

Bairns' Hoose Standards

Joint impact assessment

May 2023



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www.healthcareimprovementscotland.org

www.careinspectorate.com

Background

For all new or revised work, Healthcare Improvement Scotland has a legal requirement under the Public Sector Equality Duty to actively consider the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

Additionally:

- We give consideration to the principles of the Fairer Scotland Duty by aiming to reduce inequalities of outcome that are based on socio-economic disadvantage.
- If the work will have a specific impact or relevance for children up to the age of 18, its impact on children's human rights and wellbeing should be independently assessed.
- As the Children and Young People (Scotland) Act 2014 names Healthcare Improvement Scotland as a corporate parent, we must consider the needs of young people who have experienced care arrangements, and young people up to the age of 26 who are transitioning out of these arrangements.
- If the work is relevant to islands communities as well as mainland communities, any specific impacts on islands communities should be assessed.

This template is designed to guide teams through assessing the impact of their work. A team should begin this assessment as soon as they start planning a new piece of work or revising an existing piece of work. A team might use this template solely as a planning tool, or keep it as a live document to review and update as the work progresses.

EQIA overview

Use this section to provide details about the status (**new or existing**) of the work (which could be policy/practice/procedure/function) and provide an outline of the proposal including **aims** and **outcomes**. Please note all tables within this template are expandable.

Status	New <input checked="" type="checkbox"/>	Existing <input type="checkbox"/>
Aim(s) Intended Outcome(s)	To develop by consensus a set of standards to underpin the development of a national Barnahus (Bairns' Hoose) model for Scotland. To ensure children's rights and recovery are at the centre of a new, fully integrated 'under one roof' service for children or are victims or witnesses of violence or abuse, and children interviewed under the Age of Criminal Responsibility Act (2020).	

Is there specific relevance for children and young people?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Are island communities included in the work?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

Advancing equality

Provide details of how you think the work might impact **positively**, **negatively** or **neutrally** on people who share the characteristics listed below. This is about your judgement – you do not need to identify a positive, negative *and* neutral impact for every characteristic.

We are aiming to ensure we do not cause discrimination or miss an opportunity to ensure the diversity of intended beneficiaries enjoy the outcomes equitably.

It will be helpful to consider things like potential access issues, health inequalities or past experiences of discrimination that could be relevant to communities and that we can respond to / demonstrate awareness of somehow. It will also be helpful to think about human rights and whether these will be impacted for any group. Our rights are described in the Human Rights Act. Some groups are also protected by specific conventions, which are highlighted for your information in the relevant sections below.

Age

Positive impact	A recent report by the National Society for the Prevention of Cruelty to Children (NSPCC) demonstrated that police-recorded crime rates against adolescents were substantially higher compared to crime rates against younger children. Specifically, adolescents were four times as likely to report physical abuse offences, six times as likely to report sexual offences, and nine times as likely to report online sexual violence offences. Exposure to abuse under the age of 11 was associated with increased risk of conduct problems compared to exposure during adolescence. Babies and young children may struggle to communicate their needs and wishes. The standards outline that all ages of children should be considered, and that an age and stage approach should be taken to planning. Efforts should be made to ensure that information is in a language and format relevant to the child's age and stage of development.
Negative impact	
Neutral impact	

Care experience

<p>Positive impact</p>	<p>Children who attend Bairns' Hoose are likely to be or likely to become care experienced. The link between the Children's' Hearing process and Bairns' Hoose has been explored throughout this work. Care experienced young people have participated in the development of the standards.</p> <p>During the consultation, we heard from kinship and foster carers who outlined the particular needs of children who they look after. This includes ensuring that kinship and fosters carers are involved in planning investigative interviews.</p> <p>Care experienced young people receive a health assessment when they first go into care. The Bairns' Hoose standards address feedback we heard that earlier assessment prior to referral to the Reporter supports better long term health outcomes.</p>
<p>Negative impact</p>	
<p>Neutral impact</p>	

Disability

<p>Positive impact</p>	<p>Children with disabilities are significantly more vulnerable to abuse exposure than children without disabilities and are more likely to experience multiple forms of abuse Children with communication difficulties, behavioural problems, and learning disabilities are more at risk of physical abuse while children who are deaf have increased risk of sexual abuse. Children with disabilities who have experienced abuse may experience further isolation which can contribute to the abuse remaining unnoticed,. Where incidences of abuse towards children with disabilities are suspected, referral to appropriate services may still not be provided or may be accorded low priority (ibid). In Scotland in particular, the number of children with disabilities on child protection registers remain low. Stalker and colleagues (2015) emphasise the importance of placing the child at the centre of practice. This may entail specialised training for staff undertaking work with children with disabilities to heighten understanding of different forms of disabilities to tailor support according to the child's needs.</p>
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	<p>It is also crucial to develop safe reflective spaces where children with disabilities can be actively involved in evaluating and informing child protection systems and practices.</p> <p>Children with cognitive and language delays or disabilities in particular also have additional needs to be considered for the forensic interview. Given that these children are overrepresented in populations of children who have experienced abuse it is important to consider how to best communicate with children with cognitive and language disabilities during the forensic interview in particular to help children have the opportunity to share their experiences in such a way that will be considered a strong witness statement by the judicial system. It is also important that children with specific developmental needs not feel as though they are being overlooked in their disclosure journey or in their experiences with the legal and social service systems. Further, professionals interviewing children with specific developmental needs (e.g., cognitive delays, language considerations, developmental delays) often communicate feeling under-equipped to interview children with specific developmental needs, and this can result in a tendency for interviews with children with specific developmental needs to have a higher reliance on more direct and suggestive questioning which is not in line with best-practice recommendations for child forensic interview.</p> <p>Throughout the participation and engagement work with young people, we heard about their experiences of needing additional support particular in interviews. The children’s standards have been reviewed by young people with additional learning needs and neurodiversity to support accessibility.</p>
<p>Negative</p>	
<p>Neutral impact</p>	

Gender reassignment

Positive impact	
Negative impact	
Neutral impact	There is no known evidence to suggest that this group would be impacted by these standards.

Marriage status

Positive impact	
Negative impact	
Neutral impact	There is no known evidence to suggest that this group would be impacted by these standards.

Pregnancy

Positive impact	
Negative impact	
Neutral impact	There is no known evidence to suggest that this group would be impacted by these standards.

Race

Positive impact	<p>Race is associated with children's likelihood of being involved in the child protection system.</p> <p>This association is complex, as race and ethnicity intersect with other structural issues experienced by minority populations, such as higher rates of poverty, and, at the same time, greater levels of surveillance and intervention compared to majority populations. It is also possible that children from minority ethnic backgrounds may be differentially impacted by the maltreatment they experience. A report by the</p> <p>Independent Inquiry on the topic of child sexual abuse involving ethnic minorities suggests that exposure to sexual abuse during childhood led to feelings of shame, stigma, loss of self-identity and belongingness to their communities. Institutional racism,</p>
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	cultural stereotypes and assumptions of child protection practitioners, and cultural norms such as the code of silence were identified as barriers for disclosure and self-recovery.
Negative impact	
Neutral impact	

Religion

Positive impact	
Negative impact	
Neutral impact	

Gender

Positive impact	Women have a higher likelihood of experiencing violence or abuse, and that men have a higher likelihood of having adverse mental health problems such as depression. On the other hand, Thompson and colleagues (2004) found that men were more likely to report exposure to physical abuse during childhood, yet, the adverse effects were more detrimental for women.
Negative impact	
Neutral impact	

Sexual orientation

Positive impact	In a survey of 5000 LGBT people, 29% said they had experience abuse from a family member – higher than general population. LGBT young people therefore more like to experience a Bairns Hoose
Negative impact	
Neutral impact	

Socioeconomic disadvantage

<p>Positive impact</p>	<p>Household economic and social status are key determinants of health inequalities. To this point, research suggest a strong inverse association between families’ socio-economic circumstances and the likelihood that their children will experience child maltreatment.</p> <p>Evidence of this association is found repeatedly across economically developed countries, types of abuse, definitions, measures and research approaches, and in different child protection systems. Children from lower socioeconomic positions are more likely to experience physical abuse or neglect to be in foster and residential care to experience multiple and more severe forms of childhood maltreatment, and to have a higher likelihood of physical health problems in adulthood (i.e., immunological and cardiovascular problems) and economic circumstances in adulthood. In the UK, a recent report by Bywaters & the CWIP Team (2020) suggest that structural inequities persist at the family level, local area level, and even at the national level, and that there is more to be done across research, policy, and practice to ensure that children and families have equitable access to resources and opportunities.</p>
<p>Negative impact</p>	
<p>Neutral impact</p>	

Islands communities impact assessment

Positive impact

An evaluation study involving multi-disciplinary team members reported that urban bias or the inaccessibility of services to users in rural and remote areas is a serious challenge for quality service provision. One possibility for addressing the needs of children and families in remote services is through a remote service mobile response team as the travel required for a child and family to travel into a main location can be a substantial barrier for accessing justice and recovery responses needed to support the child and family.

During the standards development process, we heard from professionals and parents of children who have experienced sexual assault and domestic abuse in Orkney, Shetland and the Western Isles. Young people from Orkney Women's Aid Children and Young People's Service told us what was important to them.

Children and young people in close island communities highlight that privacy is key, and express concern that their experiences would be known to their 'whole school'. A young person who had experienced sexual assault in school was unable to attend another without coming into contact with their perpetrator. Cultural norms among young people in island communities such as relying on 'older boys' for transport home from parties led to unbalanced power dynamics. Often, young people who report sexual assault or rape were not believed by their peers, leading to bullying and stigma which often led to young people leaving the island and not returning.

We heard that in many island communities, awareness of sexual assault and child abuse was low, as many people perceived that low crime rates and a feeling of safety in the community meant that abuse did not happen. We heard during the consultation from professionals that the lack of police presence in particularly remote islands encouraged people to move to the area to avoid scrutiny from services. High staff vacancy rates and turnover led to a lack of consistency for young people. We heard from some professionals that child protection referrals required a very high threshold for intervention, with children 'disappearing' frequently.

<p>Negative impact</p>	<p>In some communities there is a separation between English speakers and Gaelic speakers. Often, island communities have well established good practice and a strong sense of identity in which children and young people play an active part. The Bairns' Hoose needs to be rooted in its local community and language to ensure that children feel safe and 'at home'. Due to geographical issues and long travel distances, this 'rooting' in island culture may be difficult to achieve if children are transferred to the mainland. If a Bairns' Hoose was located on the island, this may not feel 'welcoming', as young people told us that in their experience, 'everyone knows everyone and everyone's business.' We have heard from professions from all sectors that many islands have staff with limited specialist skills due to seeing so few children and young people, and the need for staff in remote areas to have 'different hats'.</p> <p>The standards outline a nationally consistent approach to Bairns' Hoose where services are experienced 'under one roof'. We heard throughout the consultation that this will be difficult to achieve in remote and island areas.</p>
<p>Neutral impact</p>	

Overcoming negative impacts

Where it has been identified that the work has potential to adversely affect people who share one of the characteristics noted, or you think there are certain things you will need to do to ensure all relevant groups benefit equitably, provide details of what you will do to improve outcomes.

Protected characteristic	Actions	Person responsible
 <p data-bbox="284 667 539 703">Island communities</p>	<p data-bbox="668 564 1145 808">Throughout the Pathfinders phase, we will work with the Scottish Government to test the standards in a range of locations and contexts to identify how this model will work in remote and island areas.</p>	

Impact rating

Impact Rating Key



Low: There is little or no evidence that some people are (or could be) differently affected by the work.



Medium: There is some evidence that people are (or could be) differently affected by the work.



High: There is substantial evidence that people are (or could be) differently affected by the work.

	Low	Medium	High
Age	x		
Care Experience		x	
Disability		x	
Gender reassignment	x		
Marriage/Civil Partnership	x		
Pregnancy & Maternity	x		
Race		x	
Religion or Belief	x		
Sex	x		
Sexual Orientation	x		
Socio-economic	x		
Island communities			x

Evidence and engagement

In early 2021, the Bairns' Hoose Standards project team commissioned work to review the international evidence and identify evidence for any adverse impacts the Bairns' Hoose standards may have. In summer 2021, the University of Edinburgh, in partnership with Children 1st, undertook a comprehensive review of the literature and evidence which was used to develop this document.

This research can be accessed on the Healthcare Improvement Scotland website.

In July 2022, we published the draft standards for a 12 week public consultation. During this consultation, we received 97 responses from organisations and individuals across Scotland. A full list of respondents is included within our consultation summary report, accessed via the Healthcare Improvement Scotland website.

Sign-off

Project Lead	Rachel Hewitt
Sign-Off Date	14 September 2022

