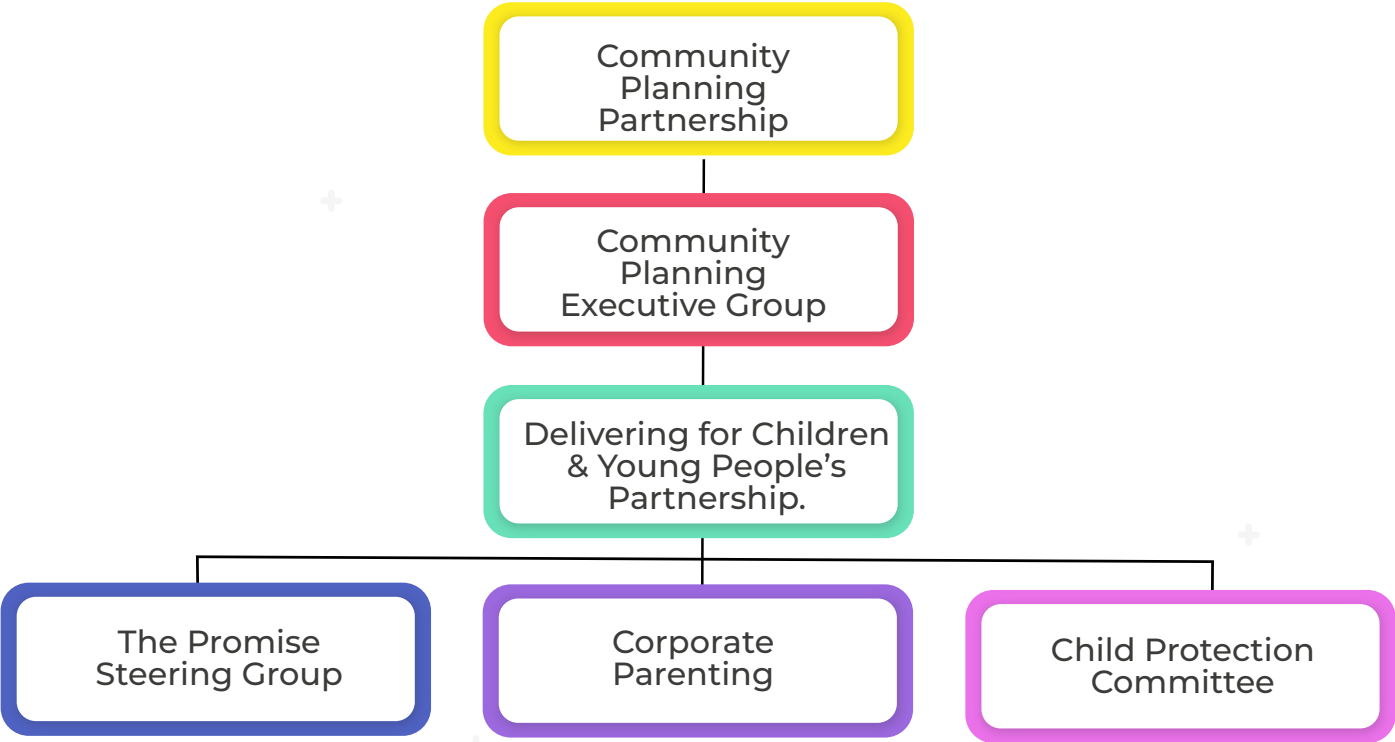


Of our school roll, 5,088 have an additional support need, equal to 29.1% of the school population.



The Delivering for Children and Young People’s Partnership (DCYPP) directs the strategic planning, development and delivery of children and young people’s services on behalf of the East Dunbartonshire CPP. The DCYPP reports to the CPP and is responsible for delivering Local Outcome 3, Our Children Are Safe, Healthy and Ready To Learn. The DCYPP also directs and publishes our local Integrated Children’s Services Plan (ICSP). We adopt a collaborative model focused on developing and delivering services for children, young people and families at the right time. Our ICSP takes a prevention and early intervention approach, which is based upon the views of children, young people and key stakeholders, and embeds UNCRC principles throughout.

We present this report under each of the cluster headings, highlighting examples of services that evidence good practice. These include illustrations provided by all partner agencies, reflecting the collaborative working that is our strength in East Dunbartonshire. We then identify areas for improvement and end with an example of our outcomes framework.



Councilor Gordan Low
Council Leader
Community Planning Partnership Chair



CLUSTER (II): GENERAL MEASURES OF IMPLEMENTATION

We ensure that our visions and values promote the rights of the child and that these are reflected in all our public documents and statements (Article 4).



We are committed to the implementation of UNCRC rights, through complying with rights provisions and duties within the 2014 Act and other relevant legislation and policy as identified (Article 4).



We proactively consider children's rights in service planning, engaging with and undertaking consultation with relevant stakeholders (including children and young people and parents/carers) (Article 4).



We ensure that the services we provide for children and young people conform to established national standards and provide high quality services and staffing (Article 4).



We have a skilled and competent workforce committed to upholding children's rights.



EXAMPLES



COMMUNICATION AND SEEKING VIEWS

All workers within our Children With Disability Team have been trained in Talking Mats and this is now being offered out to the rest of the Children and Families Social Workers. Our child protection training calendar also offers Augmentative and Alternative Communication to support workers understanding of communication and encourage creativity when seeking children's views. (Articles 2,3,12).



INTEGRATED CHILDREN'S ASSESSMENTS (ICA)

In 2024-2025 Children and Families Social Work Services spent time improving the Integrated Comprehensive Assessment form which is the primary multi-agency assessment completed for every child who is involved with social work. An important change to this form was to attempt to make it more child friendly and directed to the child. This has included a child-friendly section at the start of the ICA which summarises the report and decisions in an understandable way. We ensured collaboration with SCRA, Champs Board and other authorities to ensure this was fit for purpose. The ICA was piloted and a briefing was carried out with frontline staff regarding the changes before it was implemented. (Article 4).



ESTATES & FACILITIES

The Catering Team issue questionnaires to all pupils via the education service and ask them to fill them in and return. The results are then collated, and the Catering Co-ordinators then arrange meetings with the individual school's pupil council's to discuss the common themes that come out of the service questionnaire. The feedback is then used to shape future menu ideas/options, with the main goal being ensuring the up take in school meals is at the highest level it can be. Additionally, the Catering staff also provide bite size samples of food, allowing pupils to try produce they may not normally pick when having lunches. Again, the feedback from these taster sessions is used to shape new meals and choices the pupils can experience.

WORKFORCE

Our leaders recognise that upholding and implementing UNCRC relies on a healthy, well supported staff. Both EDC and HSCP prioritise staff wellbeing. Resources have been made available, support and supervision increased over the last few years as we recover from the COVID-19 pandemic. Our Third Sector partners are included in our multi-agency training plan and receive free training opportunities.

EQUALITIES IMPACT ASSESSMENT (EQIA)

EDC and EDHSCP have been delivering EQIA training across teams and services to strengthen understanding of equality duty and ensure staff are aware of how to embed UNCRC principles into EQIAs. This training includes guidance on considering the rights and wellbeing of children and young people.

INTEGRATED CHILDREN'S SERVICES PLANNING

We have introduced a co-production model in our ICS Planning. For both the current plan and the drafting of the 2026-2029 plan we undertook a survey of the views of children and young people about what the priorities of the plans should be, what was important to them. Their views have helped shape the plans and associated actions.



NEW SCHOOL BUILD

Below is an extract from the Bocclair Design & Access statement which demonstrates how input from pupils during the design process for the new school ultimately informed the design of the new secondary school. Pupil input to each stage of the design process for new learning estate assets has been widely adopted for all projects delivered by EDC. There was extensive engagement with pupils, staff, and parents to shape the design, focusing on outdoor spaces, sports, wellbeing, access, and aesthetics.

- Multiple workshops held from October to November 2019, involving pupils, staff, and parents..
- Key themes: outdoor learning, sports facilities, welcoming entrance, and improved circulation
- Pupils desire engaging, bright, and motivating environments with outdoor classrooms, eco gardens, and green spaces.
- Feedback highlighted poor current facilities, such as uninviting decor, inadequate outdoor learning, and poor sports surfaces.
- Suggestions included sheltered outdoor spaces, amphitheatres, vegetable and eco gardens, and better sports pitches (preferably 3G).
- Access issues: main entrance too busy, need for covered walkways, separate bus and car parking, and increased bike storage.
- External environment: green spaces, wellbeing areas, and environmental features like animal areas and water features.
- Classroom and breakout space needs: more natural light, flexible furniture, and dedicated storage.
- Dining areas: variety of social spaces, natural materials, outdoor seating, and bright, welcoming design.
- Toilets: privacy, natural materials, mirrors, automatic taps, and clear signage.
- Adjacency planning: spaces organized to support collaboration, with key areas like reception, dining, and sports easily accessible.



CLUSTER (III): GENERAL PRINCIPLES OF THE UNCRC

We can demonstrate how the principle and practice of non-discrimination have been taken into account in our services ([Article 2](#)).



We can show through evidence, including disaggregated data, that children and young people from marginalised groups are able to access their rights ([Article 2](#)).



We respect children and young people's rights to develop to their full potential in early learning and childcare settings, school, home and community ([Article 6](#)).



Children and young people are encouraged and supported to participate in all stages of planning, provision and delivery of our services ([Article 12](#)).



We use a range of measures to seek children and young people's views about matters that affect them and always consider the child's views in determining what is in the child's best interests ([Articles 3](#) and [12](#)).



We ensure that communication or learning difficulties are not considered an exception to the requirement to obtain and consider the views of the child or young person ([Articles 2](#) and [12](#)).



Children and young people have access to independent advocacy where they find it more difficult to claim their rights or if their rights have been violated ([Article 12](#)).



We signpost children and young people who want to make a complaint, and/or those acting on their behalf, to clear and transparent complaints processes ([Article 3](#) and [12](#)).



We ask children and their parents/carers routinely about matters that affect them and provide feedback on how their views have been acted on ([Article 12](#)).



We seek out and use examples of the best approaches to engaging with children and young people in order to support their right to have their voices heard ([Article 12](#)).



EXAMPLES



CONSULTATION FRAMEWORK IN CHILD PROTECTION

Further work has been carried out in 2025 to support us to implement our consultation framework. We now have a pre and post questionnaire, for children, young people, parents and carers and a post review questionnaire for professionals. We see these online surveys as one tool in a much larger toolbox of ways practitioners can gather views.

Our child protection paperwork for minuting child protection planning meetings asks the chair to confirm whether they are satisfied that the child's views have been represented and advise the method of this. This places the responsibility on the team around the child to identify what works best for each child and who is best placed to gather views, reiterating that some commentary of their views should be present in any reports brought to child protection planning meetings (Articles 3,4,12).



CHILD FRIENDLY COMPLAINTS

In regard to Child Friendly Complaints (CFC) handling we have adopted the SPSO CFC handling principles and best practice guidance. EDC has,

- Acknowledged our recognition of child friendly complaints handling on the Complaints Handling Procedure on the Council website
- Included guidance of CFC principles and signposting to the SPSO principles and best practice guidance in our officer facing complaints handling toolkit
- Spoken specifically to children's facing services areas about the CFC handling principles
- Highlighted the need to follow these principles at Senior Leadership Team meetings and to all managers and team leaders at the leadership forum
- Held management team meetings to discuss service level approaches to CFC
- Provided advice to services in complaints investigations considered under CFC and challenged in cases where we felt more needed to be done to address the principles and guidance in our response.

WASTE SERVICES

Please note some examples where Waste Services have engaged with children around our services / campaigns and general service discussions

04.03.26	New Kilpatrick Church	Information being used as part of Sunday School lessons.
09.10.25	Lullaby Lane Nursery	Right Bin Put it In Campaign
17.06.25	Milngavie Nursery	Right Bin Put it In Campaign
28.05.25	Baljaffray Primary Eco Committee	Right Bin Put it In Campaign / Q&A on Services
29.04.25	Millersneuk Primary Eco Committee	Right Bin Put it In Campaign / Q&A on Services
28.01.25	St Ninian's High Eco Committee	Information Sharing / Q&A on Waste Services





ROADS – TECHNICAL & ENGINEERING TEAM

The team sent an email to 35 Primary schools inviting them to take part in the Junior Road Safety Officers (JRSO) scheme with information on the importance of road safety. On average, 24 schools take part in the scheme each year. Between 2-14 children become JRSOs in each school and they are responsible for cascading information about road safety throughout the school community and getting everyone involved in road safety practices around the school. They get an induction via Teams or face to face, normally with one of the teachers present, once a year during October and November. There is discussion about the meaning of road safety, changing accident rates, where is the best and safest place to cross the road, and other options if crossings are not available. We discuss ongoing projects related to road safety, such as the new pedestrian crossings and 20mph. This year, quite a few of the children were aware of the advert that gave the facts of reducing the speed from 30mph to 20mph in terms of severity of injuries to a person hit by a car. The JRSOs cascade all the information discussed to the school at assemblies and have been advised about ways of to get the whole school involved e.g. colouring in competitions/design a safety mascot for the school, school travel surveys etc. The JRSOs are told to contact us if there is anything they need during the academic year, and we respond to any issues/concerns they raise.

Feedback from the children and young people has raised the following issues:

- Parking
- Requests for more dropped kerbs in the area
- Requests for Zebra Crossings
- Requests for Pedestrian Crossings



EMBEDDING CHILDREN'S RIGHTS IN EQUALITY OUTCOMES CONSULTATION

The principles of the UNCRC were embedded into the design and delivery of East Dunbartonshire Council's Equality Outcomes consultation. This approach supported Article 12 (respect for the views of the child) by providing opportunities for children and young people to share their views on issues that affect them, and ensuring those views contributed to the development of equality outcomes.

Engagement was delivered in partnership with a local youth organisation and took place in a space where young people already met and felt comfortable. This supported Article 15 (freedom of association) by working within youth settings where young people choose to gather and helped create a supportive and familiar environment for participation.

A range of creative and participatory methods were used to support discussion on equality, fairness and inclusion. Activities included a "corners" exercise where young people moved to different areas in response to equality statements, encouraging discussion and reflection. Young people also decorated jars to represent what fairness, equality and inclusion meant to them, supporting Article 13 (freedom of expression) by enabling them to communicate their views creatively.

Participants were also invited to share one wish for the "wish tree" describing something that would make life better for people their age, further supporting Article 12 by encouraging children and young people to contribute ideas about changes that matter to them.

A hobby horse activity was used to gather views on equality statements, allowing young people to move to response stations such as agree, neutral or disagree. This interactive and playful method supported Article 31 (right to rest, play and leisure) by incorporating elements of play while encouraging participation in the consultation.



WE ARE A UNICEF GOLD RIGHTS RESPECTING SCHOOL



Children's rights are learned, understood and lived in this school.



Further examples of how we listen to the voices of children and young people

- The Champions Board and Mini Champs
- Pupil Forums impact on future policy
- Consultation on ICSP
- Equalities and Diversity Procedure Manual to support schools
- Child Protection: child's voice and parent evaluation
- UNCRC, Rights Respecting Schools
- Police: Community Alcohol Partnership survey
- Review of respite services
- Ferndale Young People
- Validated Self Evaluation with Care Experienced Young People in Education
- Family Support Consultation
- Participation events (Foster and Kinship Care)
- Better Hearings
- Partners In Advocacy
- Who Cares?
- Family Functioning Therapy
- Barnardo's PACE and PCAS
- Validated Self Evaluation with Care Experienced Young People in Education
- Pupil Forums
- Pupil Councils
- We Are With You



CLUSTER (IV): CIVIL RIGHTS AND FREEDOMS

We support children and young people's freedom of association through the provision of public spaces where they can meet safely (**Article 15**).



Information sharing is proportionate and appropriate and complies with the Data Protection Act while recognising a child's right to privacy (**Article 16**).



Information materials are available in a range of formats and in specific settings in order to meet the needs of individual children and young people (**Article 17**).



Children and young people are not subject to any form of treatment, which is deemed to be inhuman or degrading and have access to legal and other assistance in instances where they are detained (**Article 37**).



EXAMPLES



PUBLIC PROTECTION WEBSITE

The Public Protection website which was created in 2020 has improved and evolved to include a wide-ranging section for children and young people to access information about keeping safe, child protection processes and signposting to information they may need in relation to their own experiences. There is also a standalone section for advocacy which highlights services available within East Dunbartonshire (Article 12).



MUGDOCK COUNTRY PARK

The designs for the new Mugdock Country Park Play Area were shared via social media and promoted via the EDC website encouraging parents and children to vote on their favourite design. This process is an essential part of the procurement process and allows users to pick the final design that is taken forward to construction.

More generally, the Mugdock Country Park Team devise informal learning activities, which includes ranger camps and weekend clubs. The rangers teach outdoor skills and try to accommodate any requests for learning, for example, den building (i.e. the Ranger camps and the weekend clubs) based on the skillset of the Rangers, yet they take on board any requests. (e.g. we are offering a den building for adults as several adults attending the family events asked for this).

The education programme is devised in direct response to the Experiences and Outcomes of the Curriculum for Excellence and therefore is part of that nexus of consultation.

GREENSPACE & STREETSCENE

Twechar Pump Track

EDC identified funding to progress with the design and installation of a new Pump Track facility in Twechar. Workshops were held within the community which influenced the initial scoping and design of the track, and these specifically involved young people via the Healthy Living Centre in the village. Once designs were submitted by the companies a community vote was held to decide which design should progress to build – all children within the Local Primary School were given the opportunity to vote and as before older children via the Healthy Living Centre were also able to vote for their favourite design.

Bishopbriggs Park

Bishopbriggs Park - EDC identified funding to progress the upgrading of the main play facility with in Bishopbriggs Park – this for a ‘destination’ play facility costing circa £500,000. Designs were submitted by multiple play companies with the successful design being selected via a community vote – some 5 local primary schools were involved in the vote together the wider community which selected the successful design.

THE HOUSE PROJECT



THE
HOUSE PROJECT
EAST DUNBARTONSHIRE

Empowered Voices Programme (EVP) and Champs Board

EVP supports care-experienced young people to develop campaigning, leadership and public speaking skills to influence decision-makers. Participants gain skills, knowledge and opportunities that support their future development. (Article 6,12,13,15,17,28,29).

Examples:

- Training builds confidence leadership and communication skills.
- Young people have the opportunity to gain experience engaging with media and policymakers.
- Opportunities can improve employability and personal development.
- Young people lead campaigns on issues important to them.
- Participants influence policy and decision-makers.
- Opportunity for Care-experienced voices to shape national discussions and provide their views and feedback on legislation
- Young people will learn how to represent collective views.



CLUSTER (V): VIOLENCE AGAINST CHILDREN

We provide support to promote children and young people's recovery from their experience of violence including abuse and neglect, maltreatment and exploitation ([Article 39](#)).



We seek and take account of children and young people's views prior to making decisions in child protection and other processes ([Article 12](#)).



Approaches to managing behaviour and discipline in school and in other settings such as residential care and foster care are appropriate and positively support children and young people ([Article 28 \(2\)](#)).



We take measures to ensure that no form of cruel, inhuman or degrading treatment to children is tolerated in our services ([Article 37 \(a\)](#)).





EXAMPLES

SAFE AND TOGETHER

There has been further work on embedding the Safe and Together programme across East Dunbartonshire. Our in-house trainers have carried out extensive awareness raising across housing, education, social work, adult services and third sector. They have also carried out the four day core training which was highly evaluated and the Safe & Together Model training pathway is embedded into the training programme.

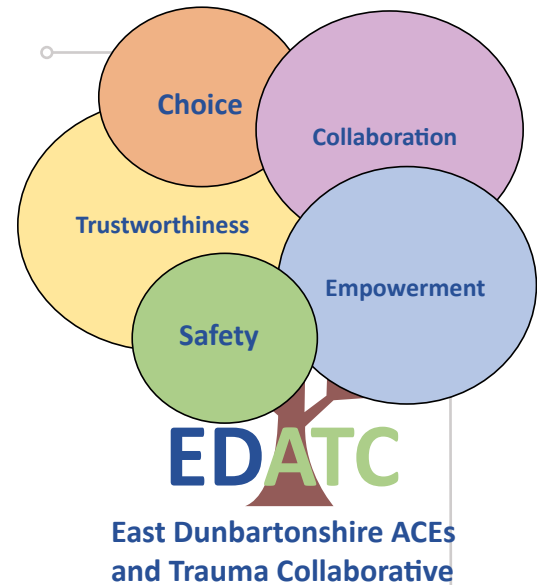
The Safe and Together model is a perpetrator pattern based, child centred, survivor strengths approach to working with domestic abuse. The model supports both meaningful ways to better understand domestic abuse as it relates to children and young people and improves skills to support the safety and wellbeing of children. It has a strong focus on skills such as interviewing, case planning, assessing, safety planning and documenting that are critical to our practice of safeguarding and protecting children. This is a rights based and trauma informed approach. We regularly ask safe and together questions within existing child protection audits and have seen a steady improvement the use of strengths-based language (Article 2,4,39).



ACES AND TRAUMA COLLABORATIVE

The East Dunbartonshire ACEs and Trauma Collaborative (EDATC) meet quarterly as a multi-agency partnership and brings together services across the HSCP, East Dunbartonshire Council, third sector and national agencies that are hosted in East Dunbartonshire. The meetings are facilitated by the Trauma Informed Practice (TIP) Coordinator and include East Dunbartonshire's two nominated Trauma Champions. The EDATC also has several action-focused subgroups focusing on training, policies, the environment and data collection and reporting; as TIP expands across services further subgroups will be developed to support with implementation.

The EDATC continue to provide training to all staff across East Dunbartonshire focused on trauma informed and trauma skilled levels to services including early years, social work, third sector, Citizens Advice Scotland, Skills Development Scotland, EDLC libraries and Active Schools, with approximately 700 staff attending sessions since October 2023. These sessions have had overwhelmingly positive feedback around enhancing knowledge, skills and practice when supporting children, young people and their families who have lived experience of different types of trauma. Funding to access trauma enhanced training has been allocated which will provide more in depth and focused training for those whose role includes active involvement in a person's recovery from trauma. This will be offered across all relevant services throughout child & adult protection, justice social work and mental health services.



YOUNG PEOPLE AGED 16 AND 17

In East Dunbartonshire we believe that all people aged under 18 should be treated as children on first contact, in line with the UNCRC. This means that all concerns about 16 and 17 year olds should be directed to children's social work in the first instance. Where there are concerns that 16 and 17 year olds may be at risk of harm, the social work screening process will involve an assessment of which legislative framework is best placed to support and protect the young person. Key considerations include the young person's history, capacity, issues and needs. Where children's social work services consider that the individual may be better supported and protected via the adult support and protection legislative framework and adult social work, they will liaise with their adult counterparts to agree responsibilities for inquiries and any subsequent support required.



TRANSITIONS

In 2024-2025 the adult support and protection local guidance was updated and has provided clarity in relation to 16 and 17 year olds where there are safeguarding concerns. In East Dunbartonshire, any child under the age of 18, for whom there are safeguarding concerns, will default to child protection processes and discussion. The initial referral discussion will determine whether child protection or adult support and protection processes are best placed for the child. This ensures compliance with UNCRC age of a child and ensures no child under 18 falls through the net, especially those for whom we are most concerned about.

CLUSTER (V): FAMILY ENVIRONMENT AND ALTERNATIVE CARE

We take into account children's evolving capacities, making sure that all younger children are able to access their rights ([Article 5](#)).



We seek and take account of children and young people's views prior to making decisions that affect them ([Article 12](#)).



Children and young people who are looked after have access to the services they need and have a say in decisions about where they live ([Article 9](#)).



Young people who are moving onto independence but continue to require our services, have access to the support they need (e.g. care leavers or disabled young people) ([Article 5](#)).



We provide support and services to parents/carers in order that they can care for their children ([Article 18](#)).



We provide support to children and young people who experience complex family circumstances (e.g. young carers; children with experience of domestic abuse; children who have a parent in prison) ([Article 18](#)).



Our management team is informed of their duties and fulfils their responsibilities as corporate parents ([Article 18](#)).



All placements of children and young people who are looked after are subject to regular review ([Article 25](#)).



EXAMPLES



INTENSIVE SUPPORT TEAM : SCAFFOLDING

Children and Families Social Work have a dedicated team to support children and families living at home or away from home. The Intensive Support Team works with children considered to be at risk of harm or in need due to their individual circumstances, providing some additional and targeted support at different times in their lives to improve family life. The skilled team offer specific parenting interventions to support parents in order that they can care for their children and meet their needs. This can involve parenting programmes, practical support and whole family involvement within the home. This work is underpinned by the principles of Getting it Right for Every Child (GIRFEC) and the Promise and all interventions encompass the Safe Healthy Achieving Nurtured Active Respected Responsible Included indicators.



**The Promise
Scotland**

SUPPORTING CHANGE FOR CHILDREN,
FAMILIES & CARE EXPERIENCED ADULTS



THE HOUSE PROJECT

The House Project supports care experienced young people to prepare to move into their own homes, sustain tenancies and develop life skills through relationship-based and trauma-informed practice.

- Young people are supported into safe, stable housing and helped to sustain their tenancies.
- 72.5% of young people supported by the house project are engaged in education, employment or training.
- Wellbeing-focused activities promote positive mental health and wellbeing.
- Ongoing support continues after young people move into their homes, ensuring stability and continued relationships.



Through the House Project, young people are supported to transition from care into their own tenancies in a planned and supported way. The project improves tenancy sustainment, reduces the risk of homelessness and ensures young people continue to receive support after moving.

The project provides consistent trusted relationships and a trauma-informed approach and base where young people feel safe.

Examples:

- Staff create non-judgemental psychologically safe spaces
- Young people report feeling secure, respected and supported
- Relationship-based practice
- Planned transitions
- Continued contact and maintained relationships improve tenancy sustainment and reduces feelings of isolation.

Young people are actively involved in shaping their support and influencing service development. They are represented within both the Champs board and care Leavers National Movement (CLNM) which feeds back to the National House project.

Examples:

- Young people co-design group activities
- Feedback directly shapes service improvements and how we deliver groupwork
- Young people build confidence to advocate for themselves
- Biennial peer evaluation with CLNM
- Annual conference which young people contribute to
- (Articles 3, 12, 13, 15, 19, 20, 25, 27, 28, 39).



FERNDALE

Ferndale residential childcare services in East Dunbartonshire provide a safe, nurturing and supportive environment for children and young people who are unable to remain living with their families. Ferndale aims to ensure that children and young people experience stability, positive relationships and opportunities to achieve their full potential. Services are delivered in line with the principles of GIRFEC and the national commitments set out in The Promise Scotland.

Children and young people living in residential care are supported by a skilled and experienced workforce who provide trauma-informed and relationship-based care. Staff work closely with children and young people to build trusting relationships, promote emotional wellbeing and support recovery from adverse experiences. Approaches to behaviour support focus on de-escalation, restorative practice and positive relationship building, ensuring that children and young people are treated with dignity and respect at all times (Articles 19 and 37).



Each child or young person living in residential care has an individual care plan that outlines their needs, goals and the supports required to promote their wellbeing and development. Care plans are regularly reviewed with the child or young person, their family (where appropriate) and relevant professionals to ensure that their views are heard and that their best interests remain central to decision making (Articles 3 and 12).



Children and young people living in residential care are actively supported to participate in decisions about their lives. This includes involvement in care planning meetings, regular key-worker sessions and house meetings where young people can share their views and contribute to the day-to-day running of the home. Independent advocacy services are also available to ensure that children and young people are supported to express their views where they may find this more difficult (Article 12).





Residential services work closely with education, health and community partners to ensure children and young people can access the services and opportunities they need. This includes support to attend school, participate in leisure and community activities, maintain relationships with family members where appropriate and develop important life skills (Articles 28, 29 and 31).



For young people preparing to move on from residential care, staff provide support to develop independence skills and prepare for adulthood. This includes support with budgeting, cooking, managing a tenancy and accessing education, training or employment opportunities. Young people are also supported through continuing care and aftercare arrangements where appropriate, ensuring they receive the guidance and support needed for a successful transition to independent living (Articles 20 and 27).



Residential childcare services operate in line with the Health and Social Care Standards Scotland and are subject to inspection and regulation by the Care Inspectorate. Feedback from children and young people, families and partner agencies is used to inform service development and continuous improvement.

REFRAMING LANGUAGE AND RECORDING PRACTICES AT FERNDALE

Upholding The Promise

The Promise highlights the essential changes required within Scotland's care system to better support children, young people, and their families. One key area identified for improvement is the language professionals use both in discussions and written reports.

Across Scotland, children, young people, and families told the Independent Care Review that the language used by professionals often feels stigmatising, institutional, and contributes to a sense of being "different". Many described this language as lacking love, warmth, and compassion. As professionals, we have been rightly challenged to reflect on the words we use, particularly when we speak to, about, or with children and their families, and to ensure that we communicate with the same respect and empathy we would offer to our own.

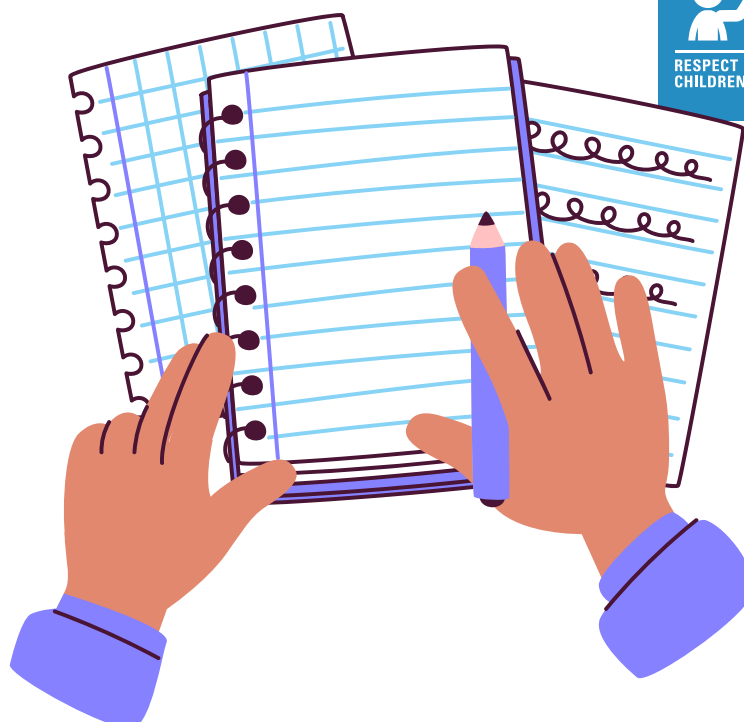
We have been asked to stop using language that distances or labels, and instead to use the terms, names, and words that each child or young person prefers when describing their lives and experiences (Articles 8 and 16).



Ferndale's Commitment to Change

Since the publication of The Promise, the Ferndale Promise Team has worked alongside our young people to understand how they would like their case notes written. We have also liaised with other care providers who are undertaking similar journeys to reframe their recording practices.

One document our young people consistently expressed discomfort with was the traditional "Daily Log" a record that documented every aspect of their day, including what they wore, ate, and the medication they took (Articles 12 and 16).



Legislative and Policy Context

Recording within residential child care is governed by the Children (Scotland) Act 1995 and its accompanying Guidance (Scottish Office, 1997), as well as the National Care Standards for Care Homes for Children and Young People (Scottish Government, 2005). These frameworks require residential establishments to maintain specific records about young people in their care. Recording is also underpinned by human rights legislation and professional codes of conduct (Articles 3, 12, 16).



The Scottish Social Services Council (SSSC) Codes of Practice (2009) further require social workers to maintain “clear and accurate records as required by procedures established for their work” (Code 6.2), while also “respecting and maintaining the dignity and privacy of service users” (Code 1.4). While these frameworks emphasise procedural accuracy and accountability, they provide limited guidance on how recording should reflect relationships, emotion, and lived experience. Too often, recording has been treated as a routine, administrative task, what could be described as a “surveillance approach”.

Reframing Our Approach

Guided by the principles of The Promise, we at Ferndale recognised the need to reframe how we record young people’s daily lives, ensuring compliance with policy while prioritising compassion and respect (Article 3).



Ferndale Promise Team met and agreed to update and rebrand our daily logs to reflect lived experiences rather than administrative requirements. To inform this change, we revisited key insights from the Independent Care Review, which emphasised that:

- Traditional care records often serve the system rather than the young person
- Relational writing should prioritise experience, emotion, and relationship, using clear, non-jargon language
- Young people should have ownership of their stories and influence how their records are written (Article 12).
- Language matters, records must avoid stigmatizing or clinical terminology.



As one young person powerfully stated:

“*My records are not who I am, but who you think I am.*”



From Daily Logs to Daily Journals

In response, we have redesigned our daily logs into daily journals, reflecting a new, relational approach to recording. These journals are written to the young people themselves, rather than about them. They use personal, compassionate language that acknowledges individuality, emotion, and experience (Article 12).

Instead of documenting tasks or observations in a clinical tone, we now capture moments of connection, care, and encouragement. Each entry reflects not only what happened during the day, but also the young person's feelings, challenges, and achievements. Through this approach, we aim to ensure that every child feels seen, valued, and understood (Article 20).

Looking Ahead

We recognise that the children and young people in our care will one day grow into adulthood and may choose to read their journals. Our hope is that, when they do, they will find a record filled with respect, love, and affirmation.

These journals should stand as a testament to genuine care, capturing the small, everyday moments that reflect belonging, trust, and support. In this way, they serve not only as a record of events, but as a lasting reminder that each young person's journey at Ferndale was valued, celebrated, and respected inline with their rights under the UNCRC.



CLUSTER (VII): BASIC HEALTH AND WELFARE

We provide early learning and childcare services which benefit both children and their parents/carers (Article 18).



We actively promote the right of disabled children to have access to a range of services and have choice and control over the services they receive, for example, education, health care, play and leisure services etc (Article 6 and 23).



We ensure that children and young people have access to the high quality health care they need and this extends to preventative health care services (Article 24).



We ensure that children and young people with long term health conditions have access to the services and support they need (Article 24).



We provide resources and support for children and young people in order to meet their mental health needs (Article 24).



We provide support to children and families, where this is within our authority responsibilities, to meet children's essential needs in relation to food, clothing and housing (Article 27).



EXAMPLES



HEALTH IMPROVEMENT

Public Health Framework

The East Dunbartonshire Public Health Framework and UNCRC align in a shared focus on children's wellbeing. The Public Health Framework provides aspirations for East Dunbartonshire including improving child health, reducing poverty, improving mental health support all whilst ensuring that children have a voice. It is committed to empowering children, protecting their health and giving them an opportunity to thrive (Articles 12, 24, 27).



THE HOUSE PROJECT

Care-Experienced Mother and Baby Group

The Care-Experienced Mother and Baby Group provides a safe, stigma-free environment where parents can build confidence and gain peer support. They have the opportunity to participate in activities with their child that they may not otherwise take part in.

The group promotes child development, parenting confidence and family wellbeing.

Examples:

- Babies benefit from attachment-focused and interactive activities
- Parents receive accessible parenting education in a supportive environment including input from wee minds matter and Family Nurse Partnership
- The group reduces isolation and improves emotional wellbeing
- Families who struggle to attend mainstream services can access support
- (Articles 6, 18, 24, 27, 29)
- The young parents help shape how the group is delivered
- The group was developed in direct response to feedback from care experienced young people
- Parents suggested activities and services they would like to engage with
- Peer support allows shared learning and confidence-building (Articles 12, 13, 15).



WELLNESS KITCHEN PROGRAMME – SUPPORTING CHILDREN, YOUNG PEOPLE, AND FAMILIES

The Wellness Kitchen programme created warm, welcoming spaces for 234 adults, children, and young people to come together, cook, and learn, with the principles of the UNCRC embedded throughout. Activities were co-designed with children and young people, allowing them to suggest recipes, choose tasks, share ideas and support their right to express views and participate in decisions that affect them. Sessions promoted health and wellbeing by teaching practical cooking skills, nutrition, and safe food practices, while families gained confidence to prepare nutritious meals at home. Cooking, tasting, and experimenting were designed as hands-on, playful activities that children could actively engage in. These activities resulted in increased confidence and skill-building, as children tried new foods, developed practical skills, and worked collaboratively. Wellbeing and social connection were strengthened through shared cooking, snacks, and conversation, reducing isolation for children and families. Young people's active participation in planning and making choices fostered a sense of agency and belonging, while parents and carers built confidence, learned new skills, and formed stronger community connections (Articles 12, 24 and 27, 31).



CHILDREN'S COMMUNITY HEALTH

The School Nursing Team works in partnership with the wider team around the child to support early identification and intervention, promoting health and wellbeing and attainment for school aged children and young people. As part of the Scottish Government's aim, the re-focussed school nurse role delivers on vulnerable children and families, emotional health and wellbeing and risk-taking behaviours providing targeted support and interventions to predominantly vulnerable children, young people and their families. East Dunbartonshire School Health Service currently provides service delivery on the 3 priority pathways of emotional health and wellbeing, child protection and vulnerability and transitions. We assess emotional health and wellbeing based on a strength-based approach, always ensuring that a child's voice and their rights are respected and heard. We have fully implemented the use of Wellbeing bag to engage children and young person to ensure their views are heard, listened to and recorded within assessments. Our practice sits within the principles of the realistic medicine framework and central to this is child and family centred care. This links strongly with GIRFEC principles of young people and children getting the right service at the right time by the right person. This work is strongly evidenced by feedback we have received from children, young people and their families that we support.

"It felt like a safe space for me."

12 year old.



“The school nurse was amazing. She built an amazing relationship with my daughter. Her communication was fantastic and it was good we were able to speak with her as well so we gained some insight into how my daughter was feeling and it helped us know the strategies she was using. It’s been life changing”.

Parent of 10 year old.

“It was helpful to be able to have the time for my daughter to be able to build a relationship where she felt comfortable to verbalise how she was feeling. She had not been able to do this before”.

Parent of 11 year old.

Through a focus on partnership working, relationship building and early intervention we aimed to get better at understanding the needs of our young people. We have built our skills in supporting children and young people with their emotional health and wellbeing and developed a suite of evidence based mental health interventions including Lets Introduce Anxiety Management (LIAM). Therapeutic relationships are central to the ethos of School Nursing. The School Nursing Service takes a multi-agency approach to achieve the best possible outcomes for children and young people.



Children and young people accessing the services of the Speech and Language Therapy (SLT) team often face greater barriers than others in securing their rights. Communication skills are an essential part of our development and impact on every part of our lives. We need speech, language and communication skills to develop and manage our emotional lives, and to form healthy relationships. SLC(Speech Language and Communication) skills are foundational to every aspect of a child’s development, from building relationships and emotional wellbeing, to learning and future life chances. Children with communication needs are at a greater risk of not having their rights realised or protected. Children growing up in poverty are disproportionately affected, often starting early learning and childcare (ELC) or school with a developmental gap that can widen over time.

The Speech and Language Therapy (SLT) team works with colleagues in Specialist Children's Services and across the wider HSCP to meet the speech, language and communication needs (SLCN) of children and young people.

The service has continued to provide a balance of SLT service to include individualised patient care, targeting interventions and universal work. We have continued to offer direct support to families, partners in education and social work and accept referrals from a wide range of agencies and partners.

The Speech and Language Therapy Team have been working successfully with our partners in education providing a high quality, efficient and effective service for children and young people with speech, language and communication difficulties and eating and drinking difficulties. The department provides a staged model of care including specialist referred caseload, targeted interventions and universal support to the wider population.

We are now also offering collaborative triage appointments within educational settings which can involve children, their parent, health and school staff. This promotes clear communication, shared planning and priorities and positive joint working. We support children and young people to gather informed consent around their treatment and make decisions about appropriate treatment, ensuring the most vulnerable children have a voice, promote equality and tackle discrimination and prejudice.

The Scottish Government published a specification for neurodevelopmental service in 2020. The Speech and Language Therapy service plays a key role in the local development of this specification. It provides early identification, assessment and post diagnostic support for children and families with Autism and Developmental Language Disorder. Speech and Language Therapy contributes significantly to the diagnostic work undertaken for children and young people in East Dunbartonshire and are integral to the wider role out in the local area, reducing inequalities and promoting health and wellbeing for all children. The team deliver care within framework of realistic medicine and National Autism Implementation Team (NAIT) guidance. Always striving for a neuro affirming lens to be implemented in clinical practice.





There is commitment to strong collaborative working with Health Visiting colleagues to ensure a timely response to parental and professional concerns in relation to developmental difference in pre-school children. Families have the opportunity for a joint visit with Health Visiting and Speech and Language Therapy when there are concerns identified. Timeous joint planning results in a tailored plan of support within each own families' priorities.

The Scottish Government published the Early Years Speech, Language and Communications Action Plan (2025). Working collaboratively we will be focusing on delivering on the 3 key pillars:

1

Leadership and Accountability



Embedding early years SLC as a national priority through clear leadership, transparent governance and data-driven decision-making. This ensures sustained focus and resource allocation, particularly for communities with the greatest need.

2

Families and Communities



Promoting a strengths-based, public health approach that supports families from pregnancy onwards, with knowledge, confidence and access to culturally relevant, community-based resources. This pillar fosters language-rich environments that enable every child to thrive.

3

Skilled and Supported Workforce



Supporting the development of a confident, knowledgeable and well-supported workforce across health, education and social care sectors. We will work towards greater alignment of professional learning and practice standards across these sectors, paying attention to implementation, in order to promote high-quality, inclusive support for children's communication development link to UNCRC.

Experiences in early years have a profound impact on an individual's future health and wellbeing. Health professionals give children and young people the opportunity to express views in matters that affect their lives. East Dunbartonshire Health Visiting teams continued to improve outcomes for all children and families and drive sensitive, responsive, care giving by providing The Universal Health Visiting Pathway to ensure Children's emotional, cognitive, linguistic, social and physical development, including the bond they form with parents were assessed and the delivery of preventative and targeted interventions provided. The Health Visiting Team focus on relationship building with families and listening to the voice of the child to ensure that all needs are being assessed and met. We are working towards implementing The Voice of the Infant Best Practice Guidelines and Infant Pledge which sets out what infants should expect from those around them. It encourages mindful commitment to facilitate infants to express their feelings, and to consider their views, uphold their rights and take action accordingly.



We provide information and advice to vulnerable families on maximising household income, welfare rights and housing options. We have set up a direct referral process between the Health Visiting Team and the Money Advice and Rights Team. A Health Visitor is now able to make a direct referral with the family, ensuring appropriate support is provided faster. Dental Health Support Workers support families with children under 5 years old, through Childsmile home visits for families.

With the recognition that not all parents are able to access core community resources and working in collaboration with local partners, the Health Visiting service provides opportunities to remove barriers in accessing these supports including supporting in care experienced parents, parents return to work or education in relation to accessing local community groups.

The Health Visiting Team has achieved sustainability and maintaining Gold Award The Baby Friendly Initiative UNICEF UK of which they achieved 100% for staff culture survey results demonstrating every child has the right to the best possible health services that are non-discriminatory. They have increased breast feeding rates and introduced a sustainable model of breastfeeding support with a focus on SIMD 1&2 and developed pathways, standard operating procedures and training package for staff. This ensures babies are provided the best start in life. The Health Visiting Service developed an Emergency Infant Feeding Pathway to support families experiencing food insecurity to have ongoing reliable access to formula milk, food and money when in crisis. Mum reflected; from the first time she met the HV she established a positive relationship with her and this relationship has continued to strengthen. She trusts the HV and feels the HV has been a great advocate for her, ensuring her voice is heard at meetings such as the Team Around the Child (TAC) meeting where Mum reflected on feeling vulnerable amongst so many professionals. Additionally, Mum reflected on being a single parent and the positive experience of the HV being available to listen & offer support for her to share her parental burdens with. Mum stated the HV has been “a life link to us”.

We have the unique alignment of Health Visiting, Speech & Language and School Nursing Services within the HSCP allowing for collaborative learning and knowledge to be shared which contribute to the development of child centric care provision. This facilities intersection of universal and targeted service in inclusion and promotion of UNCRC. Getting It Right For Every Child (GIRFEC) principles and values underpin all Children’s Health Services Plans and are committed to provide all children, young people and their families with the right support at the right time. With the UNCRC as its foundation, it provides a consistent framework and shared language for promoting, supporting, and safeguarding the wellbeing of all children and is delivered in a way that improves outcomes

(Articles 3, 5, 6, 12, 13, 18(3),19, 23, 24, 26, 27).



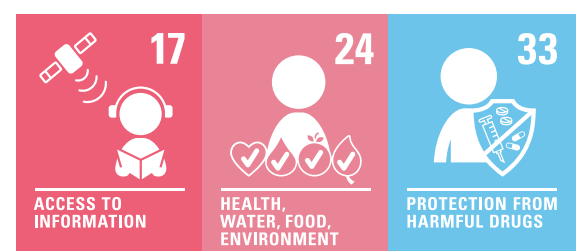


HEALTH IMPROVEMENT: VAPING AND YOUNG PEOPLE

In working towards meeting the aspiration “Decrease acceptability and accessibility of young people initiating vaping, smoking or using other tobacco products” within the East Dunbartonshire Public Health Framework and Tobacco Free Generation actions within the national Population Health Framework, the EDHSCP Health Improvement Function set up a vaping, other nicotine products and Young People partnership project with EDVA (East Dunbartonshire Voluntary Action) and EDC Trading Standards Team. As part of this the Health Improvement Function funded a post within EDVA to lead on Vaping and Young People Health Needs Assessment (HNA) with the aim of exploring young peoples’ views, attitudes to, and use of vapes and nicotine products. The HNA engagement has resulted in over 1600 local young people undertaking a survey on vaping and other nicotine products and focus groups with young people from Twechar and Hillhead. A showcase event is planned for June 2026 where young people from a local secondary school working with Creative Sparks to present on the findings of the engagement. This supports children’s rights to participation, expression and access to information (Articles 12, 13 and 17).



East Dunbartonshire representatives are also members of the NHSGCC Young People and Vaping Group; a working group that develops preventative initiatives aimed at raising awareness of the risks associated with vaping among young people. The group has developed an awareness raising session and created a suite of resources designed to help young people and those working with them to better understand these risks and support them in making informed choices including guidance in how to stop vaping. Vaping and Young People awareness sessions have been delivered to staff across East Dunbartonshire including a specific session at Ferndale Residential Unit. This work contributes to the protection of children from harm from harmful substances, right to accurate information and supports their right to health (Article 17, 24, 33).



RELATIONSHIPS, SEXUAL HEALTH & PARENTHOOD (RSHP)

In working towards meeting the aspiration “Support children and young people to make informed choices to attain better health outcomes utilising education, early years settings and youth work”, East Dunbartonshire Public Health Framework, EDHSCP Health Improvement Function and EDC Education are working in partnership to deliver the NHSGGC Early Protective Messages approach across early years, children’s services and Parents & Carers. In 2024-2025 four staff members attended two full day training for trainers sessions delivered by NHSGGC Sexual Health Improvement Team. The Early Protective Messages approach is to support adults involved in the lives of children under five to develop their knowledge, skills and confidence on gender stereotyping, language and correct terminology, consent and body autonomy in order that they can proactively support children to understand and assert their rights and keep them safe. The approach aims to ensure that adults are equipped to proactively support children to understand and assert their rights, develop healthy relationships, and keep themselves safe.

This approach compliments the messages children and young people will receive on RSHP within schools and other settings. A rolling programme of NHSGGC RSHP training courses is promoted to newly qualified teachers, teachers (including ASN) and Youth Workers in East Dunbartonshire. This supports a consistent rights-based approach across services ensuring that children and young people receive accurate and age/stage appropriate information to support their health, wellbeing and safety. This work supports children’s right to safety and accurate information (Articles 3, 17, 34).



ALCOHOL LICENSING

In working towards meeting the aspiration “Reduce the availability and accessibility of alcohol in our local communities” within the East Dunbartonshire Public Health Framework and the Drugs and Alcohol and Gambling Harm actions within the national Population Health Framework, the EDHSCP Health Improvement Function participates in the Licensing Board arena to uphold the licensing objectives, in particular protecting and improving Public Health and protecting children and young people from harm. Health Improvement, on behalf of East Dunbartonshire Alcohol & Drug Partnership (ADP), assesses and responds to each licensing application considering potential risks for children and young people within a licenced premises, ensuring the Operating Plans are explicit at times children and young people can be present, if they are to be accompanied and areas they should not access. Health Improvement also contributed to the consultation for the Gambling Act Statement of Licensing Principles in 2025, highlighting that consideration must be given to the vicinity of gambling facilities to protect children and young people from harm. These considerations ensure that the best interests of the child, and protection of children and young people from harm and drugs are central to licensing decisions (Articles 3, 19, 33).



COMMUNITY FOOD APPROACHES

In working towards meeting the aspiration “Increase access and affordability to healthy nutritious food” within the East Dunbartonshire Public Health Framework and the Food Environment and Nutrition actions within the Population Health Framework, EDHSCP Health Improvement Function is contributing to the development and delivery of the Good Food Nation Plan. This is Scotland’s first legislation that places food at the heart of health, environmental sustainability and society wellbeing.

In 2024, Health Improvement established the Growing a Food Community small grants fund, following successful funding secured from NHSGGC. Through this fund, several local community groups were supported to introduce or expand community food initiatives benefiting children, young people and families across East Dunbartonshire. We continue to invest in local organisations interested or involved in food growing projects encouraging children and families to grow, cook and enjoy nutritious food together. This work supports children’s rights to grow, develop and thrive by improving access to nutritious food and supporting healthier living (Articles 3, 6, 24, 27).



INFANT FEEDING

In East Dunbartonshire the partnership promotes and supports breastfeeding and our Health Visiting Service have attained the UNICEF Breastfeeding Gold award. We have a local maternal and infant nutrition group. Through this we aim to:

- Raise awareness of the Breastfeeding etc. (Scotland) Act 2005
- Support local businesses and organisations to sign up to the national Breastfeeding Friendly Scotland Scheme
- Promote the benefits of breastfeeding during Scottish Breastfeeding Week and World Breastfeeding Week
- Contribute to the Scottish Breastfeeding Collaborative, ensuring local practice aligns with national priorities.

This work supports children's rights to the highest attainable standard of health and to an adequate standard of living by promoting optimal infant nutrition and supportive environments that enable breastfeeding (Articles 3, 24, 27).



FINANCIAL INCLUSION

In working towards meeting the aspirations “Increase the uptake of the Income Maximisation Service” and “Collaborate to mitigate the causes of poverty” within the East Dunbartonshire Public Health Framework and in the Income Maximisation actions within the national Population Health Framework, the EDHSCP Health Improvement Function work closely with NHSGCC, East Dunbartonshire Health Visiting Team and East Dunbartonshire Citizens Advice Bureau.

As part of this collaborative approach, we contribute to local actions aimed at addressing child poverty which are reported through the Local Child Poverty Action Report. In addition, the Health Improvement function commissions East Dunbartonshire Citizen's Advice Bureau to deliver the East Dunbartonshire Income Maximisation Service, providing free, confidential advice on a wide range of financial matters. This work supports children's rights to benefit from social security and to an adequate standard of living by helping families maximise income, reduce financial hardship, and improve overall wellbeing (Article 3, 26, 27)



PHYSICAL ACTIVITY – EARLY YEARS

In working towards meeting the aspirations “Increase the number of people attaining the physical activity recommendations” and “Support children and young people to make informed choices to attain better health outcomes” within the East Dunbartonshire Public Health Framework and the physical activity actions within the national Population Health Framework, the EDHSCP Health Improvement Function and East Dunbartonshire Leisure and Culture Trust secured funding for the 2024/25 school year, to:

- Review and update the Going for Gold – Moving Forward Toolkit for early years
- Refresh the 10 structured physical activity session plans in line with the Chief Medical Officer’s guidelines
- Deliver a 10-week programme of coach-led physical activity sessions to model best practice and build staff confidence.

A place-based approach invited four EYCs to participate with three engaging. In total, 59 children took part in the physical activity sessions alongside 13 staff members. Evaluations highlighted improved staff confidence scores post programme with staff observing improvements in children’s skills, confidence and social development. Most children indicated enjoyment and desire to repeat sessions.

Each participating EYC received:

- Updated Going for Gold – Moving Forward Toolkit
- Revised session plans
- An equipment pack including cones, markers, bibs, footballs, hoops, parachute, soft balls, shuttlecocks, bean bags, beach ball.

This work supports children’s rights to share their views, to grow up healthy and to learn and have fun through play (Articles 3,6,12,24,31).



CLUSTER (VIII): EDUCATION, LEISURE AND CULTURE

We aim to ensure that all children do not experience any form of discrimination in their education, regardless of their circumstances (Article 28).



We ensure that all children and young people access their right to an education that develops their abilities to their fullest potential (Article 29).



We ensure that early learning and childcare and school environments support children and young people's participation in all aspects of the Curriculum for Excellence (Article 28).



We provide children and young people with access to play and leisure opportunities and address barriers to inclusive play and leisure. There are sufficient high quality outdoor play and recreation places for children and young people to access including spaces suitable for disabled children and young people (Article 31).



Children and young people have access to and can participate in a range of arts and cultural opportunities (Article 31).



EXAMPLES



MY VOICE, MY CHOICE

East Dunbartonshire Council launched its authority-wide pupil forum 'My Voice My Choice' in 2022. The forum is the first of its kind and is sector-leading practice in the implementation of the UNCRC. All schools are represented by at least two pupil forum members and meet four times per year to discuss authority-wide themes as well as other locality-based issues. Now embedded, it followed a rigorous three-year implementation plan and is a key element within the authority's UNCRC plan 2024-2027.

My Voice My Choice has a core implementation group that plans meetings and events, utilising input from partner organisations including the Child Poverty Action Group (CPAG), West of Scotland Development Education Centre (WOSDEC), and Partners in Advocacy.

A firmly established partnership with UNICEF ensures all our establishments have achieved either bronze, silver or gold Rights Respecting Schools accreditation. Additionally, one of our primary schools is a UNICEF good practice case study school highlighting education is shaped by learners and children's rights are central to everything.

All pupil representatives are awarded Youth Development Awards at our end-of-year My Voice My Choice Showcase event, celebrating excellence across schools with presentations, displays and video blogs.



UNCRC DEVELOPMENT PLAN

The UNCRC Development Plan 2024-2027 lists a series of actions for improvement, namely:

- Ensuing implementation of UNCRC in all schools
- Supporting the promotion of children's rights and inclusion through meaningful participation of young people in their school communities
- Supporting the integration of the vision of the Council in terms of local outcome planning, the Integrated Children's Service Plan and Additional Support Needs Plan
- The role of advocacy to ensure children's rights
- The review status of each establishment in terms of Rights Respecting Schools Award
- Continued support to UNCRC leads in schools through training/meetings
- Schools ensuring children and young people are listened to, respected, involved and heard in all decisions that affect them
- Supporting and promoting children and young people's rights through integrated planning and delivery of services
- Align safeguarding and wellbeing policies with rights language – develop a Child Friendly version
- Tackle inequality and uphold equity.



CLUSTER (VIII): SPECIAL PROTECTION MEASURES

We assess the numbers and situation of children and young people and their families who are asylum seeking and are migrants in order to provide them with services and support ([Article 22](#)).



We ensure that children and young people at risk of sexual exploitation or drug use have access to the child protection and specialist support and services they require ([Articles 33 and 34](#)).



We provide support to children and young people in response to their needs so that they do not enter the criminal justice system, as far as possible ([Articles 37 and 40](#)).



We ensure that children and young people who enter the criminal justice system have the right to legal representation and fair treatment ([Article 40](#)).



EXAMPLES



CARE AND RISK MANAGEMENT (CARM) GUIDANCE

In 2025 we introduced CARM guidance with the support of Children & Young people's Centre for Justice (CYCJ). In accordance with National Guidance for Child Protection in Scotland 2021 (Updated 2023) and the Framework for Risk Management and Evaluation. This operating procedure has been produced to ensure that children and young people in East Dunbartonshire, whose behaviour presents a risk of serious harm to themselves or others (which may include the potential for harmful sexual, violent or self-harming behaviour), are managed effectively to minimise those risks.

This formal risk management process, CARM, also includes the behaviour of children and young people which increases the risk of serious harm to themselves. Historically the resulting vulnerabilities or risk indicators do not fall neatly into the 'child protection' or 'offending' categories.

The purpose of CARM is to ensure that we are working effectively with children/young people and their families to build on their strengths, address concerns and achieve positive outcomes, manage risk and ensure the child and their family can fully engage with the process.

The CARM process follows the same processes as existing child protection procedures and any children registered under CARM sit within our child protection register, demonstrating the commitment to care and support as well as risk management (Articles 4, 37, 40).



ALCOHOL AND DRUG RECOVERY SERVICE (ADRS)

In ADRS we consider the needs of young people through our Family Impact Assessment FIA (recently revised from IPSU). Staff are encouraged to consider the needs of the children and young people affected by parental substance use and seek appropriate supports for them as required, for example, With You family service, and Scottish Families Affected by Alcohol and Drugs (SFAD) young person service. We are in the process of reviewing and revising the CAPSM process as this is now 10 years old and requires updating in line with legislative changes and use of language, stigma, trauma informed practice.

UNACCOMPANIED ASYLUM SEEKING CHILDREN (UASC)

The Immigration Act of 2016 introduced the National Transfer Scheme (NTS), the scheme operates on a rota basis and enables the safe dispersal of UASC across the UK. Children and young people who arrive in East Dunbartonshire through the NTS will have experienced significant trauma and through their experiences will have missed significant amounts of education, which can be challenging, particularly if they are having to learn a new language. In 2023/24 East Dunbartonshire HSCP and East Dunbartonshire Council, in conjunction with a Third Sector Service Provider, designed and implemented a supported accommodation model with specialised support to UASC requiring help to access the essential services they need, such as interpreter services, education, health, cultural and/or religious needs, employment, longer term housing and opportunities to participate in society to enable resettlement.



AREAS FOR IMPROVEMENT 2026-2029

COMPLAINTS HANDLING

We continue to navigate the challenge of following statutory guidance and time scales while delivering best practice and consider children's involvement under the principles and guidance in coming to decisions.

There is often no definitive right answer around how to deal with a complaint under CFC when there can be a conflict between best interests of the child and their ability to have full ownership of a complaint depending on numerous factors such as age and capacity. We are trying to navigate the legislation with good intentions, trying to keep the child's best interests at the heart of the matter.

TRAUMA

Significant work has been undertaken to develop a four-year training plan with EDC and EDHSCP which commenced in 2025 and will continue across all Education resources including Wellbeing and ASN settings. The plan promotes a "top-down" strategy, calling for change to establish a sustainable trauma informed approach. . Additional projects are being developed to support the training plan and will include the voice of lived experience, linking in with other cross-cutting programmes such as suicide prevention, whole family wellbeing and child protection.



EMBEDDING CHILDREN'S RIGHTS IN EQUALITY OUTCOMES CONSULTATION



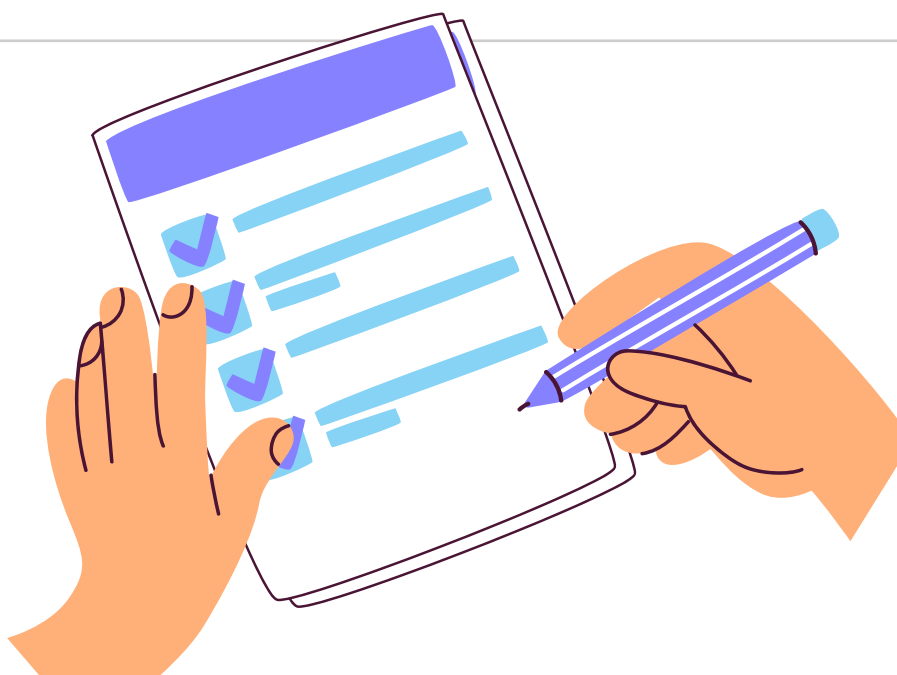
Lessons Learned

Working with a trusted youth organisation and using creative, interactive methods supports more meaningful engagement with children and young people and helps uphold Article 12 by enabling them to share their views in ways that feel comfortable. Delivering activities in familiar settings helps participants feel confident in participating. It was also noted that while the hobby horse activity supported playful engagement aligned with Article 31, not all young people chose to use the hobby horses and instead preferred to walk to the response stations. Some hobby horses had the ability to make noises, which proved particularly popular with participants.



Future Actions

Future consultations will continue to embed a children's rights-based approach by strengthening opportunities for children and young people to influence engagement approaches. We will explore involving young people earlier in the design of consultation activities, supporting Article 12, by enabling them to help shape the methods used to gather their views. A range of flexible and inclusive participation methods will continue to be offered to ensure children and young people can engage in ways that suit their preferences and abilities.





WELLNESS KITCHEN PROGRAMME – SUPPORTING CHILDREN, YOUNG PEOPLE, AND FAMILIES



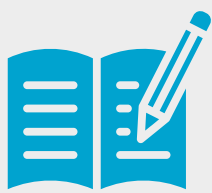
Lessons Learned

Engaging with grassroots organisations through the grant scheme has highlighted the important role these groups play in reaching children and young people within their communities. It also demonstrated that organisations funded through the programme can provide valuable insights into the experiences and needs of children and young people, which can help inform wider engagement and consultation activities. Strengthening connections between funded projects and policy or consultation processes can therefore support a more meaningful understanding of local issues affecting young people.



Future Actions

Future development of the grant scheme will focus on further embedding UNCRC principles by encouraging funded organisations to actively support children and young people to share their views on issues that affect them. Opportunities will also be explored to link grant-funded organisations with consultations, enabling them to support participation and gather feedback from children and young people within their programmes. This will help ensure that children's rights to be heard are reflected not only in service delivery but also in the development of decision-making processes.



Lessons Learned

Embedding children's rights in EQIA's is most effective when staff have practical examples and support alongside formal guidance.



Future Actions

Review the EQIA process, template and guidance to ensure UNCRC principles are consistently and explicitly embedded.

WORKFORCE: LEARNING AND DEVELOPMENT



Priorities Going Forward:

- Continue to strengthen the training evaluation through increasing the number of six-week check-ins offered within courses and completion of the post training survey
- Ensure registers are fully completed and participant's organisations are easily identifiable to make it easier to target those sectors who may not be attending as often as others
- Continue to be flexible and adaptable in terms of delivery to ensure those who require the training, receive the training.

As a result of feedback from various local training platforms and local & national issues/priorities the following courses have been developed for 25-26:

- Skills based Assessment of care toolkit
- Sexual Abuse
- Harmful sexual behaviours
- Professional Curiosity
- Having difficult conversations
- Parental Mental Health

APPENDIX 1: ACTIONS AND OUTCOMES FRAMEWORK (ICSP 2023-2026)

Our ICSP Annual Reports will provide updates on the measurements and impact using qualitative and quantitative data and case studies.

What we will do	How we will measure
The Promise and Corporate Parenting	
We will work together to ensure early & effective intervention through integrated family support activity.	Number of families accessing early & effective interventions or support.
We will work together to support the principles and values of our House Project and Continuing Care, to ensure dynamic multi-agency planning for all children looked after away from home where permanence planning has not been concluded.	Balance of care Key Performance Indicator
	Number of care leavers moving on to their own tenancies.
	Number of Care Experienced Young People receiving Continuing Care support, Through care or Aftercare.
We will develop a routine questionnaire to gather feedback on family experience of Team Around the Child meetings, to evaluate their impact and value.	Analyse data received & adapt practice as a consequence.
We will work across agencies to improve school attendance and exclusion rates of looked after children, enabling better attainment and positive destination outcomes.	Compare and action supports for care experienced children regarding attainment, exclusions, and positive destination statistics.
We will implement Better Hearings to ensure the child and young persons' voice is clear in the process of decision making.	Increase school attendance of Looked After Children; and increase attendance at key decision-making meetings.
We will implement our #Keep The Promise Plan.	We will monitor the number of young people attending Hearings who are receiving advocacy services.

What we will do	How we will measure
Supporting mental and physical health.	
We will work collectively to support child development, to give all children the best start in life.	Increase in exclusive breastfeeding at 6-8 weeks.
	Increase uptake in child immunisation programme.
	Increase registration with dental practitioners.
	Dental decay decrease - P1 – Quintile 1.
	Participation of supervised tooth brushing programme in educational establishments.
	Increased proportion of children starting Primary 1 who have a Healthy Weight.
	Children reaching developmental milestones starting P1 & SDQ analysis.
Further enhance our tiered approaches to family wellbeing.	Monitor numbers of families accessing: • Perinatal mental health services • Non Violent Resistance training • Triple P & Fearless Parenthood training
	Parents accessing family supports indicate improvement in their family wellbeing
Continue to develop and deliver local training plan for all staff working within our children and young people services	Continued increased numbers of staff attending multi agency training • “What’s the Harm” • Scottish Mental Health First Aid (Young People) • Safe Talk & ASIST – Suicide Prevention Training • LIAM – Let’s Introduce Anxiety Management • RSHP – Relationships and Sexual Health Prevention • Substance Misuse Toolkit training • Trauma Informed Workforce training

What we will do	How we will measure
Continue to respond using a needs based approach to the wellbeing of children, young people and staff.	Schools Health and Wellbeing Improvement Research Network (SHINE) Health and Wellbeing questionnaires for all schools compared to the HBSC National Statistics September 2023
	“Youth Health Service” Needs Assessment.
	SALSUS Data 2023
	Increase the number of young people accessing the Sandyford Young Peoples Clinic.
Increased awareness of LGBTQ professional development for staff and associated supports offered to young people in schools. • Review LGBT Scotland Charter to meet the needs of the local community.	Percentage of schools achieving bronze, silver and gold LGBTQ awards in schools
	Achievement of HSCP Charter Award
	Community Planning Partner staff working with children and young people involved in awareness raising sessions for LGBTQ young people
We will extend and enhance the range of services available to care experienced children and young people aged 5-26 to support their mental health.	Implement the Children’s Mental Health and Wellbeing Framework
	Access to School and Community Counselling Services • report produced annually • access to Compassionate Distressed Response Service
	Develop an effective multi-agency referral pathways to specialist children’s services through early intervention screening.
Collaborate to support children and young people to make informed choices regarding substance use. East Dunbartonshire Substance Use Prevention Action Plan 2022-25.	SALSUS Report 2023 and resulting action plan/measures.

What we will do	How we will measure
Promoting Children's Rights	
Involvement of children and young people in the design and delivery of all services across the partnership. We will work to embed the use of an Equalities Impact Assessment to plan for meaningful improvement	Awareness of the EQIA among relevant staff; data on the proportion of relevant policy decisions for which a has been completed
	Evidence that child's voice is impacting on improved service design
We will provide professional learning and awareness raising through a variety of approaches to ensure all staff across services are aware of the implications of the UNCRC in their own context.	Percentage of staff surveyed who are confident that they understand the implications of the UNCRC and how to give effect to Children's Rights
Further develop an inclusive approach to communication with all children and young people, to ensure that their rights are being considered and upheld.	Questionnaire through Pupil Forum Group – My Rights My Choices
	TAC Feedback from Young People – overall qualitative next steps.
Continue to improve services for care experienced young people in collaboration with the CHAMPS Board	Number and range of consultations with the Champs board has led to developments in service delivery through increased voice of our young people.

What we will do	How we will measure
Keeping Children Safe	
We will work collaboratively to ensure our Child Protection Guidance is updated in line with the national Child Protection guidance 2021 and our workforce is trained on this new guidance.	Publication of the new Child Protection Guidance.
	Delivering training on the new guidance and monitoring numbers of those attending.
	Seeking evaluation of impact from those attending courses.
We will provide professional learning and awareness raising in line with our new Learning and Development Framework to ensure the multi-agency workforce are skilled in child protection. This includes, recognition, seeking support, neglect, missing persons/children, child trafficking.	Percentage of staff surveyed who are confident that they understand what they need to do if they suspect a child is at risk of harm and what supports may be available.
Further develop an inclusive approach to communication with all children and young people, to ensure that their voices are being listened to.	Qualitative feedback from children and young people on the effectiveness of our approach will be included in • the Annual Reports. • This will include data on the use of the • Mind Of My Own App • Children's reports to Child Protection Planning Meetings
	Continued promotion of the CP website and feedback surveys.
We will continue our improvement journey by implementing our Children At Risk of Harm Inspection Action Plan.	The Annual Report will provide an update on the implementation of the Children At Risk of Harm Action Plan which will also be governed by DCYPP.
The CPC sub-groups (Management Information and Self Evaluation, Public Information, Learning and Development and Learning Review) will continue to ensure the CPC Business Plan is implemented.	The Annual Report will include an update on the implementation of the CPC Business Plan which will be overseen by CPC and governed by DCYPP.

What we will do	How we will measure
Child Poverty	
Continue to develop strategies to support young people through the Child Poverty Action Plan.	Associated measures identified in the Child Poverty Action Plan which relate to children and young people.
Continue to implement Whole Family wellbeing measures to improve the attendance, attainment and achievement of children and young people facing disadvantage at school.	Uptake of free ELC for eligible two year olds.
	Increase the percentage attendance of children living in SIMD Q1
	Increase the percentage of P1/P4/P7/S3 children living in SIMD Q1 who are achieving the expected levels of Curriculum for Excellence.
	Health Visiting Staff supports to families through Healthier
	Wealthier Children.
	Associated measures identified in the Whole family Wellbeing Action Plan
We will work together as a Children's Services Partnership and with wider partners, to improve the opportunities and post- school destinations of school leavers facing disadvantage.	Community activities for children with complex needs.
	We will increase the percentage of school leavers living in SIMD Q1 who enter a positive destination from school.
Ensuring young people are not further disadvantaged by poverty including those who are; • Care Experienced • Young Carers • Families with children with ASN • Families in Recovery.	Young people with additional needs with an identified positive post school destination.
	House project – transition and through care and aftercare activity support and numbers of Care Leavers setting up their own homes.
	Access to pathways funding for young people who are care experienced.
	Number of identified young carers obtaining support.

