



NHS Greater Glasgow & Clyde Equality Impact Assessment Tool

Equality Impact Assessment is a legal requirement as set out in the Equality Act 2010 (Specific Duties) (Scotland) regulations 2012 and may be used as evidence for cases referred for further investigation for compliance issues.

Evidence returned should also align to Specific Outcomes as stated in your local Equality Outcomes Report. Please note that prior to starting an EQIA all Lead Reviewers are required to attend a Lead Reviewer training session or arrange to meet with a member of the Equality and Human Rights Team to discuss the process.

Please contact ggc.equality.team@nhs.scot for further details or call 0141 201 4874.

Name of Policy/Service Review/Service Development/Service Redesign/New Service:
Glasgow City Integrated Children's Services Plan (2026–2029)

Please tick the relevant box:-

- Current Service
- Service Development
- Service Redesign
- New Service
- New Policy
- Policy Review

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Description of the service & rationale for selection for EQIA. (Please state if this is part of a service-wide consideration or is locally driven).

What does the service or policy do/aim to achieve? Please give as much information as you can, remembering that this document will be published in the public domain and should promote transparency.

The Glasgow City Integrated Children's Services Plan (2026–2029) sets out the strategic framework for how partners across Glasgow will work together to improve outcomes for babies, children and young people.

The plan:

- Incorporates the **Children's Rights Plan**
- Aligns with **UNCRC, GIRFEC and The Promise**
- Establishes **six priority outcomes**:
 - Child Poverty & Inequality
 - Safety & Protection
 - Health, Wellbeing & Development
 - Voice, Influence & Participation
 - Family, Friendships & Belonging
 - Inclusive Learning & Futures

The Plan is both:

- A framework for service improvement; and
- A response to identified need and inequalities

This iteration of the Plan incorporates, for the first time, the children's services component of Glasgow's Children's Rights Report 2026–2029, strengthening alignment with the United Nations Convention on the Rights of the Child (UNCRC) and demonstrating the Partnership's commitment to embedding children's rights in the planning, delivery and improvement of services.

Why was this service or policy selected for EQIA? Where does it link to organisational priorities? (If no link, please provide evidence of proportionality, relevance, potential legal risk etc.). Consider any locally identified Specific Outcomes noted in your Equality Outcomes Report.

The CSP is a **statutory, city-wide strategic plan** required under the Children and Young People (Scotland) Act 2014, with implications for service delivery and outcomes. Overall responsibility for children's services is delegated by Glasgow City Council to

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the Integrated Joint Board (IJB). This Plan has been approved by the Children's Services Executive Group on behalf of the wider Community Planning Partnership and is being presented to IJB for approval on 24/06/26.

The plan was selected for EQIA because it affects all babies, children, young people and families in Glasgow and intends to directly address inequalities and support children and young people with protected characteristics. The Community Planning Partnership has identified poverty as the "overriding priority" for the city, and the Glasgow Community Plan 2024–34 sets out a whole-system approach for eradicating family poverty and addressing health and social inequalities. This reinforces the interconnectedness of the Children's Services Plan priorities governing all work across the partnership.

The CSP offers a framework for delivering key duties to protect children and ameliorate inequalities under the **Equality Act 2010, UNCRC Incorporation Act 2024, and Child Poverty (Scotland) Act 2017**. The development of the performance measures to support the Children's Services Plan has also been informed by the Community Plan's evolving Impact Framework, and the CSP measures will contribute to ongoing progress monitoring, demonstrating a shared commitment across the partnership to addressing family poverty and inequality.

The CSP describes how the Children's Services Partnership will respond to the high levels of Child Poverty in Glasgow (estimated at 25.9% by Centre for Civic Innovation), which is currently much higher than the national level of 16.4%, demonstrating the significant health and wellbeing inequalities that exist in and across the City.

Ongoing oversight and monitoring of progress with implementing the Plan will be led through the Children's Services Planning Partnership Steering Group, with strategic oversight from the Children's Services Executive Group, and reporting through relevant governance routes, in line with Scottish Government requirements for children's services planning.

Who is the lead reviewer and when did they attend Lead Reviewer Training? (Please note the lead reviewer must be someone in a position to authorise any actions identified as a result of the EQIA)

Name: Vincent Henry
Date of Training: 07/05/2019

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Please list the staff involved in carrying out this EQIA (Where non-NHS staff are involved e.g. third sector reps or patients, please record their organisation or reason for inclusion)

- Vincent Henry (Senior Planning Officer)
- Kate Tobin (Children's Services Planning Manager)
- Dominique Harvey (Head of Planning, Children's Services)

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1. What equalities information is routinely collected from people currently using the service or affected by the policy?

If this is a new service proposal what data do you have on proposed service user groups. Please note below any barriers to collecting this data in your submitted evidence and an explanation for any protected characteristic data omitted.

Example: A sexual health service collects service user data covering all 9 protected characteristics to enable them to monitor patterns of use.

Service Evidence Provided:

Equalities data routinely collected via:

- CareFirst
- EMIS
- Partner agency records, where available

Additional data available from the partnership:

- Looked after children and kinship data
- Child Poverty Action Report
- Council benefits and education entitlement data

These collectively enable monitoring of service access and outcomes and planning for service provision. Approaches to collecting and analysing equality data is inconsistent across different agencies, and this is further exacerbated by the risks associated with focusing on current service users, given considerations about overall accessibility of services for all groups. Cultural competence work is ongoing, with action plan being developed to increase practitioners' confidence and competence around developing relationships, understanding cultural norms and increasing diversity within the workforce to ensure it is representative of the diversity of Glasgow.

Other mitigations include the data work being led by the Centre of Civic Innovation linked to the Child Poverty Pathfinder, which is seeking to address financial and structural inequalities.

2. Please provide details of how data captured has been/will be used to inform policy content or service design.

Your evidence should show which of the 3 parts of the General Duty have been considered. Please tick the relevant box:-

- 1) Remove discrimination, harassment and victimisation
- 2) Promote equality of opportunity
- 3) Foster good relations between protected characteristics.
- 4) Not applicable

Example

A physical activity programme for people with long term conditions reviewed service user data and found very low uptake by BME (Black and Minority Ethnic) people. Engagement activity found promotional material for the interventions was not representative. As a result an adapted range of materials were introduced with ongoing monitoring of uptake. (Due regard promoting equality of opportunity)

Service Evidence Provided:

Our consultation and engagement process was coordinated and planned to involve as representative a cross-section of babies, children and young people as possible. The qualitative data collected from more than 500 participants directly informed the CSP's vision, values, priorities, actions and performance framework.

We used inclusive, flexible and responsive engagement methods with children, young people and families, including in-person conversations, creative art sessions and digital engagement to allow young people to share what matters most to them and experiences of the services and supports they receive. The views of the children were aggregated and used to refresh the priorities for the Children's Services Planning Partnership, and supporting quotes were used to illustrate their views throughout the plan.

Possible negative impact and additional mitigating action required:

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We continue to review and improve our engagement processes and structures, which has moved us further towards a strengthened co-production approach, and has already provided insight into how we can continue to co-produce our next Children's Services Plan.

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3. How have you applied learning from research evidence about the experience of equality groups to the service or Policy?

Your evidence should show which of the 3 parts of the General Duty have been considered. Please tick the relevant box:-

- 1) Remove discrimination, harassment and victimisation
- 2) Promote equality of opportunity
- 3) Foster good relations between protected characteristics
- 4) Not applicable

Service Evidence Provided:

Research highlights Glasgow has a disproportionate number of children and young people living in poverty ([Centre for Civic Innovation](#)) and consultation with children, young people and professionals re-affirmed the importance of poverty, mental health and safety (physical, emotional and psychological) of children and young people. These key issues have led to poverty being selected as our top priority because of its cross-cutting impact and disproportionate effect on those who have protected characteristics. This work is underpinned by the Family Support Strategy and poverty work, including the Demonstrations of Change. Tier 1 and 2 mental health support has also been reviewed to ensure best outcomes for children and young people, with 2500 supported via non-clinical community support routes in 2026/27.

Possible negative impact and additional mitigating action required:

There is a risk that broad strategic commitments are not sufficiently translated into targeted action for groups who experience compounded disadvantage, including children with disabilities, minority ethnic children and families, care experienced young people, LGBTQIA+ young people and children affected by poverty, trauma or insecure housing. The Plan addresses this through a number of specific service and improvement actions, including continued implementation of the Family Support Strategy and whole-family support offer; Child Poverty Pathfinder activity and related

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anti-poverty action; implementation of community mental health and Youth Health Service; 16+ services and transition pathways; and the continued use of participation structures to shape service redesign and improvement.

This will be monitored annually through the Plan's yearly report submitted to Scottish Government.

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4. Can you give details of how you have engaged with equality groups with regard to the service review or policy development? What did this engagement tell you about user experience and how was this information used?

The Patient Experience and Public Involvement team (PEPI) support NHSGGC to listen and understand what matters to people and can offer support.

Your evidence should show which of the 3 parts of the General Duty have been considered. Please tick the relevant box:-

- 1) Remove discrimination, harassment and victimisation
- 2) Promote equality of opportunity
- 3) Foster good relations between protected characteristics
- 4) Not applicable

Service Evidence

There has been continuous engagement with partners including third sector organisations, Education Services, Glasgow Life, Police Scotland, Neighbourhoods & Sustainability and various departments of the HSCP in the development of the Integrated CSP. The priorities and action plan have been developed to reflect the needs of children, young people and families with protected characteristics. Partners have shared their views on the best means of engaging children, young people, families, in person and through online communication, taking account of protected characteristics, and the range of needs and preferences of children, young people and families.

The establishment of ongoing participation structures such as Pupil Voice Forums, Senior Phase Parliaments, Champs Board and the Youth Bank will help ensure that engagement is not one-off but embedded within system governance. The Plan also demonstrates good practice in integrating Equalities Impact Assessment (EQIA) processes at a strategic level, ensuring that equality and human rights considerations are central to decision-making.

Ultimately, our engagement process for the CSP involved listening to more than 500 babies, children and young people. It also incorporated extensive engagement with partners and other professionals through CSP development sessions. This included engagement with unaccompanied asylum seeking children (UAS children), BME

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groups, children with additional support needs, care experienced young people, under-5s (infants and babies) and children living in in SIMD areas 1 and 2.

Our engagement methods included facilitated conversations, 1:1 discussions, group-based activities and creative approaches, to suit different needs and preferences of children (including the very youngest). We used community, youth group and education settings to ensure children and young people would be most comfortable. We focussed on reaching into areas and platforms where children, young people and families were, rather than asking that they come to unfamiliar places to give their views. These steps ensured a representative diversity of views and experiences, including from groups of children with protected characteristics.

We consider our engagement with babies and toddlers within community nursery and playgroup settings as an example of good practice. These settings had the advantage of the children being comfortable, with a familiar and supportive adult nearby. This allowed engagement with the children during activities they enjoyed, inviting their opinions on the areas most important to them. Parents/caregivers were also able to give context and help babies with communication, and for the older toddlers, nursery staff were on hand to help to elicit children's views and support interpretation, in terms meaningful to children. We worked with staff, parents/caregivers and attended to the cues from children to ensure children only take part when they were comfortable to do so. In each children's rights-respecting exercise, the children were given the opportunity to stop and/or withdraw and only engage at times and in forms they felt comfortable.

Although the engagement was extensive, some groups may be less represented and less visible in the plan and services in general. This has been partly mitigated through ongoing participation structures rather than one-off consultation. Examples include Pupil Voice Forums, Senior Phase Parliaments, the Young Champs programme, return visits to children and young people who contributed to the Plan, and continuing work to strengthen digital and social media approaches to engagement.

Specific engagement events for the CSP were arranged through third sector and statutory partners (e.g. Police Scotland and Education Scotland), which culminated in a development session at the Emirates Stadium, in which local school pupils supported the facilitation of table discussions to review the priorities. The engagement events for the CSP brought together young people and parents with practitioners and managers. Young people collaborated with professionals in group discussions, delivered presentations, produced notes and drawings and were active participants in the Q&A session.

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This CSP has therefore been coproduced with children and young people. Examples of how their feedback directly influenced the plan include:

- Children and young people advised that the vocabulary in the last plan required to be simplified. In response, we have improved the accessibility of the plan by removing professionalised language and are publishing a **child friendly version**. Two further versions will be produced, including a poster for children and young people and a slide-deck to allow professionals and teachers to easily communicate the key messages of the CSP to children and young people.
- Rewrite of the vision originally drafted by the CSP Steering Group following review by primary school children, supported by Stepping Stones for Families. The children took the opportunity to express the vision in their own words, and the initial vision was replaced by children's own words:
"I want Glasgow to be a lovely place for everyone, no matter what they look like or where they come from. I want Glasgow to help everyone, listen to everyone, and make sure the whole city feels super safe, happy, included, and totally loved!"
– *Primary 7 pupil*
- The key theme of children's vision related to support and inclusion, which are also reflected in our approaches to **Training and Awareness Raising** and **Improving Practice – Tools and Resources to Support Your Work** that emphasise cultural awareness, competency and inclusion.
- School pupils emphasised the importance of friends and belonging in their lives. In response, our "Family Support" priority has been reshaped and re-written as "**Family, Friends and Belonging.**"

Possible negative impact and Additional Mitigating Action Required:

Young people highlighted social media as an important engagement route. While organisational governance arrangements places limits on how this could be used at this stage, this has identified a clear area for future development. Exploring safe, appropriate and effective use of digital and social media approaches will help strengthen future engagement and support wider inclusion of marginalised groups.

Continued enhancement of co-production approaches, particularly with marginalised groups, including care-experienced young people, BME communities and children with disabilities will be required for future engagement processes. The focus should include improved communication methods, including digital and social media engagement, to reach a wider and more diverse audience. Continued development of culturally competent practice and workforce training programmes will help to include children and young people arriving in the city and/or experience language barriers.

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5. Is your service physically accessible to everyone? If this is a policy that impacts on movement of service users through areas are there potential barriers that need to be addressed?

Your evidence should show which of the 3 parts of the General Duty have been considered. Please tick the relevant box:-

- 1) Remove discrimination, harassment and victimisation
- 2) Promote equality of opportunity
- 3) Foster good relations between protected characteristics
- 4) Not applicable

Service Evidence Provided:

Not applicable as this is a strategy.

Possible negative impact and additional mitigating action required:

Not applicable as this is a strategy.

6. How will the service change or policy development ensure it does not discriminate in the way it communicates with service users and staff?

Your evidence should show which of the 3 parts of the General Duty have been considered. Please tick the relevant box:-

- 1) Remove discrimination, harassment and victimisation
- 2) Promote equality of opportunity
- 3) Foster good relations between protected characteristics
- 4) Not applicable

The British Sign Language (Scotland) Act 2017 aims to raise awareness of British Sign Language and improve access to services for those using the language. Specific attention should be paid in your evidence to show how the service review or policy has taken note of this.

Example

Following a service review, an information video to explain new procedures was hosted on the organisation's YouTube site. This was accompanied by a BSL signer to explain service changes to deaf service users. Written materials were offered in other languages and formats. (Due regard to remove discrimination, harassment and victimisation and promote equality of opportunity).

Service Evidence Provided:

The CSP will be published on the HSCP website, with links distributed through social media platforms to reach a wider group of children, young people, families and practitioners. For accessibility, the CSP uses accessible font, colour and formatting. Further, in partnership with a local artist, visual images and infographics have been created to respond to young people's feedback about traditional reports and presentation method. The artist's work will be used in both the main and child-friendly versions. The plan also includes children and young people's own words, and in fact direct quotes have replaced the vision originally developed by the Children's Services Plan Writing Group. The photographs illustrate the approach to coproducing the plan.

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In keeping with other HSCP documents, the Plan can be translated into any language, as requested.

The Plan contains several practical examples of accessible and inclusive communication. It will be published as a whole report and a child-friendly version, with visual illustrations and infographics developed with a local artist in response to feedback from children and young people. The Plan also commits to ongoing engagement so children and young people can see how their views shaped the final document. The plan will be communicated via website publication, social media, accessible formatting, and translation on request.

Service examples included in the plan demonstrate engagement routes used to gather and share information with children and families, including Youth Health Service, Pupil Voice Forum, and the Young Champs Forum.

Possible negative impact and additional mitigating action required:

Attention has been given to producing the plan in an accessible format, however, there is a risk that some of the content is less accessible, particularly when describing the governance, finance and structural elements. This could prove difficult for children and stakeholders for whom English is not a first language. The HSCP will therefore ensure the Children's Services Plan is available in accessible formats, including a child friendly version and in other languages, if requested.

Our engagement with children and young people is ongoing. We intend to develop a cycle of engagement and co-production by establishing more feedback loops, particularly to show how babies, children and young people's voices shaped the plan. We have a range of visits scheduled to return to groups who contributed to the plan, and this will present further opportunities for engagement, demonstrating that our work together was the start of a cycle of engagement, rather than a one-off discussion. We will continue to listen to how we can present and share the key messages of the CSP, taking into account children and young people's advice on language, different media etc.

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7. Protected Characteristic

(a) Age

Could the service design or policy content have a disproportionate impact on people due to differences in age?

(Consider any age cut-offs that exist in the service design or policy content. You will need to objectively justify in the evidence section any segregation on the grounds of age promoted by the policy or included in the service design).

If this decision is likely to impact on children and young people (below the age of 18) you will need to evidence how you have considered the General Principles of the United Nations Convention on the Rights of the Child. Please include this in Section 10 of the form.

Your evidence should show which of the 3 parts of the General Duty have been considered. Please tick the relevant box:-

- 1) Remove discrimination, harassment and victimisation
- 2) Promote equality of opportunity
- 3) Foster good relations between protected characteristics.
- 4) Not applicable

Service Evidence Provided:

The Children's Services Plan covers all children and young people defined as children under the Children and Young People (Scotland) Act 2014, up to the age of 18, and young people with care experience up to the age of 26. The organisations and services design and deliver their services in keeping with this legislation, with some services offering specific support to children and young people within specific age ranges, due to the type of support required at different developmental stages. This is offered alongside family support, recognising the scaffolding that parents and carers sometimes need to effectively care for their children. All families with children under 5 years are supported by health visitors, with access to Family Nurse Partnership and school nursing, when required.

The Strategy ([Participation and Engagement Strategy](#)) details our commitment to involve children, young people and families in the design and improvement of services,

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responding to the needs and preferences of babies, children, young people and families.

The development of the CSP and subsequent reporting will be overseen by a range of governance groups, including the Children's Services Executive Group, the Public Engagement Committee and the IJB.

Possible negative impact and additional mitigating action required:

It is possible that young people older than 18 and care leavers above the age of 26 may not receive the same type of support as younger age groups, based on need and developmental stage. Supporting young people at the point of transition from children's to adult service is an area for improvement. The 16+ service is currently under review, developing a best practice framework for supporting young people in relation to housing, education and employment. Workstreams, including the STEP Forward programme, will also consider key transitions, for example, in supporting young people moving on from children's to adult services, and also action planning for improving support to care experienced young people, young people with disabilities, and young people with complex needs.

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(b) Disability

Could the service design or policy content have a disproportionate impact on people due to the protected characteristic of disability?

Your evidence should show which of the 3 parts of the General Duty have been considered. Please tick the relevant box:-

- 1) Remove discrimination, harassment and victimisation
- 2) Promote equality of opportunity
- 3) Foster good relations between protected characteristics.
- 4) Not applicable

Service Evidence Provided:

Approximately 8.5% of children aged 0-15 years old identify as having a disability in Glasgow (based on the 2021 census data). This is a specific area of focus for children's services.

Work is underway to improve support for parents and carers of children with disabilities. We have implemented the new framework of services for children with disabilities that can be accessed via Self Directed Support. The framework should provide a greater range of person centred, individualised packages of support. The framework was implemented via collaboration with third sector partners to ensure person centred, strengths-based supports that are compliant with the principles of the Promise and the UNCRC, particularly Article 23. We work closely with families to fully understand children's specific needs and develop care plans in conjunction with education, health and 3rd sector colleagues.

This work is being informed by learning from families' experiences and developing a better range of support options to meet families' individual needs.

Possible negative impact and additional mitigating action required:

The CSP aligns with the [Glasgow Family Support Strategy \(2024–30\)](#). The FFS sets out the city's approach to whole-family support, early intervention and prevention, aligned with GIRFEC, UNCRC and The Promise. It directly underpins CSP priorities relating to poverty, family support and community-based provision. Our ongoing commitment to **embedding the UNCRC** ([UNCRC Incorporation Act 2024](#)) and uphold children's rights, is part of the work to fully implement **GIRFEC** ([Getting It](#)

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[Right for Every Child](#)) so that support is offered to children by the right people at the right time.

Also, the [Local Child Poverty Action Report 2024/25](#) highlights the profile of families impacted by poverty while caring for child[ren] with disabilities. Engaging with families with a family member with disabilities has been highlighted as a key priority for city planning related to child poverty. The annual reporting on the LCPAR will detail progress on engaging with and supporting children with disabilities and their families.

(c) Gender Reassignment

Could the service change or policy have a disproportionate impact on people with the protected characteristic of Gender Reassignment?

Your evidence should show which of the 3 parts of the General Duty have been considered. Please tick the relevant box:-

- 1) Remove discrimination, harassment and victimisation
- 2) Promote equality of opportunity
- 3) Foster good relations between protected characteristics
- 4) Not applicable

Service Evidence Provided:

The CSP is designed to respond to the needs of all children and young people, and to shape services which address the full range of children and young people's needs. All Children's Services operate with sensitivity to young people who identify as transgender or who are undergoing gender reassignment. The development of services and support is informed by [Children in need: A focus on sexual abuse and exploitation - GOV.UK](#), 2025 and the [National LGBT Survey, 2018](#), and the Glasgow City Youth Health Service has been awarded LGBT Youth Scotland Gold Charter status for effective, inclusive and holistic support to young people in their care.

Possible negative impact and additional mitigating action required:

Through the Youth Health Service, Sandyford Sexual Health Service, CAMHS, and tier 1 and 2 mental health services, support is being improved to meet the range of needs of LGBTQIA+ children and young people. The annual Scottish Government reporting on community mental health services includes direct feedback from children and young people and supports learning across the partnership in relation to good practice.

(d) Marriage and Civil Partnership

Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Marriage and Civil Partnership?

Your evidence should show which of the 3 parts of the General Duty have been considered. Please tick the relevant box:-

- 1) Remove discrimination, harassment and victimisation
- 2) Promote equality of opportunity
- 3) Foster good relations between protected characteristics
- 4) Not applicable

Service Evidence Provided:

Married young people, and young people in civil partnerships may be supported by children's services, in particular young people receiving continuing care and aftercare support. Young people's marital/ civil partnership status would not impact their support, though may affect housing eligibility/ support.

Possible negative impact and additional mitigating action required:

Housing support would be tailored, based on young people's individual circumstances.

(e) Pregnancy and Maternity

Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Pregnancy and Maternity?

Your evidence should show which of the 3 parts of the General Duty have been considered. Please tick the relevant box:-

- 1) Remove discrimination, harassment and victimisation
- 2) Promote equality of opportunity
- 3) Foster good relations between protected characteristics
- 4) Not applicable

Service Evidence Provided:

Services such as Family Nurse Partnership, perinatal mental health support, whole-family support and anti-poverty and income maximisation support are intended to improve outcomes for pregnant women, parents and families with babies. The Plan includes wider early intervention and anti-poverty to improve wellbeing at an early stage.

Martha's Mammies supports pregnant mothers who have previously lost care of their child(ren) to help to address a range of issues to increase their chance of caring for their child.

Possible negative impact and additional mitigating action required:

(f) Race

Could the service change or policy have a disproportionate impact on people with the protected characteristics of Race?

Your evidence should show which of the 3 parts of the General Duty have been considered. Please tick the relevant box:-

- 1) Remove discrimination, harassment and victimisation
- 2) Promote equality of opportunity
- 3) Foster good relations between protected characteristics
- 4) Not applicable

Service Evidence Provided:

The Plan is being developed in the context of changing demographics within the city. The 2021 census recorded that one in three of Glasgow's children and young people are from a BME background, a significant increase when compared to 2011. Such changes indicate the importance of considering the impact of cultural and language barriers in accessing services, support and information. This is being addressed through the cultural competence work, and the action plan being developed on the basis of practitioners' feedback in relation to support needed to build relationships, understand cultural norms, and address power dynamics. Part of this work involves increasing diversity in the workforce, with specific actions related to developing training materials, improving access to translation services and scaling up best practice examples. This work is also complemented by workstreams within the Child Poverty programme focusing on expanding access to ESOL courses and addressing barriers to work, including childcare and transport. There is also significant learning from the Roma Community Connector programme which has shown the impact of practitioners with lived experience connecting families to appropriate support, breaking down barriers to accessing services.

Possible negative impact and additional mitigating action required:

Some families may be less well connected to services as a result of language or other barriers to participation. Continued use of community connector approaches, progressing cultural competence work, interpreting support and targeted programmes within the Child Poverty Programme are helping to improve inclusivity and equity in access to support.

(g) Religion and Belief

Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Religion and Belief?

Your evidence should show which of the 3 parts of the General Duty have been considered. Please tick the relevant box:-

- 1) Remove discrimination, harassment and victimisation
- 2) Promote equality of opportunity
- 3) Foster good relations between protected characteristics.
- 4) Not applicable

Service Evidence Provided:

In line with the HSCP code of conduct, and the code of conduct of partner agencies, all services and supports are designed and delivered to respect the beliefs of individuals and groups of children and young people, with an inclusive, flexible and responsive approach to meeting the individual – including religious – needs of children, young people and families.

Possible negative impact and additional mitigating action required:

A programme of cultural competence work is underway, in a collaborative partnership between the HSCP and third sector, and an action plan is being developed to address the themes that emerged from an engagement session carried out last year – addressing power dynamics, relationship building, understanding cultural norms and developing a more diverse workforce.

(h) Sex

Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sex?

Your evidence should show which of the 3 parts of the General Duty have been considered. Please tick the relevant box:-

- 1) Remove discrimination, harassment and victimisation
- 2) Promote equality of opportunity
- 3) Foster good relations between protected characteristics
- 4) Not applicable

Service Evidence Provided:

Scotland's Census (2022) shows that 31.7% of all Glasgow households with dependent children are single parents, with clustering of single parent households in some neighbourhoods and the majority of these lone parents being female. Anti-poverty work is focused on this group given the additional impact, with proactive outreach approaches currently being tested through the Poverty Programme Demonstrations of Change.

The Domestic Abuse workstream is also considering the impact of traditional approaches to addressing the impact of domestic abuse, with the burden of responsibility historically being placed on women. The action plan includes enhancement of strengths-based approaches, and a focus on supporting fathers.

Family Group Conferencing and Family Group Decision Making approaches are being used to ensure that all family members, including fathers, are included in developing care plans, which aim to prevent accommodation of children, and keep brothers and sisters together.

The focus of the Family Support Strategy and Family Support Services is to work with *whole* families to improve outcomes, and to understand the needs of individual family members, irrespective of sex, or household type, to ensure that parents have continued involvement in caring for their children safely and effectively, and that family assets are fully explored in order to keep families together.

Mitigations

Service reviews are currently being carried out as part of the STEP Forward programme, with equalities considerations a key component of the process.

The workstreams described above include support for single parent households and targeted, whole family support. The Adult Protection Committee reports on the provision of services for those affected by gender-based violence.

(i) Sexual Orientation

Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sexual Orientation?

Your evidence should show which of the 3 parts of the General Duty have been considered. Please tick the relevant box:-

- 1) Remove discrimination, harassment and victimisation
- 2) Promote equality of opportunity
- 3) Foster good relations between protected characteristics.
- 4) Not applicable

Service Evidence Provided:

Services operating to support the implementation of the Integrated Children's Services Plan provide support to children of all genders and sexual orientations on the basis of need, irrespective of sexual orientation.

Targeted community mental health support for LGBTQIA+ young people is provided, with annual reporting of the outcomes to Scottish Government.

Glasgow City Youth Health Service has been awarded LGBT Youth Scotland Gold Charter status for effective, inclusive and holistic support to young people in their care.

Possible negative impact and additional mitigating action required:

Continuing review of the community mental health supports (including support for LGBTQIA+ children and young people) to ensure best outcomes.

(j) Socio – Economic Status & Social Class

Could the proposed service change or policy have a disproportionate impact on people because of their social class or experience of poverty and what mitigating action have you taken/planned?

In addition to the above, if this constitutes a 'strategic decision' you should evidence below due regard to meeting the requirements of the Fairer Scotland Duty (2018). Public bodies in Scotland must actively consider how they can reduce inequalities of outcome caused by socioeconomic disadvantage when making strategic decisions and complete a separate assessment. Additional information available from the [Fairer Scotland Duty: guidance for public bodies - gov.scot](#)

Service Evidence Provided:

Just over a quarter of children in Glasgow City (26%) are living in relative poverty, equating to 25,690 children, and 41% of families with children experiencing poverty in Glasgow are in deep poverty (defined as weekly income 40% below UK median income), affecting 5,443 families and 9,831 children ([Glasgow City Child Poverty Report, 2025](#)). Addressing poverty is a key priority for the Children's Services Planning Partnership and is the overriding priority of the Community Planning Partnership. There are a range of universal, early intervention and targeted actions within the Plan designed to reduce the impact of poverty and inequalities and the Child Poverty Programme is continuing to pilot approaches to supporting families through three Demonstrations of Change. Funding associated with Child Poverty programme, the Whole Family Wellbeing Fund and employability initiatives has been merged into an Whole Family Early Intervention fund with the aim of providing seamless support for families, and removing barriers to employment through flexible child care, transport and language support.

Possible negative impact and additional mitigating action required:

The Local Child Poverty Action Report provides an annual update on approaches to tackling child poverty across the Local Authority and Health Board, with the opportunity to share learning on best practice, encompassing feedback from families. Addressing poverty is the focus of several workstreams, and embedded within the approach to supporting families with increased access to Section 22 payments for health visitors, family nurse practitioners and school nursing. The effectiveness of approaches designed to alleviate poverty will be monitored through the CSP performance measures and the Community Plan Impact Framework, with work ongoing to formally merge these frameworks within existing governance arrangements.

(k) Other marginalised groups

How have you considered the specific impact on other groups including homeless people, prisoners and ex-offenders, ex-service personnel, people with addictions, people involved in prostitution, asylum seekers & refugees and travellers?

Service Evidence Provided:

Targeted engagement to inform the development of the plan was carried out with groups of babies, children and young people who were identified as having 'rights at risk', including:

- **Care experienced** young people (including outreach with the Champs Board, People Achieving Change and Speak-Up Hub)
- Children experiencing **poverty** (involving those young people living in SIMD 1 and 2 areas)
- **Asylum seeking** children and families (including outreach with Refuweegee)
- **Babies and toddlers** (involving Stepping Stones for Families, and the Play Café).
- Children with **additional support needs**, including neurodiversity and engagement with ASN Schools
- Children from **Black and Minority Ethnic** backgrounds

Engagement focused on three key areas: what matters most, what's going well, and what could be better. The sessions were designed around trusted relationships, familiar spaces and choice, to reduce barriers to participation. A range of engagement methods were used, including facilitated conversations, 1:1 discussions, group-based activities and creative approaches, to suit different needs and preferences of children (including the very youngest).

Wherever possible, we used existing engagement platforms to avoid over-consultation and strengthen feedback loops - for example the Pupil Voice Forum (Primary and Secondary Forums), Senior Phase Parliament and the Champs Board (Care Experienced Young People). This also includes returning to these platforms to share progress and updates as part of the 'You Said We Did' feedback loop.

Participation was rights-based (attending to Articles 12 and 16 of the UNCRC) and children chose how to take part, what to share, and could withdraw at any time.

Possible negative impact and additional mitigating action required:

The Plan describes a number of supports and services for the groups of children identified as having 'rights at risk', including 16+ services, family support, Child

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poverty programme, Community Connector project, Youth health Service and tier 1 and 2 community mental health supports.

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8. Does the service change or policy development include an element of cost savings? How have you managed this in a way that will not disproportionately impact on protected characteristic groups?

Your evidence should show which of the 3 parts of the General Duty have been considered. Please tick the relevant box:-

- 1) Remove discrimination, harassment and victimisation
- 2) Promote equality of opportunity
- 3) Foster good relations between protected characteristics
- 4) Not applicable

Service Evidence Provided:

The plan describes the framework for delivery of children's services across the Children's Services Planning Partnership, and the approach to measuring progress through the set of performance measures included in Appendix 5. The plan is based on the collective resources of the Children's Services Planning Partnership, with the budget for HSCP Children's and Education Services described in the plan.

Possible negative impact and additional mitigating action required:

N/A, as the plan reflects the overall strategy for delivering children's services, incorporating children's rights and attending to voice, participation and influence.

9. What investment in learning has been made to prevent discrimination, promote equality of opportunity and foster good relations between protected characteristic groups?

As a minimum include below recorded completion rates of statutory and mandatory learning programmes (or local equivalent) covering equality, diversity and human rights.

Service Evidence Provided:

The equality and diversity e-learning course on GOLD, is promoted as part of all equality training communications to encourage uptake, Equality training also continues to be a part of all in person induction training for social workers. Across Social Work HSCP staff 1,051 staff have completed their Equality and Diversity Awareness module within the last 2 years.

Possible negative impact and additional mitigating action required:

[10](#). In addition to understanding and responding to legal responsibilities set out in Equality Act (2010), services must pay due regard to ensure a person's human rights are protected in all aspects of health and social care provision. This may be more obvious in some areas than others. For instance, mental health inpatient care or older people's residential care may be considered higher risk in terms of potential human rights breach due to potential removal of liberty, seclusion or application of restraint. However risk may also involve fundamental gaps like not providing access to communication support, not involving patients/service users in decisions relating to their care, making decisions that infringe the rights of carers to participate in society or not respecting someone's right to dignity or privacy.

The Human Rights Act sets out rights in a series of articles – right to life, right to freedom from torture and inhumane and degrading treatment, freedom from slavery and forced labour, right to liberty and security, right to a fair trial, no punishment without law, right to respect for private and family life, right to freedom of thought, belief and religion, right to freedom of expression, right to freedom of assembly and association, right to marry, right to protection from discrimination.

Please explain below if any risks in relation to the service design or policy were identified which could impact on the human rights of patients, service users or staff.

The development of the plan's priorities and framework for service delivery has been based on babies, children and young people's voices, with different types of engagement to meet the range of children's preferences. The engagement has been targeted to capture feedback from groups identified as having 'rights at risk' (see section 7k above), including:

- **Care experienced** young people (including outreach with the Champs Board, People Achieving Change and Speak-Up Hub)
- Children experiencing **poverty** (involving those young people living in SIMD 1 and 2 areas)
- **Asylum seeking** children and families (including outreach with Refuweegee)
- **Babies and toddlers** (involving Stepping Stones for Families, and the Play Café).
- Children with **additional support needs**, including neurodiversity and engagement with ASN Schools

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- Children from **Black and Minority Ethnic** backgrounds

The plan embeds children's rights reporting, following UNCRC incorporation.

Please explain below any human rights based approaches undertaken to better understand rights and responsibilities resulting from the service or policy development and what measures have been taken as a result e.g. applying the PANEL Principles to maximise Participation, Accountability, Non-discrimination and Equality, Empowerment and Legality or FAIR* (see below).

The engagement approach incorporated PANEL and FAIR principles through:

- Open questions: what matters most, what's going well, and what could be better
- Sessions were designed around trusted relationships, familiar spaces and choice, to reduce barriers to participation.
- A range of engagement methods were used, including facilitated conversations, 1:1 discussions, group-based activities and creative approaches, to suit different needs and preferences of children (including the very youngest).
- Wherever possible, we used existing engagement platforms to avoid over-consultation and strengthen feedback loops. This also includes returning to these platforms to share progress and updates as part of the 'You Said We Did' feedback loop.
- Participation was rights-based (attending to Articles 12 and 16 of the UNCRC) and children chose how to take part, what to share, and could withdraw at any time.

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*FAIR is an acronym for the following -

- **Facts:** What is the experience of the individuals involved and what are the important facts to understand?
- **Analyse rights:** Develop an analysis of the human rights at stake
- **Identify responsibilities:** Identify what needs to be done and who is responsible for doing it
- **Review actions:** Make recommendations for action and later recall and evaluate what has happened as a result.

[11.](#) The United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Act 2024 came into force on the 16th July 2024. All public bodies may choose to evidence consideration of the possible impact of decisions on the rights of children (up to the age of 18). Evidence should be included below in relation to the General Principles of the Act. Go to the [full list of articles](#) to be considered for further information.

No Discrimination: Where the decision may have an impact, explain how the EQIA has considered discrimination on the grounds of protected characteristics for children. You may have considered children in each of the EQIA sections and returned relevant evidence.

Section 7 provides a full outline of the implications of the plan for babies, children and young people with protected characteristics.

UNCRC actions have been incorporated into the plan, including actions wider than children’s services, with further detail provided in **Appendix 4** of the plan, which outlines the **Glasgow City Council and HSCP UNCRC Map**. One of the key actions is to raise awareness of the UNCRC and its implications across HSCP and Education practitioners.

The HSCP funds the Children’s Rights team, which is managed separately from children’s services in order to ensure objectivity in upholding children’s rights.

Best Interests of the child: Where the decision may have an impact, explain how the EQIA has evaluated possible negative, positive or neutral impacts on children. You may find that options considered need to be reframed against the best possible outcome for children.

Children’s services operate within the current legislative framework, designed to meet the “best interests” of children, and to involve them in decisions affecting their life.

Life, survival and development: Where the decision may have an impact, explain how the EQIA has considered a child's right to health and more holistic development opportunities.

One of the key priorities relates to health, wellbeing and development with the aim of improving health and developmental outcomes for babies, children and young people by delivering equitable access to timely, high-quality physical, emotional and developmental support. The Children's Services Planning Partnership is committed to an approach which is **poverty aware, communication informed, culturally sensitive** and **disability-inclusive**, prioritising prevention and early intervention to reduce inequalities and improve outcomes, as fully outlined in the plan.

Respect of children's views: Where the decision may have an impact, explain how the views of children have been sought and responded to. You need to consider what steps were taken in Q4 in relation to this.

Section 7k provides full details on the engagement approach.

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Having completed the EQIA template, please tick the relevant box that you, the Lead Reviewer, perceive best reflects the [findings of the assessment](#). This can be cross-checked via the Quality Assurance process:

Option 1: No major change (where no impact or potential for improvement is found, no action is required)

Option 2: Adjust (where a potential or actual negative impact or potential for a more positive impact is found, make changes to mitigate risks or make improvements)

Option 3: Continue (where a potential or actual negative impact or potential for a more positive impact is found but a decision not to make a change can be objectively justified, continue without making changes)

Option 4: Full mitigation of identified risk not made, decision to continue without objective justification (Lead Reviewer to provide explanatory note here)

Option 5: Stop and remove (where a serious risk of negative impact is found, the plans, policies etc. being assessed should be halted until these issues can be addressed)

If you believe your service is doing something that ‘stands out’ as an [example of good practice](#) - for instance you are routinely collecting patient data on sexual orientation, faith etc. - please use the space below to describe the activity and the benefits this has brought to the service. This information will help others consider opportunities for developments in their own services.

Glasgow City Children’s Services Planning Partnership is on an ongoing improvement journey in relation to approaches to capturing the views and experiences of babies and toddlers in the city. As part of the Plan’s development - Stepping Stones for Families and Play Café facilitated engagement sessions with babies and toddlers alongside their families. The following themes emerged below:

CONNECTION

We want to be close to our main caregivers: mums, dads and grandparents etc. We want to experience the big wide world with them near us.

“Gaga! Gaga!” (Granny) L, age 2

“I like to go to play groups with my family and its so important to me” (Z, 10 months)

A who is 1 year has an older sister (M) who is 6. “When M is back from school she is the happiest child ever.”

“I loves her daddy. She smiles when her daddy comes home.” (Mum of I, 15 months)

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ATTENTION

We want adults in our lives who are able to be present and have the time/space to give us focused attention. “

“Sit with me!” Aria 3yrs

“R takes a book from her library and looks at it, turns the page. She likes to be read to.” (N, mum of R, 11 months).



COMMUNITY

We want to be welcomed and loved by our community. We learn through kindness, sharing and hospitality. When we see ourselves and our friends represented in culture we feel valued and seen!

R likes to meet other children her age. (R, 11 months)



MOVEMENT

We need safe spaces to roam, run and dance! In the winter we need big indoor spaces to use all our energy. "HOP! HOP! BUNNY!" (M, 1yr)
R (11 months) likes songs in stay-and-play. She likes animals and animal noises.



NURTURE

To help us grow big and strong we need good food, cosy beds, fresh air and lots of cuddles!
"My bed is pink! I have teddies to cuddle" L, 3yrs
H has a sleep friend called "Bunny". It makes her feel cuddled and she likes biting it.
(S, mum of H, 11 months)

NATURE

Being outdoors is important to us sometimes this is difficult because of the climate, we don't always have the right clothes or activities to play outside. If we are new to Scotland our parents often need extra support to play outside with us. "
"We love it out here in the courtyard! It is so relaxing!" (O, mum of A, age 2)

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N likes activities but difficult to access activities. No clue how to put his name on the waiting list. **(Y, mum of N, aged 2)**

C likes to play in the garden (C, aged 2)



PLAY

We want to PLAY! Play with our families, play with our friends, play with toys, play with our imaginations, play with movement, music and the arts! We love when adults set up exciting experiences and let us play at our own pace! “

“Bubbles!” “BUBA!” Saba (mum) and baby Musa 1yr

“C admires a kitchen. She likes pans, chopping things when her mum is cooking. She makes pasta with her garlic press C likes being a doctor, cooking and washing the dishes” **(S, mum of C, 2)**

J likes being a doctor. She loves music. She tries to play tunes on the piano that she hears from the TV. **(A, dad of J, 2)**



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Actions.

From the additional mitigating action requirements sections completed above, please summarise the actions this service will be taking forward or tick the box next to 'No Actions Identified'

Annual reporting on progress with implementing the plan, supported by performance framework outlined in Appendix 5 of the plan.

No actions identified

Date for completion April – June 2027, and annually

Who is responsible? (initials) HSCP children's services planning team

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Ongoing 6 Monthly Review: please write your 6 monthly EQIA review date:

Lead Reviewer:

Name Vince Henry, Kate Tobin and Dominique Harvey
Job Title Children's services planning team
Signature V. Henry
Date 15/06/26

Quality Assurance Sign Off:

Name
Job Title
Signature
Date

Where unmitigated risk has been identified in this assessment, responsibility for appropriate follow-up actions sits with the Lead Reviewer and the associated delivery partner.

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NHS Greater Glasgow & Clyde Equality Impact Assessment Tool
Meeting the Needs of Diverse Communities
[6 monthly review sheet](#)

Name of Policy/Current Service/Service Development/Service Redesign:

Please detail activity undertaken with regard to actions highlighted in the original EQIA for this Service/Policy

Action: Six-monthly review process established through Children's Services Plan Steering Group, Children's Services Executive Group (and Integrated Joint Board) reporting structures.

Status:

Completed

Date

Initials

Action:

Status:

Completed

Date

Initials

Action:

Status:

Completed

Date

Initials

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Action:

Status:

Completed

Date

Initials

Please detail any outstanding activity with regard to required actions highlighted in the original EQIA process for this Service/Policy and reason for non-completion

Action:

Reason:

To be completed by

Date

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Action:

Reason:

To be completed by

Date

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Please detail any new actions required since completing the original EQIA and reasons:

Action:

Reason:

To be completed by

Date

Initials

Action:

Reason:

To be completed by

Date

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Please detail any discontinued actions that were originally planned and reasons:

Action:

Reason:

Action:

Reason:

Please write your next 6-month review date

Name of completing officer:

Date submitted:

If you would like to have your 6 month report reviewed by a Quality Assuror please e-mail to: Alastair.Low@nhs.scot

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