



SCOTTISH BORDERS

CHILDREN & YOUNG PEOPLE'S SERVICES PLAN 2026/29



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Foreword

Our ambition is for every child and young person from the Scottish Borders to thrive - feeling loved, safe, respected, and able to achieve their unique potential. This plan sets out how we will work together as a partnership to deliver on that ambition, building on what works, listening to children and families, and responding to what matters most to them. We are committed to accessible, child-friendly language and to making this plan meaningful for everyone.

The Children and Young People's Planning Partnership (CYPPP) will deliver this plan with a focus on an accountable and streamlined approach to children's services design, development, and commissioning, as well as ensuring strategic oversight and operational delivery of the plan. The CYPPP are supported by the Scottish Borders Community Planning Partnership (CPP).

The CPP is pleased to approve this joint plan for 2026-29 which sets out a clear vision, priorities, and actions for the future, highlighting our full commitment to working together in partnership to pursue our goal of making a difference to the lives of children, young people, and their families.

Councillor Caroline Cochrane – Chair of Community Planning Partnership

Councillor Julie Pirone – Chair of Children & Young People's Planning Partnership

Introduction

An integrated approach to service planning by partners is a requirement under the Children and Young People (Scotland) Act 2014. *“The Act seeks to improve outcomes for all children and young people in Scotland by ensuring that local planning and delivery of services is integrated, focused on securing quality and value through preventative approaches, and dedicated to safeguarding, supporting and promoting child wellbeing¹.”*

The Act places joint duties on a local authority and health board to prepare, implement, deliver, and review a 3-year plan. The plan must be published by 1st April at the start of each 3-year period and submitted to Scottish Government. An annual report must also be published at the end of each 1-year period (1 April – 31 March).

The Scottish Borders Children and Young People’s Services Plan 2026-29 continues to place ‘The Promise’ at the heart of our work and builds on meeting key priorities within previous plans. It is rooted in the national ‘Getting it right for every child’(GIRFEC) wellbeing framework and we believe that our priorities will make a significant contribution to achieving the wellbeing outcomes set out.

Working with the following vision, the CYPPP are committed to using their collective resources to create a Strategic Plan to deliver the best possible services they can, for children, young people, and their families:

“Every child and young person from the Scottish Borders will feel safe, loved, and listened to. Their wellbeing will be at the heart of all we do and they will be supported to be their best, now and in the future.”

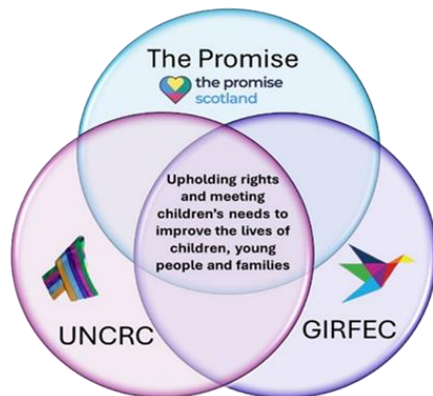
This Children & Young People’s Services Plan 2026–2029 reflects our shared partnership commitment to improve outcomes for all children, young people, and families in the Scottish Borders.

We have developed this plan with a wide range of partnership agencies and used national and local feedback (including the voices of children, young people, and their families) to shape it. We are determined to involve children, young people, and their families in decisions about their lives and protect their rights, and we are committed to deliver actions to address this in this Plan.

¹ Scottish Government (2020). Children’s Services Planning: Guidance.

National Context

- **National Performance Framework:** Achieving our priorities, and the actions contained within them, contribute to The Scottish Government's [National Performance Framework](#)'s vision for children and young people.
- **The Promise:** In 2020 the Independent Care Review produced 'The Promise'. We see the Promise as the umbrella policy driver for all our work with children, young people, and families. We are committed to keeping the Promise, and this is reflected in the Plan priorities.



- **Children's Rights:** The United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Act 2024 made UNCRC part of Scottish law. It ensures that children's rights are respected by public bodies, giving children legal avenues to enforce their rights. The UNCRC is at the heart of our plan. We will promote, protect, and fulfil children's rights in all we do.
- **GIRFEC:** Getting it right for every child (GIRFEC) will be 20 years old in 2026. It continues to provide Scotland with a consistent framework and shared language to promote, support and safeguard the wellbeing of children and young people., It is locally embedded by partners across Children's Services Planning Partnerships, with a focus on changing culture, systems, and practice for the benefit of babies, infants, children, young people, and their families.
- **Child Poverty:** The Child Poverty (Scotland) Act 2017 sets out the Scottish Government's statement of intent to eradicate child poverty in Scotland by 2030. The national delivery plan 2022 to 2026, [Best Start, Bright Futures](#) sets out how we will work together to deliver on Scotland's national mission to tackle child poverty. A new national delivery plan is expected in April 2026.
- **National Trauma Training Programme/Knowledge and Skills Framework:** The National Trauma Training Programme (NTTP) is part of the Scottish Government's work to support prevention of Adverse Childhood Experiences (ACES) and trauma across the life-course; and to develop trauma-informed responses for children, young people and adults affected by adversity and trauma. In the Scottish Borders, a multi-agency steering group involving individuals with lived experience of trauma has been established to help drive forward this agenda and promote trauma informed practice within local services for all children, young people, adults, and older adults with lived experience of trauma.
- **Population Health Framework:** The Population Health Framework sets out Scottish Government's and COSLA's long-term collective approach to improving Scotland's health and reducing health inequalities for the next decade. Supporting people's health and wellbeing is key to reducing inequality, tackling child poverty and building a fairer Scotland. move from reactive services to proactive, preventative, and equitable support that improves life chances for children and young people.

Local Context

There are a number of local plans, strategies and reports which all contribute to delivering our priorities for Children and Young People's Services across the Scottish Borders.

The Scottish Borders Council Plan

The [Council Plan](#) from April 2026 sets out a strategic framework for Council decision-making and operations. Their strategic context and vision align well with the priorities set out in this plan.

Local Child Poverty Action Plan Report

Local Authorities and Health Boards are required to jointly prepare a [Local Child Poverty Action Plan Report](#) and an Annual Progress Report. Tackling child poverty in the Scottish Borders remains a priority of this plan.

Anti-Poverty Strategy

The Scottish Borders [Anti-Poverty Strategy](#) sets out the way in which the Council and its partners will aim to work together to help reduce poverty across the region and recognises that Child Poverty is included in this aim.

Children's Rights

Our Children's Rights Report outlines the steps we have taken, and intend to take, to fulfil the requirements of the United Nations Convention on the Rights of the Child (UNCRC).

Community Planning Partnership Priority Themes

The Scottish Borders Community Planning Partnership work with four priority themes to support communities. These are:

- Poverty
- Learning, skills, and economy
- Good health and wellbeing
- Place, community and connectivity

These themes align with aspects of our Children and Young People's Services Plan.

Equity Strategy

Our [Education Equity Strategy 2021-2026](#) has been developed to ensure increased excellence, accelerated progress and embedded equity in our schools and settings to reduce the poverty related attainment gap and improve outcomes for care experienced children and young people (The strategy coordinates the Attainment Scotland Funding streams; Pupil Equity Funding, Strategic Equity Funding and CECYP Funding to ensure maximum impact.

Education Improvement Plan

Our [Education Improvement Plan 2025-2026](#) sets out key strategic improvement priorities for our schools and settings. The National Improvement Framework 2022 (NIF) requires each local authority to prepare and publish annual plans and reports describing the steps they intend to take each academic year to reach each of the five strategic priorities below:

- Placing the human rights and needs of every child and young person at the centre of education
- Improvement in attainment, particularly in literacy and numeracy
- Closing the attainment gap between the most and least disadvantaged children
- Improvement in children's health and wellbeing
- Improvement in employability skills and sustained positive school leave destinations for young people

Community Learning and Development (CLD) Strategic Partnership Plan 2024-2027

The [CLD Strategic Partnership Plan](#) sets out a collaborative, data-informed approach to community empowerment and lifelong learning.

Scottish Borders Council Sport and Physical Activity Strategy 2026

The [Strategy](#) is designed to ensure that everyone can participate in and benefit from being involved in sport and physical activity, creating opportunities for everyone to improve their health and wellbeing and achieve their full potential.

NHS Borders Clinical Strategy 2025-2030

This [strategy](#) recognises where we need to improve, articulates where we need to get to using a life stage approach and then uses the four key principle questions to illustrate how we make the transition. These four key principle questions will be the basis of each of our specialty proposals to transition into more community based ways of working. The resources from secondary prevention will be used to fund a programme of primary prevention and infrastructure investment. This is shifting the balance of care.

Scottish Borders Health & Social Care Strategic Framework

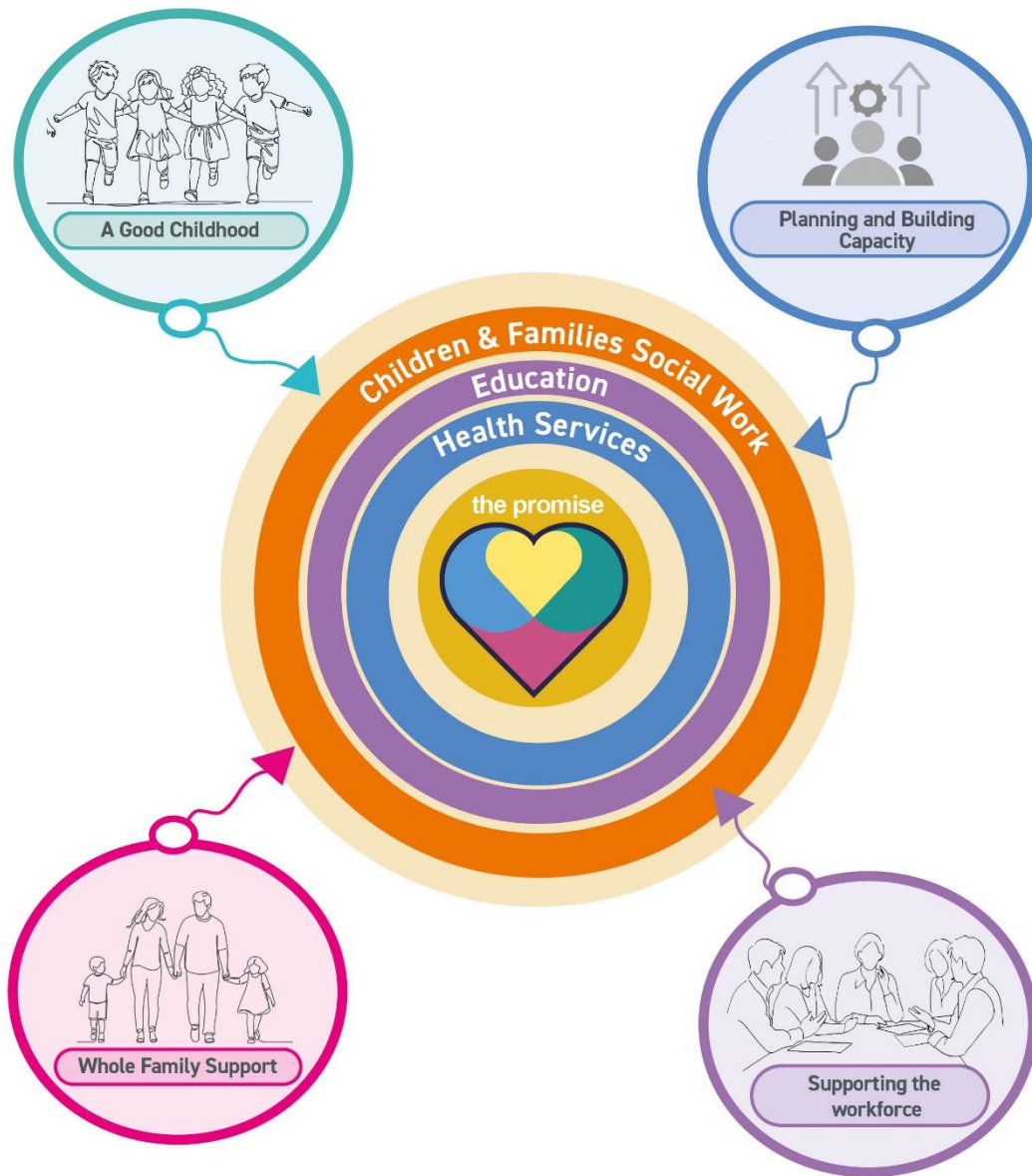
The [Scottish Borders Health & Social Care Strategic Framework 2023-26](#): serves as the primary strategic plan for the Integration Joint Board (IJB), aiming to improve health outcomes, enhance early intervention, and promote independence. It focuses on addressing critical health issues, reducing inequalities, and fostering partnership working to support people to live their lives to the full.

Joint Strategic Needs Assessment (JSNA) (See Appendix E)

Our Joint Strategic Needs Assessment (JSNA) focuses on the health, wellbeing and development of children and young people from the Scottish Borders through a public health lens. The assessment serves as a crucial tool in understanding the diverse needs, inequalities, challenges, and opportunities that shape the lives of our children and young people.

Scottish Borders 'Plan on a Page'

Plan on a page



Our Priorities for 2026–2029

Our priorities are structured around the foundations of *The Promise*.

The Promise is positioned locally as the **umbrella framework** for multi-agency planning, alongside GIRFEC and UNCRC, shaping workforce practice, commissioning, participation, and early intervention strategies.

This establishes *The Promise* not as an optional add-on, but as the **core organising principle** for how the Scottish Borders system should evolve through the Children's Services Plan 2026–29:

- JSNA findings highlight **child poverty, mental health, early years, family support, care-experienced needs**, and inequalities - all areas that map directly onto *The Promise*'s foundations of **Voice, Family, People, Scaffolding, Care**.
- Engagement mechanisms (e.g., Bright Spots, Champs Board, youth participation programmes) further validate that care-experienced young people's priorities align with *The Promise* agenda.

The alignment is **evidence-led**, responding to needs patterns emerging directly from the JSNA and local participation data, and many local transformation programmes—corporate parenting, trauma-informed practice, participation, commissioning, early years work—are already structured around Promise foundations.

The Promise emphasises a **shift towards early intervention, relational practice, anti-stigma**, and holistic support, and alignment with *The Promise* allows the CSP to anchor its priorities in a **child-centred cultural shift**, not merely a service redesign.

Our Priorities for 2026-2029

A Good Childhood

01

- **Corporate Parenting:** Deliver on our five Corporate Parenting Promises, ensuring care-experienced young people feel loved, listened to, and supported into adulthood.
- **Health, Mental Health and Wellbeing:** Expand universal and targeted mental health support, informed by data and young people's voices.
- **Children in Conflict with the Law:** Early and effective intervention, with a focus on diversion and positive outcomes.

Whole Family Support

02

- **Family Support:** Holistic, accessible support for families at all stages, with a focus on prevention and early help.
- **Early Years:** All children have the best start in life.
- **Child Poverty:** Targeted actions to reduce child poverty, informed by lived experience and local data.
- **GIRFEC:** All children receive the help they need when they need it.

Planning and Building Capacity

03

- **Commissioning:** Develop a new commissioning strategy based on robust needs assessment and best value.
- **Performance and Outcomes Framework:** Implement a shared framework with clear, measurable indicators for each priority.
- **Participation and Engagement:** Work with children and young people to strengthen Youth Participation and Engagement, ensuring all voices are heard.
- **Resources:** Transparent allocation of budgets, with a shift towards prevention and early intervention.
- **Monitoring and Evaluation:** Regular review of progress, with annual public reporting and opportunities for feedback.

Supporting the Workforce

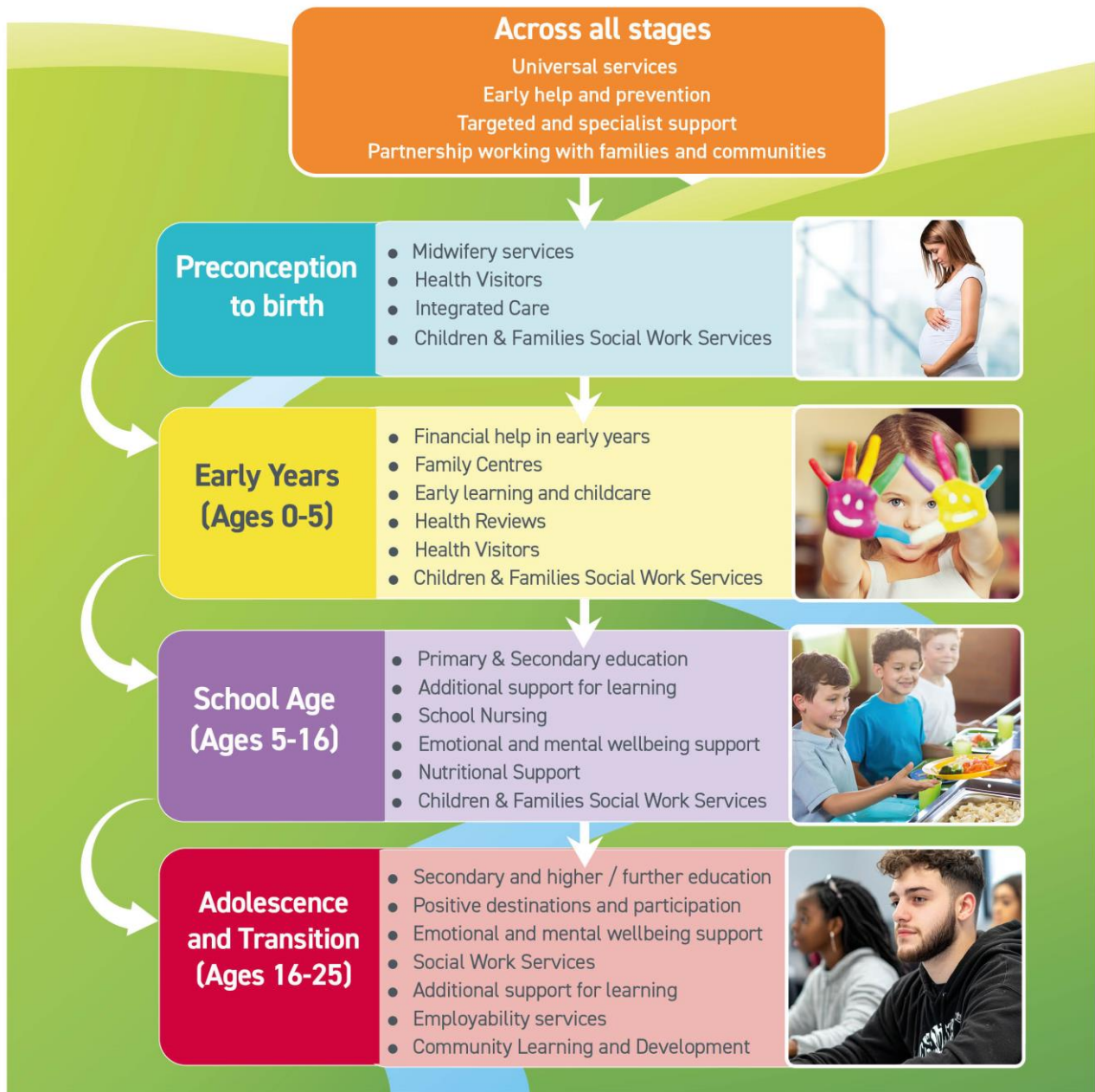
04

- **Workforce Strategy:** Launch and embed the Scottish Borders Children and Young People's Workforce Strategy.
- **Workforce Development:** Invest in trauma-informed practice, recruitment, and retention, and support staff wellbeing.
- **Multi-agency Learning and Development:** Joint training on children's rights, participation, and safeguarding.

A Journey through Childhood

A Journey Through Childhood

This infographic identifies critical transition periods where Scottish Borders Council, NHS Borders and partners engage with children, young people and families to support them through their journey. We have divided the journey through childhood into the following key stages.

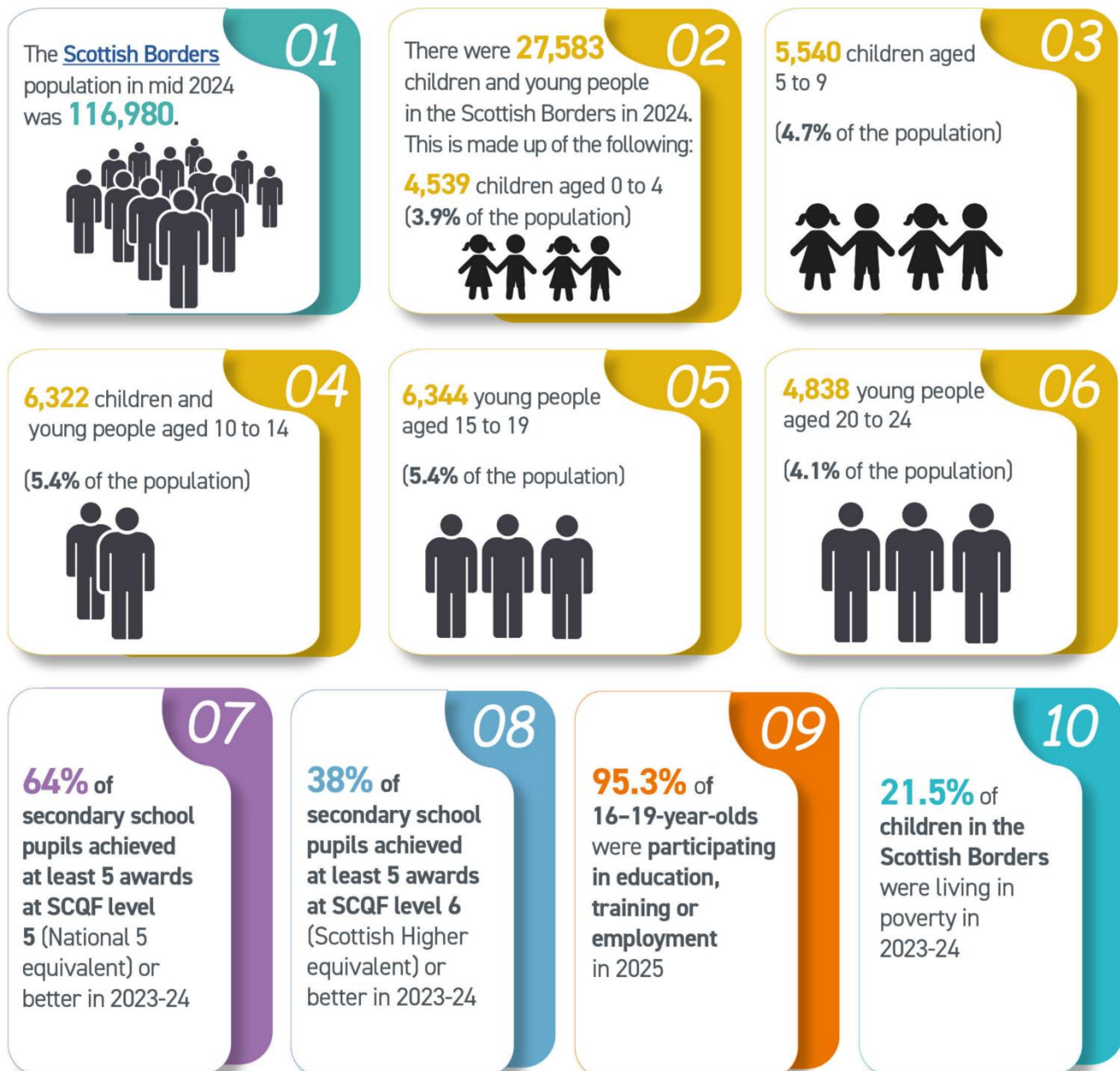


Support is flexible and responsive to individual needs at different points in a child or young person's life.

*This infographic is not an exhaustive representation of all the services offered by Scottish Borders Council, NHS Borders and our partners.

Our children and young people – data & statistics

Our children and young people - data & statistics



Engagement and Participation

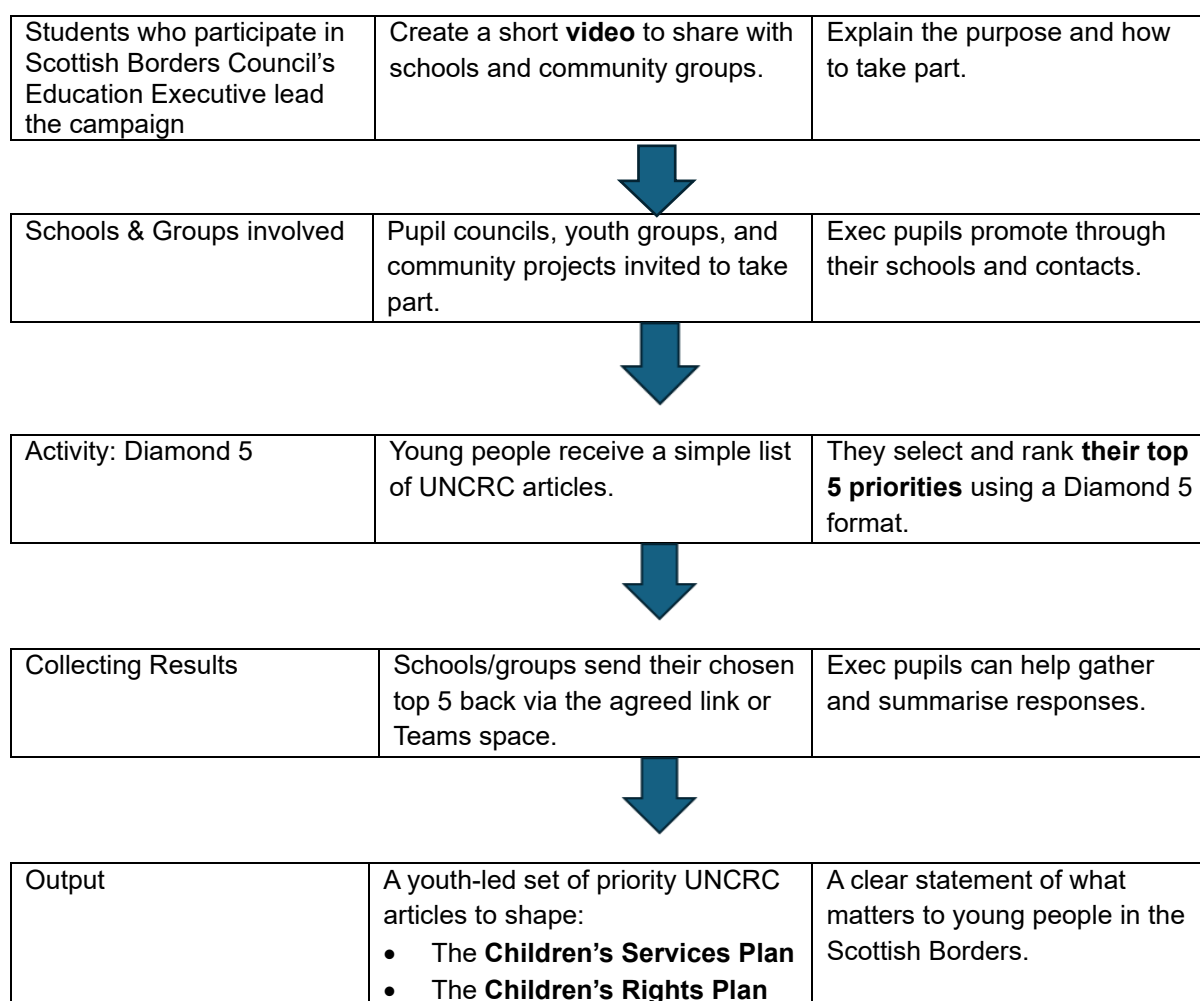
Listening to children and young people and understanding what matters to them needs to be at the heart of all our strategic decision making in the Scottish Borders. Appendix G details a range of different formal engagement exercises which were undertaken with children and young people recently.

A youth engagement mini strategy exercise was recently undertaken with young people to gather their views on prioritising UNCRC rights, and reflecting these in the Children's Rights Plan as well as adding them into this Children's Services Plan to ensure that actions to support these are taken.

Young people across schools and community groups were asked to choose the **five UNCRC articles** they believe should be our top priorities for the next 3 years. Local data already identified through consultations and community conversations highlighted that there should be a focus on the two articles set out below, therefore the discussions focused on identifying three other articles:

- **Article 31** – Right to rest, Play, Culture and Arts, and
- **Article 24** – Right to best possible health, water, food and environment.

The approach taken is outlined below and the agreed actions are shown in Appendix H:



In 2023-24, the Youth Engagement Listen to Learn (YELL) project was created to co-produce a youth engagement strategy for the Scottish Borders. The project team involved multi-agency staff and a group of young people aged 11 – 23 from across the Borders. They included young people with different backgrounds, needs, and experiences—such as care experienced young people, LGBTQ+ young people, young people with additional support needs, and those who learn at home.

The team worked together to learn about children’s rights, The Promise and what meaningful participation should look like. They created a huge digital consultation, which more than 1,000 young people across the Borders took part in. The information gathered was used to create the YELL Strategy. The strategy explains how adults and services should include young people’s voices in a meaningful way—from the start of any project, not as an afterthought.

The YELL team’s ambition is simple but powerful: to make sure youth voice is not just a “nice idea” but something that *actually happens* everywhere, all the time. Young people want to feel comfortable taking part, to be given the right information, and to help shape the future they will inherit. As Darcy from YELL said,

“This strategy is directed to the people in power... This is your chance to get this right.”

Embedding the YELL approach across our services ensures that children and young people can have real opportunities to share their views and be heard. Adults inform children what is happening, consult them to hear their ideas, discuss choices together, partner with them to make improvements, and empower them to help shape services.

Participation is becoming fairer and more inclusive, with extra support helping younger children and those whose voices are not always heard to take part and have a say.

We have many services follow our simple approach of:

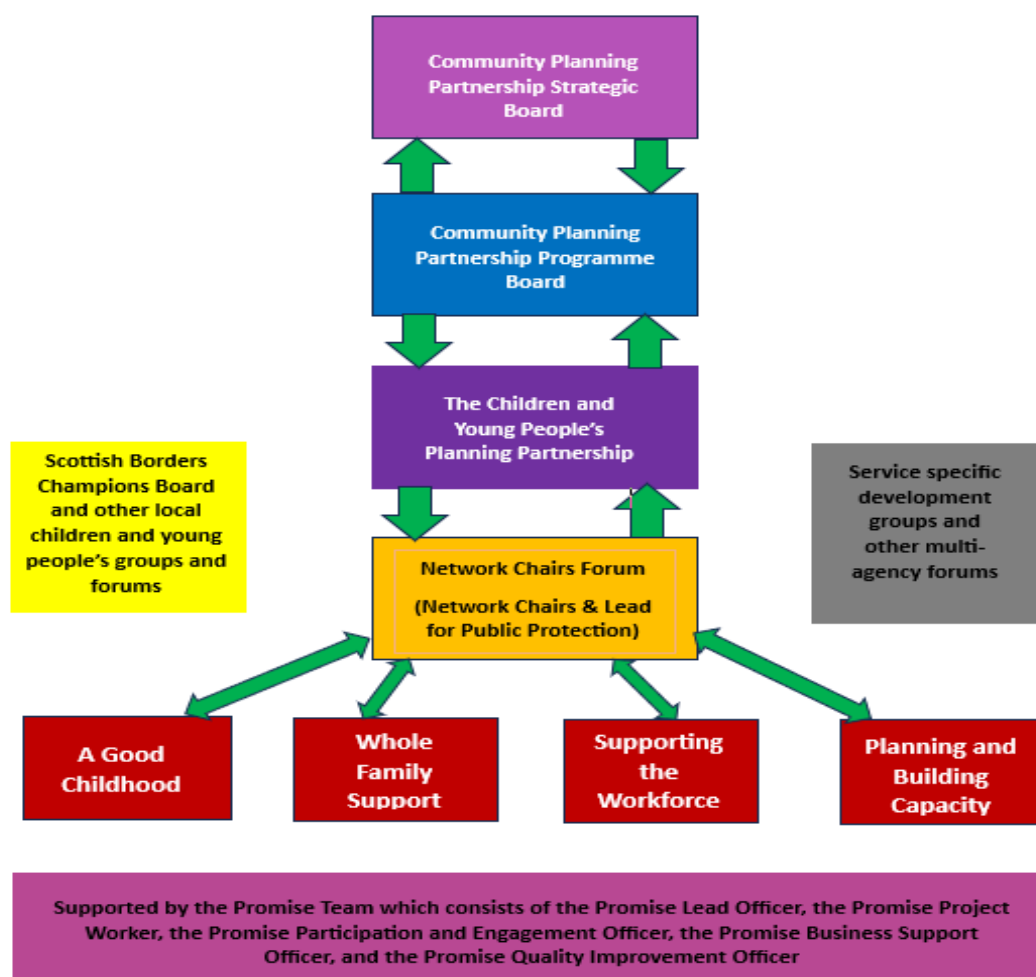


The team are now working with younger children to create child-friendly versions of the strategy, including a comic, song and video. Next, they will work on developing a framework to support adults to engage children aged 0–12—so that every young person, of every age, can have a say.

Our Children & Young People's Planning Partnership

The Children & Young People's Planning Partnership (CYPPP) provides strategic leadership for Children and Young People's Services across the Partnership and acts as the Strategic Corporate Parenting Steering Group. The Partnership reports directly to the Community Planning Partnership and is a multi-agency group of senior managers and executives, with responsibility for leading the strategic direction of The Promise. The Partnership receives reports and updates from the priority networks of The Promise.

Children & Young People's Planning Partnership Structure Chart



CYPPP Core Membership	In attendance (no voting rights)
Chair - Scottish Borders Council Elected Member (no vote)	Child & Adult Protection Lead Officer
Co-Chair - The Promise Project Worker (no vote)	The Promise Lead Officer
NHS Borders Board Member (voting member)	Equalities Lead
Director of Education and Children & Families Social Work and Strategic Lead for The Promise (voting member)	Chair of the 'A Good Childhood' Working Group
Director of Public Health, NHS Borders (voting member)	Chair of the 'Whole Family Support' Working Group
Chief Social Work Officer, Scottish Borders Council	Chair of the 'Supporting the Workforce' Working Group
Youth Borders Chief Officer (voting member)	Chair of the 'Planning and Building Capacity' Working Group
Locality Reporter Manager SCRA (Scottish Children's Reporter Administration) (voting member)	Strategic Planning & Policy Manager
Local Area Commander Police Scotland (voting member)	

Key Plans and Strategies

As well as the delegated responsibility for the production and delivery of the Children and Young People's Services Plan, the Children & Young People's Planning Partnership are responsible for a range of other Plans and Strategies and make a contribution to many others across their partner organisations. Key Plans and strategies are shown in the table below.

Key Plans and Strategies

Key Plans, Strategies and Legislation		
Children and Young People's (Scotland) Act 2014	GIRFEC Approach	Corporate Parenting Strategy
Child Poverty (Scotland) Act 2017	National Performance Framework	NHS Clinical Strategy
United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Act 2024	The Promise	Alcohol and Drugs Partnership Strategy 2024-2027
	Population Health Framework	Scottish Borders Director of Public Health Report (2024)
	No-one left Behind	Regional Economic Strategy
	Best Start, Bright Futures	CLD Strategic Partnership Plan 2024-2027
	Young Person's Guarantee	Local Child Poverty Report and action plan
	Early Years speech, language and communication action plan	Anti-Poverty Strategy
		Education Equity Strategy 2021-2026
		Education Improvement Plan 2025-2026
		Ten Year Public Health Strategy Together we can

Key: ■ (National Legislation) ■ (National Strategy) ■ (Local Plans)

Other developments across partnerships

Bairns' Hoose - A whole-system, child-focused model is being progressed to support recovery from trauma within strengthened governance.

Missing Children and Young People - A multi-agency review produced actions to improve the missing children process, which a short-life working group is now taking forward.

CSE/CSA - Multi-agency training has been expanded and ongoing work aligns with the national CSAE agenda to strengthen coordination and action on child sexual abuse and exploitation.

Out of Area Placements - Efforts focus on building local capacity, improving early-intervention pathways, strengthening transitions and coordination, and enhancing governance to reduce reliance on external placements.

Cluster Model Development - A Cluster Lead Headteacher role and enhanced multi-agency collaboration aim to improve outcomes through locality-level planning and shared responsibility.

Permanence Planning - Improving permanence timescales and consistent training and support aim to secure stable, long-term placements that deliver better outcomes for children.

Foster Care - A targeted recruitment and retention plan seeks to address the local shortage of foster carers through increased promotion, support, and training.

Resources

Budgets and specific funding for 2026/27 which contribute to the delivery of Children and Young People's Services within the Scottish Borders are shown in the table below.

Scottish Borders Council Budgets 2026/27 plus known additional funding	2026/27 Budget £000s
Pupil Equity Funding	1,939
Whole Family Wellbeing Fund	778
Strategic Equity Fund	894
Education	138,787
Community Learning and Development	1,224
Mental Health Wellbeing Framework Supports & Services	320
Child Protection	386
Children & Families Social Work	22,690
Free School Meals (including holidays)	3,400
School Clothing Grant	755
Counselling in Schools	334
Specific Commissioned Services for Children and Young People	850
Access to sanitary products - schools	55
Access to sanitary products - public bodies	40
Care Experienced Children & Young People Funding	113
Total	172,406

NHS Borders Budgets 2026/27 plus known additional funding	2026/27 Budget £000s
Health visitors (not restricted to children)	2,948
School Nursing	935
School Immunisation	208
Child and Adolescent Mental Health (not including medical staff)	1,087
Paediatric Services (both acute and community services)	5,753
Total	10,931

Other NHS services, of which an unknown proportion is associated with children	2026/27 Budget £000s
Women's Services	6,459
Allied Health Professions (AHP)	10,583
Primary Care Services e.g., GPs, pharmacy, private dentistry, optometry)	23,254
Public Dental Services	4,371
Total	44,668

Monitoring, evaluating and reporting

The CYPPP will monitor progress over the life of this Plan through a comprehensive performance framework focused on the conditions children and young people need to thrive. This framework centres on **keeping children safely within their families wherever possible**, ensuring **stable and loving care when family living is not an option**, and improving **health, learning, wellbeing and life outcomes** for care experienced children, young people-experienced children, young people and adults.

The KPI set reflects the values of **The Promise**, GIRFEC and our statutory duties, and emphasises the need to understand children's experiences across the whole system—from early support to permanence, education, mental health, youth justice and transitions to adulthood. Together, these indicators provide a rounded picture of progress in strengthening Scotland's care system in the Scottish Borders.

1. Strengthening families & reducing care entry

Our first priority is to ensure that children remain safely with their families wherever possible. We will track:

- **The number of children (0-17) entering care**
- **The number of children ceasing to be looked after** and
- **The proportion of looked-after children in family-based placements**, compared with residential care.

A reduction in children entering care - and an increase in children able to remain at home or within wider family networks - will signal that preventative and whole-family support is achieving its intended impact.

We will also monitor child protection activity, including:

- **New child protection registrations**
- **De registrations**, and
- **Re registration rates (within 3, 6, 12 and 24 months).**

as indicators of how well the universal and targeted system is identifying needs early and sustaining change.

2. Achieving timely permanence and stable care

Where children cannot remain at home, stability and timely decision-making are essential. We will monitor:

- **The percentage of permanence decisions made within six months, and**
- **The proportion of permanence orders lodged within twelve months of accommodation.**

We will track the **availability of foster care households**, the **number of carers approved**, and the **percentage of looked-after children experiencing more than one placement within a year** to ensure that children benefit from stable, loving homes.

Sibling relationships matter deeply; therefore, we will measure:

- **The number of sibling groups separated for legitimate (“good reason”) reasons, and**
- **The number separated primarily due to insufficient resource.**

This will drive improvement in commissioning and family based-based placement capacity.

3. Improving education, inclusion & attainment for care experienced learners

Care experienced children have the right to high aspirations, supportive relationships and equitable access to learning. We will monitor-experienced children have the right to high aspirations, supportive relationships and equitable access to learning. We will monitor:

- **Rates of school absence above 10%,**
- **Numbers of exclusions (primary and secondary), and**
- **The number of pupils on reduced or build-up timetables,**

to ensure that education partners are removing barriers and providing tailored supports. Improvements here reflect a system where care experienced learners are included, connected and achieving their potential.

4. Access to health & mental health support

We will monitor key health outcomes for care-experienced children and young people, including:

- **Timely access to CAMHS**, measured by the percentage receiving treatment within referral guidelines,
- **Timeliness of Initial Health Needs Assessments**, and
- **The proportion of children offered their annual health assessment.**

These indicators help ensure that all care-experienced children receive the right support early to improve mental and physical wellbeing.

5. Youth justice, safety & reducing criminalisation

Children in care must be supported, not criminalised. We will therefore monitor:

- **The number of under-21s in custody**, and
- **Referrals to the Children's Reporter on offence grounds**,

to track progress in providing earlier, more relational, and trauma-informed support that prevents unnecessary criminalisation.

6. Transitions: Aftercare, continuing care & adulthood

Young people leaving care must have consistent relationships and support. We will monitor:

- **The proportion of eligible young people receiving aftercare**,
- **The percentage progressing to continuing care**, and
- **The percentage with pathway plans in place before leaving care**.

This helps ensure young people experience stability and are prepared for adulthood.

We will also monitor adult outcomes, including:

- **The number of previously looked-after adults assessed as homeless or at risk of homelessness**,
reflecting the importance of long term, relationship-term, relationship based support.

7. Participation, voice & belonging

- Children and young people must have influence over decisions that affect them. The framework monitors participation through:
- **The number of looked after children and young people actively involved in Champions Board and Champs Hubs**, and
- **Engagement metrics, including social media followers**,
- as indicators of visibility, voice and belonging within a supportive community.
-

This performance framework supports continuous improvement. Together, the indicators provide a balanced, child centred view of wellbeing, stability, safety and opportunity. They support a whole-centred view of wellbeing, stability, safety and opportunity. They support a whole system approach to improvement—driving earlier intervention, better support for families, stable and loving care, strong educational engagement, timely health responses, reduced criminalisation-system approach to improvement—driving earlier intervention, better support for families, stable and loving care, strong educational engagement, timely health responses, reduced criminalisation and meaningful participation. These are “live” indicators which will guide the CYPPP in targeting action, commissioning and improvement across 2026–29. They will complement the annual National Performance Framework data.

Other mechanisms used to monitor, evaluate and report are outlined below:

Outcome focused reporting

Many of the actions within our priorities require reporting mechanisms for a specific purpose and these are also used to update the Planning Partnership. For example, a requirement of the Child Poverty Act (Scotland) 2017 is the production of an Annual Report to Scottish Government. This will also be considered by the Planning Partnership as evidence that the work is being undertaken by partners to achieve desired outcomes.

Self-evaluation

The Planning Partnership carries out an ongoing process of gathering evidence of the effectiveness of each action and priority by visiting service providers, attending celebratory events and other activities. This is an important duty of the group and provides networking opportunities as well as a sense of achievement.

Evaluation

The Planning Partnership is provided with updates from each priority of the plan. This enables them to check the progress being made against each priority, discuss any issues, and provide strategic direction where required.

External verification – Joint inspections of services for children and young people are carried out by the Care Inspectorate. They take account of the experiences and outcomes of children and young people by looking at services provided for them by community planning partnerships in each local authority area. This includes the work of health visitors, school nurses, teachers, doctors, social workers, police officers and other people who work with children, young people, and their families. They also evaluate the effectiveness of collaborative leadership.

Appendix A - A good childhood

Description	Action	Policy Links Wellbeing Indicators	Policy Links UNCRC Articles*
Deliver on our five Corporate Parenting Promises, ensuring care-experienced young people feel loved, listened to, and supported into adulthood.	Ensure all care-experienced children and young people have access to independent advocacy and participation opportunities. Strengthen multi-agency approaches to early intervention for children at risk of harm, including improved data sharing and joint training. Reduce the number of moves and improve placement stability for looked-after children, with a focus on local placements. Improve health provision and outcomes for care experienced young people who are no longer looked after. Improve placement choice and stability for children and young people looked after in foster care.	Safe Healthy Achieving Nurtured Active Respected Responsible Included	Article 3 Article 7 Article 8 Article 9 Article 18 Article 20 Article 21 Article 22 Article 28
Narrow the attainment gap, and improve access and inclusion	Close the attainment and attendance gaps for children from disadvantaged backgrounds and those with additional support needs. Continue and expand the School Attendance Quality Improvement Programme, with a focus on care-experienced and disadvantaged children. Develop targeted interventions for children with ASN and those at risk of exclusion Address geographical and social inequalities in access to health, education, and support services, especially in rural and deprived areas.	Safe Healthy Achieving Nurtured Respected Responsible Included	Article 23 Article 24 Article 28 Article 29
Promote healthy lifestyles and reduce risky behaviours	Deliver healthy weight, physical activity, and substance use prevention programmes, with clear targets for reducing obesity and risky behaviours. Increase dental registration and access to oral health services for young children.	Healthy Achieving Nurtured Active Included	Article 3 Article 6 Article 24 Article 33

Support for Older Care-Experienced Young People and UASC	Develop and monitor tenancy support, health access, and transition programmes for care leavers and unaccompanied asylum-seeking children.	Safe Healthy Achieving Responsible Included	Article 3 Article 6 Article 7 Article 8 Article 10 Article 15 Article 20 Article 22 Article 24 Articles 26-31 Article 36
Expand universal and targeted mental health support, informed by data and young people's voices.	Expand access to community-based, stigma-free mental health services for children and young people, including trauma-informed approaches and peer support. Develop approaches to relationship-based practice across Children's Services Develop a shared approach to the implementation of the National Trauma Transformation Programme across Education, Children and Families Social Work and Partner Agencies Develop and support Education staff skills in evidence-based practice at universal and universal-plus levels to support resilience and wellbeing in schools Education and CAMHS to pilot a cluster-based model of specialist support to improve collaborative working, reduce waiting time for specialist support and make more timely use of information shared by education at point of referral.	Safe Healthy Achieving Nurtured Active Respected Responsible Included	Article 3 Article 6 Article 23 Article 24 Article 28
Early and effective intervention, with a focus on diversion and positive outcomes.	Early and Effective Intervention (EEI) to develop a process for gathering the views of children, parents or carers prior to decisions being made. Youth Justice and Public Protection Unit to develop a pilot approach leading to the implementation of Care and Risk Management (CARM) for those who may pose a risk to others. Children and Young People will experience consistent transitions where they continue to need care, support, and interventions to address offending behaviour	Safe Respected Responsible Included	Article 28 Article 29 Article 36 Article 37 Article 39 Article 40

* See Appendix I for a full list of the UNCRC Articles

Appendix B – Whole Family Support

Description	Action	Policy Links Wellbeing Indicators	Policy Links UNCRC Articles*
The Scottish Government's Route map for Holistic Whole Family Support sets out that whole-family approaches promote <i>improved outcomes</i> by offering support that meets families' <i>individual needs</i> and prevents crises. It aims to ensure <i>every family gets the right support at the right time</i> and in the right place.	Strengthen the resilience and consistency of parenting programme delivery across all areas to ensure equitable access and quality of support. Develop an in-depth understanding of the national picture and identify where the most affective delivery of Whole Family Support takes place Deliver a best-practice Whole Family Model in priority areas (Burnfoot, Bannerfield and Langlee) to improve outcomes for children, young people and families.	Safe Healthy Achieving Nurtured Active Respected Responsible Included	All Articles
Support Early Years Development and School Readiness	Ensure all children have the best start in life, with a focus on early identification of developmental needs and access to high-quality early learning and childcare. Strengthen early identification and intervention for developmental concerns, ensuring all eligible children access high-quality early learning and childcare. Re-establish an Early Years Network across the Partnership	Safe Healthy Achieving Nurtured Active Respected Responsible Included	Article 3 Article 5 Article 6 Article 18 Article 24 Article 27 Article 31
Reduce child poverty and inequality	Work with partners to reduce the impact of child poverty and address inequalities in health, education, and opportunity.	Safe Healthy Nurtured Active Included	Article 3 Article 23 Article 26

Targeted Support	Develop targeted support programmes for care-experienced children and families in poverty, including income maximisation, access to benefits, and food security. Use and develop the recently launched Family Support Directory to signpost to supports available. Monitor and address the reach of free school meals and clothing grants, ensuring all eligible children benefit. Focus on priority groups—lone parents, families with a disabled child or parent, families with 3+ children, minority ethnic families, families with a baby under 1, and mothers under 25.	Safe Healthy Nurtured Active Included	Article 2 Article 6 Article 17 Article 24 Article 26 Article 27
GIRFEC was created to make sure that all children and young people receive the help they need when they need it. It encourages a proactive approach, focusing on early intervention to tackle challenges before they grow into bigger problems. The framework is designed to support children's wellbeing and ensure they feel safe, valued, and included.	Launch an updated Childs Planning Manual Create a consistent and joined up steering group that aims to promote good practice, ease of access to information and identify training Provide a web presence for GIRFEC that is accessible for all community members and practitioners Revise the Keeping Children Safe and Well Tool based on the multi-agency audit	Safe Healthy Achieving Nurtured Active Respected Responsible Included	All Articles

* See Appendix I for a full list of the UNCRC Articles

Appendix C – Planning and Building Capacity

Description	Action	Policy Links Wellbeing Indicators	Policy Links UNCRC Articles*
Commissioning and Resource Allocation	Review and streamline commissioning processes to ensure services are targeted where need is greatest (as identified in the JSNA), with a focus on prevention, early intervention, and reducing inequalities. Monitor and report on the impact of commissioned services, ensuring alignment with Children's Services Plan priorities and statutory requirements.	Safe Healthy Achieving Nurtured Active Respected Responsible Included	Article 3 Article 12
Data Driven performance and outcomes framework	Implement the multi-agency performance and improvement framework, including clear KPIs linked to JSNA priorities (e.g., poverty, mental health, attainment, health inequalities). Support the development of a centralised dashboard for key indicators, accessible to all partners.	Safe Healthy Achieving Nurtured Active Respected Responsible Included	Article 3
Strengthen Participation and Engagement	Increase opportunities for children and young people to participate in decision-making, community activities, and youth work. Regularly review and update the YELL strategy and Champs Hubs, using feedback from children and young people to drive improvements and ensure accessibility for those with additional needs or from marginalised groups. Co-produce all major strategies and plans with children, young people, and families, ensuring their voices shape service design and delivery.	Active Respected Included	Article 12 Article 13 Article 17
Monitoring and Self-Evaluation	Lead on the collection, analysis, and use of data (including from commissioned services) to inform planning, monitor progress, and drive continuous improvement.	Safe Healthy Achieving Nurtured Active Respected Responsible Included	Article 3

Multi-Agency Communication and Collaboration	Develop and maintain a multi-agency communications strategy, ensuring regular updates to the workforce, children, families, and the public about CYPPP activities, opportunities, and outcomes. Establish a single digital platform for sharing information, resources, and engagement opportunities.	Respected Included	Article 3
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* See Appendix I for a full list of the UNCRC Articles

Appendix D – Supporting the Workforce

Description	Action	Policy Links Wellbeing Indicators	Policy Links UNCRC Articles*
Shared vision and values	Embed the shared vision and values of the Children and Young People's Workforce Plan across the multi-agency Children and Young People's workforce.	Safe Healthy Achieving Nurtured Active Respected Responsible Included	Article 3 Article 42
Who is the CYP Workforce?	Maintain and update a comprehensive map of the CYP workforce, including paid, unpaid, statutory, and third sector roles, to identify gaps and opportunities for collaboration.	Safe Healthy Achieving Nurtured Active Respected Responsible Included	Article 3 Article 42
Workforce Wellbeing	Improve approaches to support and supervision, reflective supervision and wellbeing support for all staff, including peer support, access to mental health resources, and protected time for reflection. Encourage a shared approach to staff wellbeing through annual surveys and responses to emerging needs (e.g., post-pandemic stress, vicarious trauma).	Safe Healthy Achieving Nurtured Active Respected Responsible Included	Article 3 Article 42
National and Local Context	Ensure all workforce development aligns with The Promise, GIRFEC, UNCRC, and local priorities identified in the JSNA (e.g child poverty, mental health, inclusion). Deliver annual workforce briefings on changes in national policy, legislation, and local needs.	Safe Healthy Achieving Nurtured Active Respected Responsible Included	Article 3 Article 42
Understanding what children and young people need from the	Use Bright Spots and other Young People's engagement findings to shape workforce training, focusing on what children and young people say they need from the adults that work with them (e.g., kindness, listening, consistency).	Respected Responsible Included	Article 3 Article 42

people that work with them	Develop feedback loops so children and young people can regularly influence workforce development priorities.		
Improving Recruitment and Retention	Develop innovative recruitment campaigns, including young people's involvement in selection and induction. Review local recruitment and retention patterns so that we better understand the barriers, especially in rural and high need areas. Review workforce diversity and representation, aiming to reflect the communities served.	Respected Responsible Included	Article 3 Article 42
Language and Recording Practice	Continue to promote the use of child-friendly, non-stigmatising language in all communications and records, using resources like the local language guide and Each and Every Child Toolkit. Support staff to write records, reports and correspondence with the assumption that children and young people will read them, and involve young people in developing local best practice guidance.	Respected Responsible Included	Article 3 Article 42
Multi-agency Learning and Development	Embed the training framework of core competencies that apply to all staff working with children, young people and families and have a shared approach to some areas of learning and development. Deliver targeted training on: • Child development and attachment theory • Poverty awareness and support • Emotional health and wellbeing • Children's Rights • Trauma informed practice • Child protection and safeguarding • Inclusive practice for ASN and minority groups • Gender based violence Monitor uptake and impact of training, and adapt content based on workforce and JSNA feedback.	Safe Healthy Achieving Nurtured Active Respected Responsible Included	Article 3 Article 42
UNCRC and Rights-Based Practice	Ensure all planning, commissioning, and evaluation activities are underpinned by children's rights, with regular training and awareness-raising for staff and partners. Offer training on rights-based and strengths-based practice, with a focus on applying UNCRC and participation principles.	Respected Responsible Included	Article 3 Article 42
Capacity Building and Workforce Development	Support the development of leadership and project management skills within the network and across partners.	Respected Responsible Included	Article 3 Article 42

	Promote multi-agency networking Community of Practice events and shadowing opportunities to build understanding across roles.		
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* See Appendix I for a full list of the UNCRC Articles

Appendix E – Joint Strategic Needs Assessment

1. How the JSNA Was Undertaken

- A dedicated **Working Group** within the **Planning & Building Capacity (P&BC) Network** coordinated the JSNA development. Partners from NHS Borders, SBC services, and third sector agencies contributed agency level data and analysis.
- Data sources included population demographics, health indicators, education data, social work information, poverty statistics, CAMHS data.
- The JSNA was framed using a **public health model** and the WHO definition of wellbeing.

2. Main Findings of the JSNA

- **Child poverty** identified as a major issue, with emphasis on income maximisation and priority groups (lone parents, disability in household, minority ethnic families, 3+ children, babies <1, mothers <25).
- Need to promote mental health resources, strengthen anti-bullying work, and reduce CAMHS waiting times.
- **Inconsistent delivery of early years parental programmes**; need for universal availability across all geographic areas.
- Concerns around the **attainment gap**, attendance, and exclusion rates, particularly in deprived localities.
- Increased focus on **reducing adverse childhood experiences** and strengthening support for care experienced children.
- Need for sustainable and **flexible family support services**, including provision out with traditional hours.
- High and **rising levels of children with Additional Support Needs (ASNs)**.
- Need for improved **data sharing agreements**, better analytical capability, and more consistent self-evaluation across partners.

3. How the JSNA Supported Development of the Children's Services Plan (CSP 2026–29)

- The JSNA plays a **central, statutory and practical role** in shaping the new Children's Services Plan.
- JSNA themes are used to guide the **multi-agency resourcing framework**, workforce planning, and commissioning intentions—for example, forecasting workforce need in high deprivation-deprivation areas and planning sustainable family support.
- The CSP's performance/outcomes framework is built around JSNA identified indicators (e.g., CAMHS waits, exclusions, attendance, poverty measures).
- The CSP's consultation design (children's voices, YELL strategy, carers, partners, early years) was influenced by JSNA findings around gaps in qualitative evidence and need to triangulate data with lived experience.

Summary

The JSNA was undertaken through a structured multi-agency process involving extensive data gathering, analysis, engagement, and iterative validation. Its findings consistently highlighted poverty, mental health, early years support, educational inclusion, ACEs, and service accessibility as key priorities.

These findings have directly shaped the **CSP 2026–29**, determining its priorities, informing the performance framework, guiding commissioning and resource allocation, and strengthening the evidence base required to meet statutory duties.

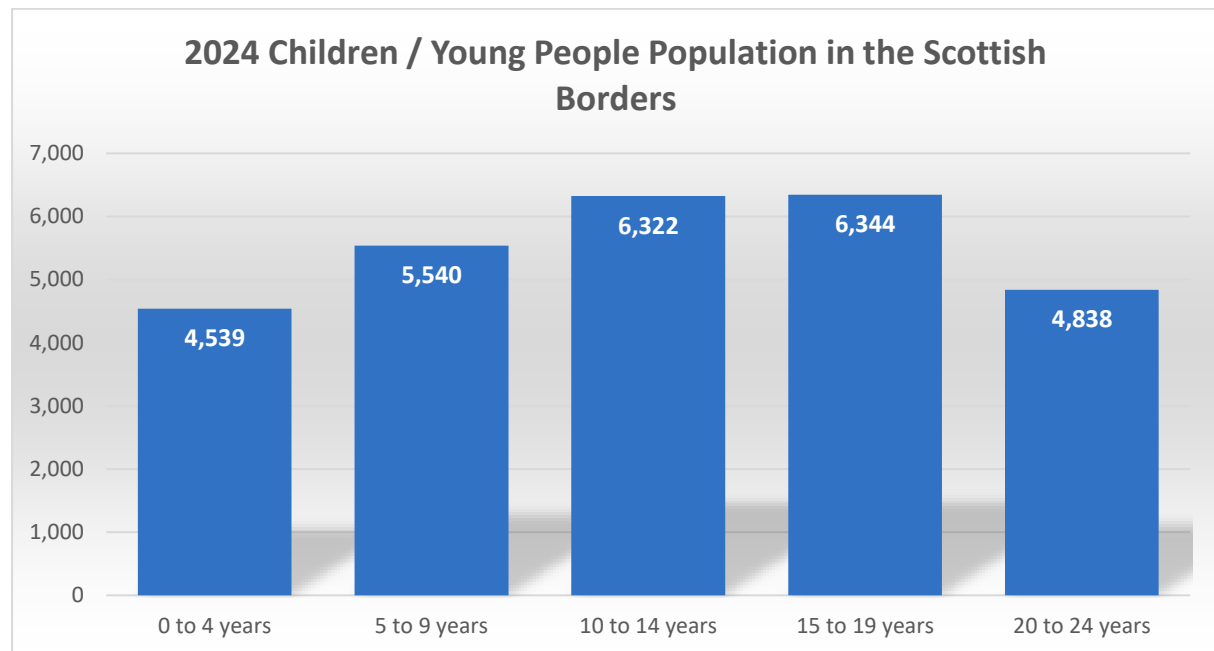
Appendix F - Understanding our demographics and data

Current Population Estimates

According to the NRS profile for the [Scottish Borders](#) the population in mid-2024 was 116,980. There were 27,583 children and young people in the Scottish Borders in 2024.

This is made up of the following:

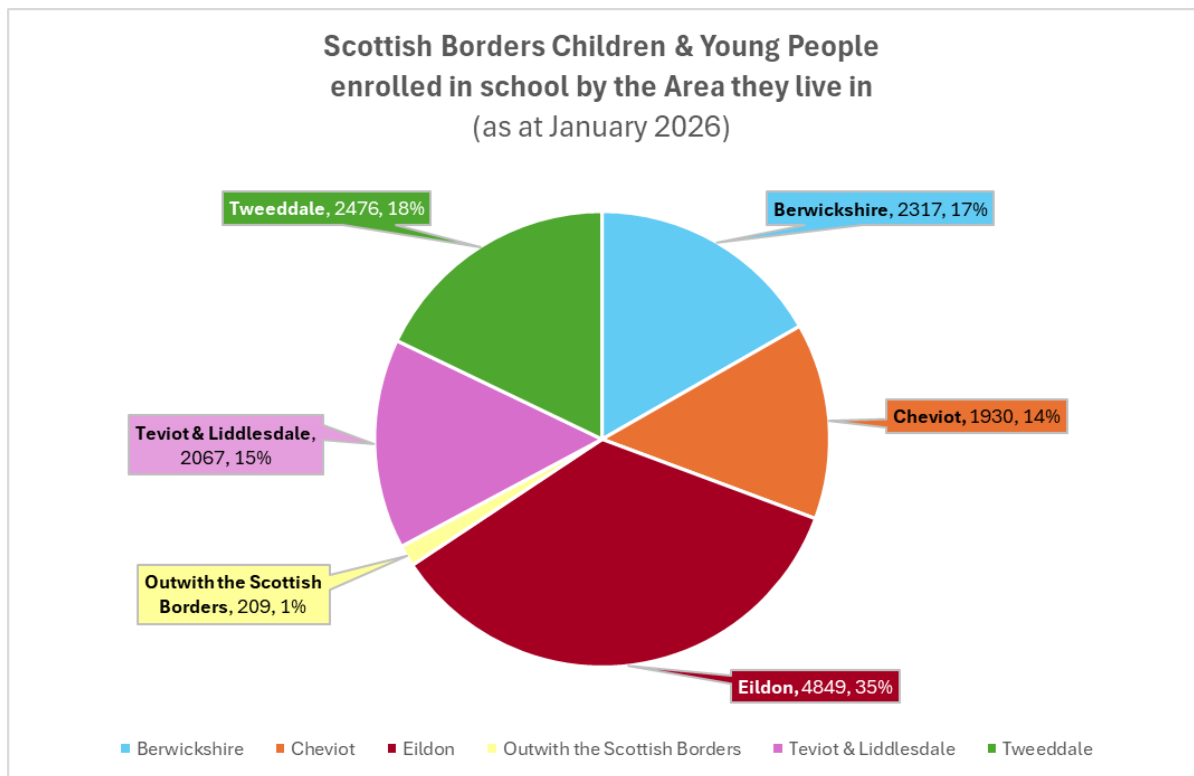
- 4,539 children aged 0 to 4 (3.9% of the population)
- 5,540 children aged 5 to 9 (4.7% of the population)
- 6,322 children and young people aged 10 to 14 (5.4% of the population)
- 6,344 young people aged 15 to 19 (5.4% of the population)
- 4,838 young people aged 20 to 24 (4.1% of the population)



Source: NRS

Demographics of Children and Young People in the Scottish Borders

The pie chart below shows the children and young people enrolled in a Scottish Borders school aged 5 to 19 by the area they live in.

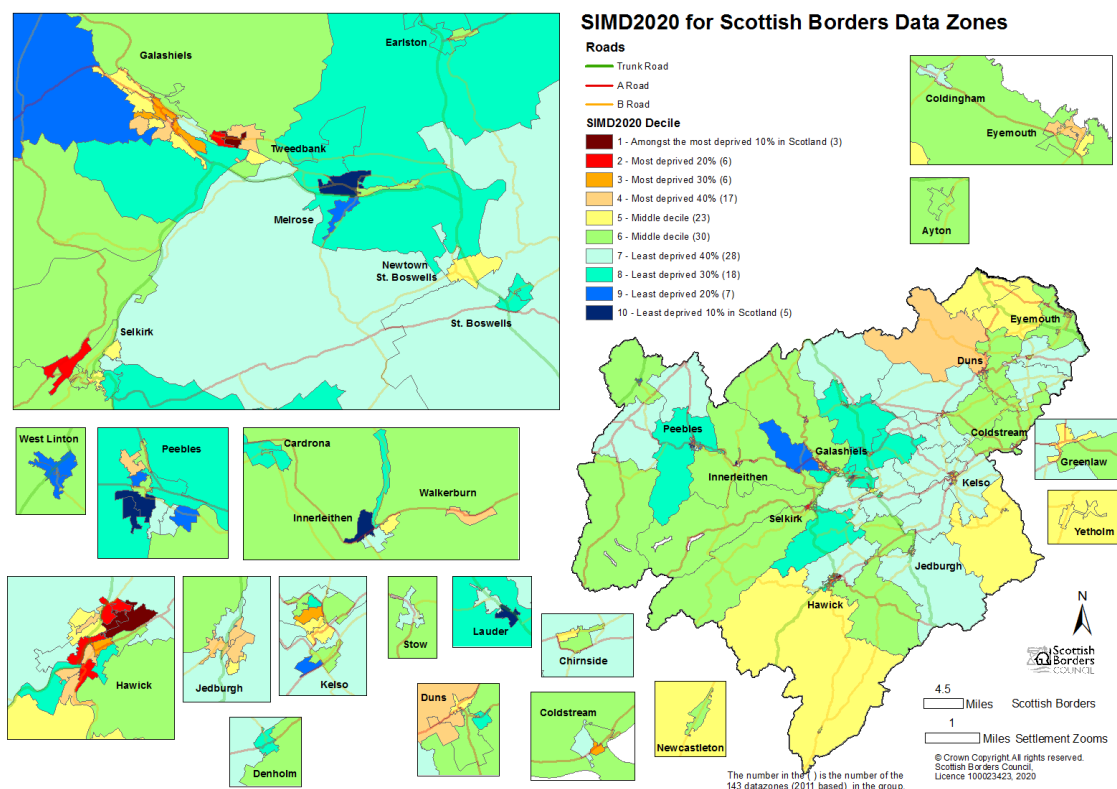
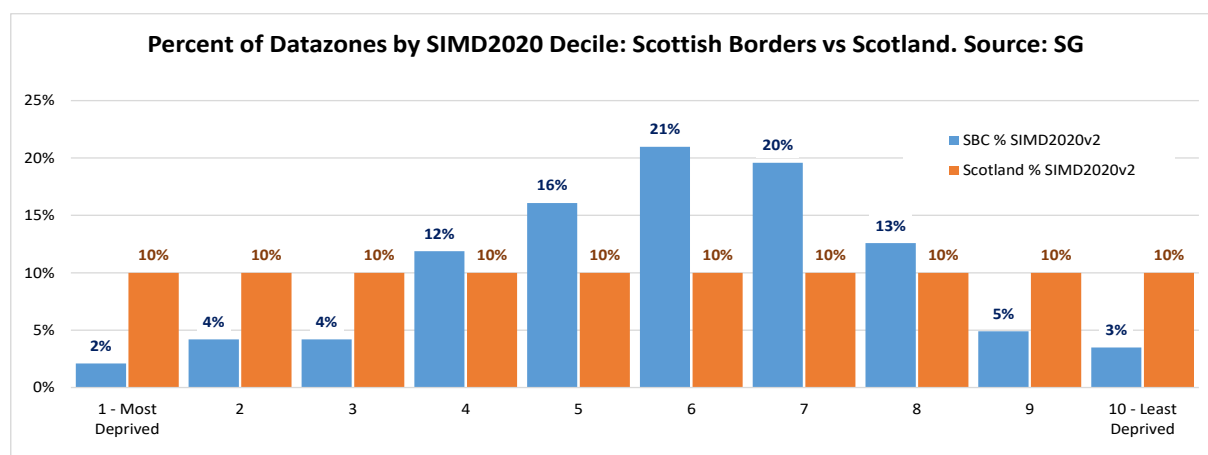


Scottish Index of Multiple Deprivation (SIMD)

The Scottish Index of Multiple Deprivation (SIMD) is the official tool for finding the most deprived areas in Scotland². The [SIMD2020](#) consists of over 30 indicators across 7 Domains: Employment, Income, Education, Health, Access, Crime and Housing.

The SIMD2020 shows that the 6% (9) of the 143 data zones in the Scottish Borders are part of the 20% most deprived of all of Scotland, or “**SIMD Quintile 1**”. **These are shaded red and dark red in the map below**. A further 16% (24) of the data zones in the Scottish Borders are amongst the 21-40% most deprived in Scotland. The least-deprived 20% of data zones, i.e., “**SIMD Quintile 5**”, are shaded royal blue and navy blue in the map below.

The distribution of the 143 data zones in the Scottish Borders are shown in the graph and map below.



² <https://www.gov.scot/collections/scottish-index-of-multiple-deprivation-2020/>

Scottish Borders Data

All Children and Young People															
There are 27,583 children and people aged 0-24 (2024) in the Scottish Borders.															
Under 25s make up just under a quarter of the Scottish Borders population															
Almost a quarter live in the main towns of Galashiels or Hawick; just over a quarter live in the 6 next-largest towns of Peebles, Kelso, Selkirk, Jedburgh, Eyemouth and Innerleithen, and the remaining half of the children live in settlements of under 3,000 people, such as Duns, Melrose and Tweedbank. 12% of children live more than half an hour's drive away from Galashiels or Hawick.															
The population of children and young people in the Scottish Borders by age band:															
<table border="1"> <thead> <tr> <th>Age Range</th><th>Population</th></tr> </thead> <tbody> <tr> <td>0 to 4 years</td><td>4,539</td></tr> <tr> <td>5 to 9 years</td><td>5,540</td></tr> <tr> <td>10 to 14 years</td><td>6,322</td></tr> <tr> <td>15 to 19 years</td><td>6,344</td></tr> <tr> <td>20 to 24 years</td><td>4,838</td></tr> <tr> <td>Total</td><td>27,583</td></tr> </tbody> </table>	Age Range	Population	0 to 4 years	4,539	5 to 9 years	5,540	10 to 14 years	6,322	15 to 19 years	6,344	20 to 24 years	4,838	Total	27,583	
Age Range	Population														
0 to 4 years	4,539														
5 to 9 years	5,540														
10 to 14 years	6,322														
15 to 19 years	6,344														
20 to 24 years	4,838														
Total	27,583														
There were 835 live births in 2024. This is a slight increase since the previous year but there is a long-term trend of declining birth rates in the region.															
There are 908 White non-British pupils (6.6% of roll) and 677 non-White pupils (4.9% of roll) in 2025/26															
9.8 per 1,000 children were looked after by the local authority in 2024, compared with 11.6 per 1,000 in Scotland.															
2.5 per 1,000 children were on the child protection register in 2024, compared with 2.1 per 1,000 in Scotland.															
333 children were in families that were homeless or threatened with homelessness in 2024/25.															
3.1 per 1,000 children were referred to the Children's Reporter for care and protection in 2024/25, compared with 8.8 per 1,000 in Scotland.															
4.5 out of 1,000 children aged 8 to 15 years were referred to the Children's Reporter for offences in 2024/25, which is lower than the Scottish average of 5 per 1,000. This rate has steadily improved since records began and is at its lowest ever level.															
The estimated employment rate for 16 to 24-year-olds in 2024 was 58.8% in the Scottish Borders, significantly better than 54.9% in Scotland.															
10% of pupils aged 16+ received Educational Maintenance Allowance as at January 2026 to encourage them to stay on at school.															

Children's Health and Wellbeing
1,315 per 100,000 children under 5 were admitted to hospital for an unintentional injury during 2022/23 to 2024/25 which is significantly higher than the Scottish average of 889 per 100,000.
123.1 per 100,000 young people aged 11-25 had an alcohol-related hospital admission during the period 2021/22 to 2023/24, which is insignificantly lower than the Scottish average of 182.6 per 100,000. This rate has greatly improved in the past 10 years and is at its lowest ever level.
69.7 per 100,000 young people aged 11-25 years had a drug-related hospital admission during the period 2021/22 to 2023/24, insignificantly below the Scottish average of 114.7 per 100,000. This rate has greatly improved in the past 10 years and is at its lowest ever level.
12.9 per 100,000 young people aged 11-25 died by suicide during the period 2020 to 2024, which is insignificantly worse than the Scottish average of 9.1 per 100,000. This rate used to be below the Scottish average but has increased in the past 10 years.
95.9% of babies received their "6-in-1" immunisation by the age of 24 months during 2022 - 24, which is worse than the Scottish average of 96.2%. This rate had been consistently high at 97% or above for the past 20 years but has recently dipped slightly throughout Scotland.
84.4% of S3 girls took up the HPV vaccine (2021/22 – 2023/24)
93.9% of babies received their MMR immunisation by the age of 24 months, better than the Scottish average of 93.1%, during 2022- 24. This rate had been consistently above 95% for the past 10 years but has recently dipped slightly throughout Scotland.
12.7% of toddlers had a developmental concern at their 27–30-month assessment (2021/22 – 2023/24), significantly lower than the Scottish average of 17.5%. The rate has always been lower than the Scottish average.
78.1% of Primary 1 children were within a healthy weight range in 2023/24, slightly better than the Scottish average of 76.5%.
84.2 per 100,000 children aged 0 to 15 were hospitalised due to asthma during the period 2021/22 to 2023/24, significantly below the Scottish average of 145.3 per 100,000. This rate reached its lowest level ever just prior to the pandemic but has more recently increased sharply throughout Scotland.
78.3% of Primary 1 children had no dental decay in 2023.24, significantly better than the Scottish average of 73.9%. This has remained steady since the current dental health programme began.
75.6% of Primary 7 children had no dental decay in 2023/24, lower than the Scottish average of 76.5%. Dental health in Primary 7 pupils has steadily improved throughout Scotland since the current dental health programme began.
11.9% of mothers-to-be smoked during pregnancy (2022 – 2024), significantly worse than the Scottish average of 9.6%.
5.9% of babies aged 6-8 weeks were exposed to secondhand smoke in the home (2020/21-2022/23 – latest available data at publication), which is an improving long-term trend
43.3% of babies were exclusively breastfed at the 6 – 8-week check (2021/22 – 2023/24), significantly better than the Scottish average of 32.3%.

Education and Vulnerable Children

In 2025/26 the Scottish Borders school roll, as of January 26 was:

School Setting	Pupil Numbers
Primary	7,304
Secondary	6,544
Total	13,848

In January 2025, **1,521** Scottish Borders school pupils (10% of the school roll) **spoke a language other than English or Scots** as their main language.

- 81 separate non-English/ Scots languages were listed
- Polish was the most common non-English/ Scots main language spoken, with 451 speakers
- Russian with 92 speakers
- Ukrainian with 72 speakers
- 637 EAAL (English as an Additional Language) speakers (4% of the school roll) spoke English at a less than “competent” level

64% of secondary school pupils **achieved at least 5 awards at SCQF level 5** (National 5 equivalent) or better in 2023-24. This is **below the Scottish average of 67%**. This metric has been generally below average for the past 8 years and has continued to fall since the Covid pandemic.

38% of secondary school pupils **achieved at least 5 awards at SCQF level 6** (Scottish Higher equivalent) or better in 2023-24. This is **just below** the Scottish average of 39%.

4.1% of **school leavers failed to achieve at least 1 qualification at SCQF Level 4** (National 4 level) in 2020/21, this is above the Scottish average of 3.8%. This statistic has **remained consistent** and around the Scottish average in most academic years since 2012.

95.3% of **16–19-year-olds** were **participating in education, training or employment** in 2025, better than the Scottish average of 93.3%.

The **average absence rate for primary school pupils** in 2025/26 up to Jan 26 was:

SIMD Quintile1 (Most Deprived) – 8.9%

SIMD Quintile 5 (Least Deprived) – 4.1%

The **average absence rate for secondary school pupils** in 2025/26 up to January 26 was:

SIMD Quintile 1 (Most Deprived) – 15.1%

SIMD Quintile 5 (Least Deprived) – 8.6%

1,073 pupils lived in **SIMD Quintile 1** (7.7% of roll) in 2025/26

45% of pupils from **SIMD Quintile 1** gained **5+ awards at SCQF Level 5** (Nat 5) in 2023/24, compared with 64% from any background - a 19% deprivation attainment gap. The percentage deprivation gap in Scotland is 17%.

18% of pupils from **SIMD Quintile 1** gained **5+ awards at SCQF Level 6** (Scottish Higher) in 2023/24, compared with 38% from any background – a 20% deprivation attainment gap. The percentage deprivation gap in Scotland is 16%

Scottish Borders Primary children from the most deprived areas are 18.5% less likely to attain expected standards in numeracy than primary children from other areas in 2024-25. This is a larger gap than 16.6% for Scotland.
Scottish Borders Primary children from the most deprived areas are 23.7% less likely to attain expected standards in literacy than primary children from other areas in 2024-25. This is a larger gap than 19.4% for Scotland.

Poverty
3,330 Scottish Borders families with 5,785 children were in receipt of Scottish Child Payment as at 30 September 2025. The Scottish Child Payment is currently £25 per week and includes all children aged under 16 from low-income families.
21.5% of children in the Scottish Borders were living in poverty in 2023-24 – i.e. they were in households with a household income that was 60% below the median for that year, after rent or mortgage has been paid. This is lower than the previous year's figure of 23.6% and was below the Scottish average of 22%
The Scottish Borders has a lower proportion of households receiving UC (15.8%) compared to 18.6% for Scotland in 2024. In the Scottish Borders there were 4,156 households claiming the 'Child Entitlement' or 7.4% compared to 8.4% for Scotland.
14.5% of all school pupils (2002 pupils) received Free School Meals as at January 2026
16% of Scottish Borders pupils received a clothing & footwear grant as at January 2026

Data Sources

These indicators are available in the [ScotPho Online Profiling Tool](#) or the [Local Government Benchmarking Framework dashboard](#)

Appendix G – Consultation and Engagement

1. Bright Spots - Your Life Beyond Care Report (September 2024)
2. Bright Spots - Your Life Your Care Report (September 2024)
3. Bright Spots - Summary Report (September 2024)
4. Bright Spots - Action Plan (Updated January 2026)
5. Attendance Policy Consultation Summary (March 2024)
6. Exclusion Policy Consultation Summary (April 2025)
7. Cluster Action Group (CAG) Guidance (Updated December 2025)
8. SEF Consultation Summary Report (March 2023)
9. YELL Strategy Consultation (Spring 2024)
10. A Child-friendly Authority Promise Consultation (June 2025)
11. Youth Community Conversations for the Council Plan 2025-26 (October- December 2024)
12. Your Voice Matters Consultation for the Council Plan 2026 - 27 (October – December 2025)
13. Live Borders Estate Consultation Summer 2025
14. Sports and Physical Activity Strategy Consultation Autumn 2025

Appendix H - Children's Rights and Children's Services

Action Plan – Priorities for CRR 2026-2029

Top 6 Rights identified by children and young people

We asked young people in 23 focus groups to identify the five articles they felt we should prioritise. We then totalled the number of votes each article received to determine the top five overall. As two places tied, we have 6 top Articles that children and young people in the Scottish Borders would like Scottish Borders Council, NHS and partners to progress over the next 3 years.



Article	Focus	Description	Suggested Action / Priority	Making it real for children	CYPPP Network/s
Article 27 	Adequate standard of living	Every child has the right to a standard of living that is good enough to meet their physical and social needs and support their development. Governments must help families who cannot afford to provide this	(Food, clothing, housing, warmth, support for families) - Strengthen whole-family poverty responses (education, housing, health, third sector) rather than service-by-service approaches. - Embed a children's rights impact check in decisions about housing, homelessness, school costs, and transport. - Expand cost-of-the-school-day work (uniform, trips, digital access), with pupils involved in identifying barriers. - Improve early identification and referral pathways for families	Ask children what makes life “harder” or “easier” at home and school. Report back to children on what changed because of what they said.	A Good Childhood Whole Family Support

Article	Focus	Description	Suggested Action / Priority	Making it real for children	CYPPP Network/s
Votes 12			struggling with essentials (warmth, food, furnishings). Support schools and partners to provide non-stigmatising access to food, clothing, and essentials.		
Article 24 	Health and health services	Every child has the right to the best possible health. Governments must provide good quality health care, clean water, nutritious food, and a clean environment and education on health and well-being so that children can stay healthy. Richer countries must help poorer countries achieve this	(Physical, mental, emotional wellbeing) - Embed children's rights into health improvement planning, including mental health, oral health, and physical activity. - Increase preventative and early-help approaches, especially in schools and communities. - Strengthen joint work between education, health and youth services on mental wellbeing and resilience. - Ensure children can access health information in ways they understand. - Reduce barriers to services for children with additional needs or those in rural areas.	Co-design health initiatives with children (e.g. mental wellbeing, healthy eating). Work in partnership with children and young people to commission support services Use child-friendly feedback tools to check whether services actually help.	A Good Childhood Whole Family Support
Article 16 	Right to privacy	Every child has the right to privacy. The law should protect the child's private, family and home life, including protecting	(Respect for personal life, data, and dignity) Ensure children's personal information is handled carefully across all services.	Explain when and why adults may need to share information. Give children opportunities to ask	A Good Childhood Planning and Building Capacity

Article	Focus	Description	Suggested Action / Priority	Making it real for children	CYPPP Network/s
Votes 8		children from unlawful attacks that harm their reputation.	• Make privacy information clear and age-appropriate. • Review policies to ensure children are treated with dignity and respect, especially in education and care settings. • Balance safeguarding with respect for children's growing independence. • Support children to understand their digital privacy and online safety.	questions and raise concerns.	
Article 2 	Non-discrimination	The Convention applies to every child without discrimination, whatever their ethnicity, gender, religion, language, abilities or any other status, whatever they think or say, whatever their family background.	(Every child, no matter who they are) • Use data to identify which groups of children experience poorer outcomes (e.g. disabled children, care-experienced children, minority ethnic children, young carers). • Take targeted action where rights are most at risk, rather than a one-size-fits-all approach. • Strengthen staff training on children's rights, equality and inclusion. • Ensure children who are seldom heard have safe and supported ways to participate. • Monitor decisions to check they do not unintentionally disadvantage certain groups.	Explain clearly to children that fairness sometimes means extra help, not equal treatment. Share examples of how discrimination has been challenged or removed.	Planning and Building Capacity Supporting the Workforce

Article	Focus	Description	Suggested Action / Priority	Making it real for children	CYPPP Network/s
Votes 7					
Article 12 	Children's views taken seriously in decisions that affect them	Every child has the right to express their views, feelings and wishes in all matters affecting them, and to have their views considered and taken seriously. This right applies at all times, for example during immigration proceedings, housing decisions or the child's day-to-day home life.	(A voice, and influence) • Embed participation and children's rights into decision-making across all services. • Create safe, inclusive ways for children and young people to share their views, including those who are seldom heard. • Ensure children's views are considered and influence outcomes, not just collected. • Support staff and partners with training on rights-based participation and the Lundy Model. • Provide clear feedback to children on what happened because of their views. • Independent Advocacy • Co-design child friendly versions of the 12-25 engagement strategy YELL • Co-design a new 0-12 engagement strategy.	Involve children in shaping services, policies and decisions that affect their lives. Show children how their views made a difference and explain decisions in ways they understand.	Planning and Building Capacity Supporting the Workforce
Votes 7					

Article	Focus	Description	Suggested Action / Priority	Making it real for children	CYPPP Network/s
Article 33  Votes 7	Drug abuse	Governments must protect children from the illegal use of drugs and from being involved in the production or distribution of drugs.	(Protection from harmful drugs) - Strengthen preventative education that is honest, age-appropriate and rights-respecting. - Involve children in shaping messages about substance use. - Work with partners to reduce environmental risks (e.g. access, exposure). - Provide early support and help, not just enforcement or punishment. - Link managing substance use work to mental health and wellbeing strategies. - Develop information for parents and carers	Create safe spaces where children can talk openly without fear. Focus on help, support and understanding rather than blame.	A Good Childhood Whole Family Support

Appendix I – UNCRC Articles

Know your rights



All children have rights and also the right to know their rights. Which do you know? On this poster you will find all the rights that apply to you and all other children in the world. These rights are stated in the United Nations Convention on the Rights of the Child. It states what every child should have or be able to do.

1 DEFINITION OF A CHILD	2 NO DISCRIMINATION	3 BEST INTERESTS OF THE CHILD	4 MAKING RIGHTS REAL	5 FAMILY GUIDANCE AS CHILDREN DEVELOP	6 LIFE, SURVIVAL AND DEVELOPMENT	7 NAME AND NATIONALITY	8 IDENTITY
9 KEEPING FAMILIES TOGETHER	10 CONTACT WITH PARENTS ACROSS COUNTRIES	11 PROTECTION FROM KIDNAPPING	12 RESPECT FOR CHILDREN'S VIEWS	13 SHARING THOUGHTS FREELY	14 FREEDOM OF THOUGHT AND RELIGION	15 SETTING UP OR JOINING GROUPS	16 PROTECTION OF PRIVACY
17 ACCESS TO INFORMATION	18 RESPONSIBILITY OF PARENTS	19 PROTECTION FROM VIOLENCE	20 CHILDREN WITHOUT FAMILIES	21 CHILDREN WHO ARE ADOPTED	22 REFUGEE CHILDREN	23 CHILDREN WITH DISABILITIES	24 HEALTH, WATER, FOOD, ENVIRONMENT
25 REVIEW OF A CHILD'S PLACEMENT	26 SOCIAL AND ECONOMIC HELP	27 FOOD, CLOTHING, A SAFE HOME	28 ACCESS TO EDUCATION	29 AIMS OF EDUCATION	30 MINORITY CULTURE, LANGUAGE AND RELIGION	31 REST, PLAY, CULTURE, ARTS	32 PROTECTION FROM HARMFUL WORK
33 PROTECTION FROM HARMFUL DRUGS	34 PROTECTION FROM SEXUAL ABUSE	35 PREVENTION OF SALE AND TRAFFICKING	36 PROTECTION FROM EXPLOITATION	37 CHILDREN IN DETENTION	38 PROTECTION IN WAR	39 RECOVERY AND REINTEGRATION	40 CHILDREN WHO BREAK THE LAW
41 BEST LAW FOR CHILDREN APPLIES	42 EVERYONE MUST KNOW CHILDREN'S RIGHTS	43-54 HOW THE CONVENTION WORKS	CONVENTION ON THE RIGHTS OF THE CHILD				