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NHS Greater Glasgow and Clyde Equality Impact Assessment Tool

Equality Impact Assessment is a legal requirement as set out in the Equality Act (2010) and 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 Equality@ggc.scot.nhs.uk for further details or call 0141 2014560.

Name of Policy/Service Review/Service Development/Service Redesign/New Service:

A Review of the Children's Change Fund Programme

Is this a: **Current Service** ☐ **Service Development** ☐ **Service Redesign** ☐ **New Service** ☐ **New Policy** ☐ **Policy Review** ☐

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

This EQIA aligns with the IJB Financial Allocations and Budgets 2024-25 paper, being presented to IJB members in March and May 2024.

The Children's Change Fund has been in place since 2012 and has historically part funded a range of services. A review of the outcomes being delivered has been undertaken and as a result of the emerging public sector financial challenges, it has been agreed that this funding will be reduced by £280,000 from end of Sept 2024 (full year impact of £560,000).

The funding currently supports staffing in the following services:

- Greater Glasgow Health 4 All team, covering Glasgow City, East Dunbartonshire and East Renfrewshire HSCP's. This team undertakes health assessments for Looked After children, Unaccompanied Asylum Seeking Children and supports the adoption process
- The 4 CAMHS teams covering Glasgow City, East Dunbartonshire and East Renfrewshire HSCP's through the new Learning Communities Early Intervention approach
- The Community Children's Nursing team who cover the ASN schools in Glasgow City, East Dunbartonshire and East Renfrewshire HSCP's
- The Board wide medical Child protection service delivered from RHC

This funding was initially allocated by Scottish Government to support children's services reform, but over the years has been absorbed into frontline service delivery. Glasgow City Council no longer receives this funding from Scottish Government, and it has become a legacy arrangement. Given the opportunities presented through the Whole Family Early Intervention Fund (WFEIF; encompassing the Whole Family Wellbeing Fund and Child Poverty Pathfinder), there is an opportunity to support systems change towards earlier intervention and prevention, which will relieve pressure on more targeted services such as CAMHS and Specialist Children's Services. This is the strategic direction of travel for the Health and Social Care Partnership and Children's Services in Glasgow City which has led to a reduction in the number of looked after and accommodated children (from 1,413 in 2016 to 615 currently), which has allowed significant investment into family support. This approach is meeting families' needs earlier, with further opportunities to build on this work through the WFEIF, which is seeking to address neurodiverse needs and is anticipated to reduce demand on CAMHS.

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Health for All /Looked after Health Team

Since the Children's Service Change Fund invested in this service, there has been a reduction in the number of children in care from 1,413 to currently 615 (56%). There are now only 83 children in care under 5 years old, suggesting an overall downwards trajectory in the number of looked after and accommodated children in the City in future years. The Health for All team covers Glasgow City HSCP, East Dunbartonshire HSCP and East Renfrewshire HSCP. There is potential that the funding withdrawal may be covered by the other HSCP's to mitigate the reduction.

It is recognised that while there is a reduction in the number of children in care in Glasgow, demand for health assessments has significantly increased in relation to the number and complexities of young unaccompanied asylum seekers. Since February 2023, there have been 141 referrals to the service with 77 being unaccompanied asylum seeking children and young people. A further 30 are care experienced young people in residential homes and 34 are looked after and accommodated children at home, in kinship care or in foster placements.

The current Health for All team is made up of 11.4 FTE practitioners, so the proposed reduction in funding of £93,000 (full year) represents a 15.5% reduction in service. Based on average staffing costs, this would potentially result in a reduction of 1.8 WTE practitioners. Currently there is 1 WTE vacant post. A further reduction will impact on waiting times for health assessments.

Investment into New Learning Communities Early Intervention

This funding is aligned across the 4 Glasgow CAMHS teams which are made up of 85.34 WTE practitioners. Reduction in funding represents a 3.9% reduction (£197,492 full year spend). Based on average staffing costs, this would potentially result in a reduction of 3.3 WTE posts.

Scottish Government investment has seen the CAMHS workforce in the 4 Glasgow teams increase by an additional 46.08 WTE practitioners but there is some uncertainty around the level of funding available to support this workforce going forward, and CAMHS and the new Neurodevelopmental Pathway are facing unprecedented demand and continue to have backlogs in relation to ongoing treatment.

It is anticipated that the Pupil Equity Fund (£25M) and the £1.8M into the Care Experience Team, along with the Whole Family Wellbeing Early Intervention Fund should mitigate the impact of these funding cuts by diverting demand from targeted services by meeting families' needs through effective early intervention and prevention approaches. In addition, the £1.7m of funding into community mental health supports at tier 1 and 2 level is continuing to support children, young people and families at an early stage; this funding supported over 4,000 children and young people between July 2023 and March 2024, with some very positive feedback from families about the impact of support. This provides good learning for expanding the infrastructure of support for families through the WFWF and CPP, with mitigation of the impact of poverty a key priority for the HSCP and the wider Children's Services Planning Partnership.

Clinical Psychology Early Intervention

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It is anticipated that recent significant Scottish Government investment negates the need for this funding. This funding is aligned across the 4 Glasgow CAMHS teams which are made up of 85.34 WTE practitioners. Reduction in funding represents a 2% reduction (£100,564). Based on average staffing costs, this would potentially result in a reduction of 1.7 WTE posts.

Scottish Government investment has led to an increase in the CAMHS workforce in the 4 Glasgow teams by an additional 46.08 WTE posts; given the uncertainty around the level of funding available to support this workforce going forward, this area will be kept under review, but will also be mitigated through access to community mental health supports, and the developments associated with the WFEIF.

Health Staff in Schools

This service provides nursing support to 11 identified Additional Support for Learning schools (ASL) in Glasgow City, East Renfrewshire and East Dunbartonshire, and a service to support mainstream schools to build capacity for staff working with children and young people who are placed within mainstream. This service also provides the school immunisation programme and annual flu programme.

Nurse led assessments are done at entry into ASL schools and reviews are undertaken in schools by both the nursing and medical community paediatric staff; reviews may be requested by education, social care services or parents. The team are all trained in the complex child protocol and evidence has shown application in ASL schools has resulted in the nursing team taking on the role of health lead professional as per the NHS GGC complex child health protocol when required. This team also trains third sector providers who are part of a child's package of care to support the child across all settings, including in respite provision.

The current team is made up of 24.65 WTE posts. Reduction in funding represents a 9.2% decrease in service. Based on average staffing costs (£119,340), this would potentially result in a reduction of 2.3 WTE posts; currently, 1.45 WTE posts are vacant.

A reduction in staffing will mean some schools may not be covered and some activities stopped. The rationale for the reduction in this service is based on Glasgow's significant investment into Family Support by the HSCP and Council, and the Whole Family Early Intervention Fund which will focus on neurodiversity and complex needs, strengthening the focus on early help for families.

Consultant Paediatrician

This funding is provided to the Women and Children's Directorate and funds Consultant Paediatrician time to support the Child Protection Service at RHC (£48,410). This service supports medical/forensic assessments 24 hours per day, 7 days per week. Dialogue with the Service Manager has confirmed that this will be absorbed into wider financial plans to support continuity of service.

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Next Steps

Initial engagement has been undertaken with NHS GG&C Specialist Children's Services. Further work is required to engage with other affected HSCP's and to fully understand their contribution to these services. Glasgow's Children and Families staff will continue to work with NHS GG&C Specialist Children's Services to mitigate potential long-term impacts of a reduction in funding and to explore improved ways of working in partnership to support children and young people. Wider developments across the WFEIF will further strengthen earlier intervention and prevention support, which is anticipated to reduce overall demand for specialist supports.

NHS GG&C Specialist Children's Services are working to plan on a reduced service offer where the budgets are to decrease and to consider reduced service offer in the context of reduced staffing and communicate to stakeholders and affected HSCP's. In the scale of its overall budget, this is a relatively small reduction in service, with other mitigations in place to support families at an earlier stage in line with the overall direction for Children's Services in Glasgow City.

Given the stage of this programme of work, this EQIA can only provide a general overview. Where specific proposals emerge from the programme, a more tailored EQIA will be produced.

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: Karen Dyball Dominique Harvey Mike Burns	Date of Lead Reviewer Training:
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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):

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	<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
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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 any barriers to collecting this data in your submitted evidence and an explanation for any protected characteristic data omitted.	<i>A sexual health service collects service user data covering all 9 protected characteristics to enable them to monitor patterns of use.</i>	Due to the nature of the services provided, there is potential for any change or reduction in service to impact on children, young people and their families and carers, including on children with disabilities, children and young people with mental health needs and those living in poverty. Limited demographic data is available on who is currently accessing the service.	
		Example	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
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 (tick relevant boxes). 1) Remove discrimination, harassment and victimisation ☐ 2) Promote equality of opportunity ☐	<i>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)</i>	Service user / patient information is utilised as part of the targeting of services. Including; • Health for All /Looked after Health Team - Care experienced young people, unaccompanied asylum seeking children and young people and looked after and accommodated children at home/ kinship care or foster placements • Investment into New learning Communities Early Intervention – Children with disabilities, in particular mental health and children who are neurodivergent. • Clinical Psychology Early intervention – Children with mental health conditions • Health Staff at School – children and young people with disabilities, including complex health needs. • Consultant Paediatrician – Vulnerable children linked to Child protection	

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	3) Foster good relations between protected characteristics. ☐ 4) Not applicable ☐			
	<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required	
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 (tick relevant boxes). 1) Remove discrimination, harassment and victimisation ☐ 2) Promote equality of opportunity ☐ 3) Foster good relations between protected characteristics ☐ 4) Not applicable ☐	<i>Looked after and accommodated care services reviewed a range of research evidence to help promote a more inclusive care environment. Research suggested that young LGBT+ people had a disproportionately difficult time through exposure to bullying and harassment. As a result staff were trained in LGBT+ issues and were more confident in asking related questions to young people. (Due regard to removing discrimination, harassment and victimisation and fostering good relations).</i>	Research has been undertaken to consider the impact of the funding in the service areas, contributing factors include; • The recent fall in birth rate • Reductions in numbers of children in care in Glasgow • Investment in early intervention and prevention work, including; Scottish Government investment in CAMHS workforce, Pupil Equity Fund, Whole Family Wellbeing Fund, investment into Family Support and additionally that within Glasgow a significant anti-poverty and risk mitigation would reduce the impact.	Research has been undertaken to consider the impact of the funding in the service areas, contributing factors include; • The recent fall in birth rate • Reductions in numbers of children in care in Glasgow • Investment in early intervention and prevention work, including; Scottish Government investment in CAMHS workforce, Pupil Equity Fund, Whole Family Wellbeing Fund, investment into Family Support and additionally that within Glasgow a significant anti-poverty and risk mitigation would reduce the impact.
	<i>Example</i>	Service Evidence Provided	Possible negative impact and	

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				Additional Mitigating Action Required
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 (tick relevant boxes). 1) Remove discrimination, harassment and victimisation ☐ 2) Promote equality of opportunity ☐ 3) Foster good relations between protected characteristics ☐ 4) Not applicable ☐	<i>A money advice service spoke to lone parents (predominantly women) to better understand barriers to accessing the service. Feedback included concerns about waiting times at the drop in service, made more difficult due to child care issues. As a result the service introduced a home visit and telephone service which significantly increased uptake.</i> <i>(Due regard to promoting equality of opportunity)</i> <i>* The Child Poverty (Scotland) Act 2017 requires organisations to take actions to reduce poverty for children in households at risk of low incomes.</i>	Initial engagement has been undertaken with NHS GG&C Specialist Children's Services. Further work is required to engage with other affected HSCP's. Given the stage of this programme of work, this EQIA can only provide a general overview. As the programme develops and it is clearer the potential impacts of the funding on specific services, work will be required by the relevant service areas to engage with service users to further identify potential impacts and opportunity for mitigating action.	

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		<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
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 (tick relevant boxes). 1) Remove discrimination, harassment and victimisation ☐ 2) Promote equality of opportunity ☐ 3) Foster good relations between protected characteristics. ☐ 4) Not applicable ☐	<i>An access audit of an outpatient physiotherapy department found that users were required to negotiate 2 sets of heavy manual pull doors to access the service. A request was placed to have the doors retained by magnets that could deactivate in the event of a fire. (Due regard to remove discrimination, harassment and victimisation).</i>	Services are conducted from HSCP, NHS GG&C or ASL schools, as appropriate to support service being physically accessible.	Mitigating factors include; • The recent fall in birth rate • Reductions in numbers of children in care in Glasgow • Investment in early intervention and prevention work, including; Scottish Government investment in CAMHS workforce, Pupil Equity Fund, Whole Family Wellbeing Fund, investment into Family Support and additionally that within Glasgow a significant anti-poverty and risk mitigation would reduce the impact.
		<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
6.	How will the service change or policy development ensure it does not discriminate in the way it	<i>Following a service review, an information video to explain new procedures was hosted</i>	Given the stage of this programme of work, this EQIA can only provide a general overview. As the programme develops and it is clearer the potential impacts of the funding on specific services, work will be required by the	

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	communicates with service users and staff? Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes). 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.	<i>on the organisation's YouTube site. This was accompanied by a BSL signer to explain service changes to Deaf service users.</i> <i>Written materials were offered in other languages and formats.</i> <i>(Due regard to remove discrimination, harassment and victimisation and promote equality of opportunity).</i>	relevant service areas to engage with service users to further identify potential impacts and opportunity for mitigating action. Communication and engagement will utilise appropriate language and format supports in line with the NHS GG&C Clear for All Policy and GCHSCP's Participation and Engagement Strategy, as appropriate for each service area.	
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7	Protected Characteristic		Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(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). Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes). 1) Remove discrimination, harassment and victimisation ☐ 2) Promote equality of opportunity ☒ 3) Foster good relations between protected characteristics. ☐ 4) Not applicable ☐		Due to the nature of the services being delivered, any reduction or change in service will impact on children and young people. Services directed at children, potential impacts and opportunity for mitigation are as follows; <u>Health for All /Looked after Health Team</u> Since the Children's Service Change Fund invested in this service, there has seen a reduction in the numbers of children in care which has gone from 1,413 to currently 615; a reduction equating 56%. There are now only 83 children in care under 5 years old. The Health for All team is not a Board wide team but covers Glasgow HSCP, East Dunbartonshire HSCP and East Renfrewshire HSCP. There is potential that the funding withdrawal may be covered by the other HSCP's to mitigate the reduction. While there are reductions in numbers of children in care in Glasgow, demand for health assessments has significantly increased in relation to the numbers and complexities of young unaccompanied asylum seekers. Since February 2023 there have been 141 referrals to the service with 77 being unaccompanied asylum seeking children and young people. A further 30 are care experienced young people in residential homes and 34 are looked after and accommodated children at home/ kinship care or foster placements. <u>Investment into New learning Communities Early Intervention</u> This funding is aligned across the 4 Glasgow CAMHS teams.	Mitigating factors include; • The recent fall in birth rate • Reductions in numbers of children in care in Glasgow • Investment in early intervention and prevention work, including; Scottish Government investment in CAMHS workforce, Pupil Equity Fund, Whole Family Wellbeing Fund, investment into Family Support and additionally that within Glasgow a significant anti-poverty and risk mitigation would reduce the impact. Mitigating factors by service area are outlined in the column to the left. Given the stage of this programme of work, this EQIA can only provide a general overview. As the programme develops in discussion with partner organisations and it is clearer the changes resulting from reduced funding, further work will be required to identify potential impacts and opportunity for mitigating action.

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		Scottish Government investment has seen the CAMHS workforce in the 4 Glasgow teams increase by an additional 46.08 WTE but there is still uncertainty around the level of funding available to support this workforce going forward. Equally CAMHS and the new Neurodevelopmental Pathway are facing unprecedented demand and continue to have backlogs in relation to ongoing treatment. Outcomes of these posts and services are not specifically evident and it is anticipated that the Pupil Equity Fund and the investment into the Care experience Team, along with the Whole Family Wellbeing Fund should mitigate. Additionally that within Glasgow a significant anti-poverty and risk mitigation would reduce the impact. <u>Clinical Psychology Early intervention</u> It is anticipated that recent significant Scottish Government investment negates the need for this funding. While CAMHS has received increased funding through the mental Health Recovery and Renewal fund, there is no certainty that this will continue and indeed for 23/24 this funding was scaled back based on net recruitment. Scottish Government investment has seen the CAMHS workforce in the 4 Glasgow teams increase by an additional 46.08 WTE but there is still uncertainty around the level of funding available to support this workforce going forward. <u>Health Staff at School</u> This service provides nursing support to 11 identified Additional Support for learning schools (ASL) in Glasgow City, East Renfrewshire and East Dunbartonshire and a service to mainstream schools to build capacity for staff working with children and young people who are placed with mainstream.	
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		Nurse lead assessments are done at entry onto the ASL school caseload and reviews are undertaken in schools by both the nursing and medical community Paediatric staff reviews may be requested by education, social care of parents. The team are all trained in the complex child protocol and evidence has shown application into the ASL school has resulted in the nursing team taking on the role of health lead professional as per the NHS GGC Complex child health protocol when required. This team also trains third sector providers who are part of a child's package of care to support the child in wider context including in respite provision. A reduction in staffing will mean some schools may not be covered and some activities stopped. The rationale for the reduction in this service is based on Glasgow's significant investment into Family Support by the HSCP/council. <u>Consultant Paediatrician</u> This funding is provided to Women and Children's Directorate and funds Paediatrician time in to the Child protection service at RHC. This service supports medical/forensic assessments 24/7.	
(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 (tick relevant boxes). 1) Remove discrimination, harassment and victimisation ☐	Due to the nature of the services being delivered, any reduction or change in service will impact on disabled children and young people. Services directed at disabled children and young people and potential impacts and opportunity for mitigation are as follows; <u>Health for All /Looked after Health Team</u> Since the Children's Service Change Fund invested in this service, there has seen a reduction in the numbers of children in care which has gone from 1,413 to currently 615; a reduction	Mitigating factors include; • The recent fall in birth rate • Reductions in numbers of children in care in Glasgow • Investment in early intervention and prevention work, including; Scottish Government investment in CAMHS workforce, Pupil Equity Fund, Whole Family Wellbeing Fund, investment into Family Support and additionally that within Glasgow a significant anti-

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	2) Promote equality of opportunity ☐ 3) Foster good relations between protected characteristics. ☐ 4) Not applicable ☐	equating 56%. There are now only 83 children in care under 5 years old. The Health for All team is not a Board wide team but covers Glasgow HSCP, East Dunbartonshire HSCP and East Renfrewshire HSCP. There is potential that the funding withdrawal may be covered by the other HSCP's to mitigate the reduction. While there are reductions in numbers of children in care in Glasgow, demand for health assessments has significantly increased in relation to the numbers and complexities of young unaccompanied asylum seekers. Since February 2023 there have been 141 referrals to the service with 77 being unaccompanied asylum seeking children and young people. A further 30 are care experienced young people in residential homes and 34 are looked after and accommodated children at home/ kinship care or foster placements. <u>Investment into New learning Communities Early Intervention</u> This funding is aligned across the 4 Glasgow CAMHS teams. Scottish Government investment has seen the CAMHS workforce in the 4 Glasgow teams increase by an additional 46.08 WTE but there is still uncertainty around the level of funding available to support this workforce going forward. Equally CAMHS and the new Neurodevelopmental Pathway are facing unprecedented demand and continue to have backlogs in relation to ongoing treatment. Outcomes of these posts and services are not specifically evident and it is anticipated that the Pupil Equity Fund and the investment into the Care experience Team, along with the Whole Family Wellbeing Fund should mitigate. Additionally that within Glasgow a significant anti-poverty and risk mitigation would reduce the impact. <u>Clinical Psychology Early intervention</u>	poverty and risk mitigation would reduce the impact. Mitigating factors by service area are outlined in the column to the left. Given the stage of this programme of work, this EQIA can only provide a general overview. As the programme develops in discussion with partner organisations and it is clearer the changes resulting from reduced funding, further work will be required to identify potential impacts and opportunity for mitigating action.
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		investment into Family Support by the HSCP/council.	
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(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 (tick relevant boxes). 1) Remove discrimination, harassment and victimisation ☐ 2) Promote equality of opportunity ☐ 3) Foster good relations between protected characteristics ☐ 4) Not applicable ☐	No impact has been identified at this stage.	
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(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?	No impact has been identified at this stage.	

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	Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes). 1) Remove discrimination, harassment and victimisation ☐ 2) Promote equality of opportunity ☐ 3) Foster good relations between protected characteristics ☐ 4) Not applicable ☐		
(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 (tick relevant boxes). 1) Remove discrimination, harassment and victimisation ☐ 2) Promote equality of opportunity ☐ 3) Foster good relations between protected characteristics. ☐ 4) Not applicable ☐	No impact has been identified at this stage.	

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	Protected Characteristic	Service Evidence Provided	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 (tick relevant boxes). 1) Remove discrimination, harassment and victimisation ☐ 2) Promote equality of opportunity ☐ 3) Foster good relations between protected characteristics ☐ 4) Not applicable ☐	No impact has been identified at this stage.	
(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 (tick relevant boxes). 1) Remove discrimination, harassment and victimisation ☐	No impact has been identified at this stage.	

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	2) Promote equality of opportunity ☐ 3) Foster good relations between protected characteristics. ☐ 4) Not applicable ☐		
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(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 (tick relevant boxes). 1) Remove discrimination, harassment and victimisation ☐ 2) Promote equality of opportunity ☐ 3) Foster good relations between protected characteristics. ☐ 4) Not applicable ☐	Due to the nature of the services being delivered, any reduction or change in the Consultant Paediatrician post will impact on women. This funding is provided to Women and Children's Directorate and funds Paediatrician time in to the Child protection service at RHC. This service supports medical/forensic assessments 24/7. It is also recognised that the majority of Carers are women and may be impacted by a changed or reduced service.	Mitigating factors include; • The recent fall in birth rate • Reductions in numbers of children in care in Glasgow • Investment in early intervention and prevention work, including; Scottish Government investment in CAMHS workforce, Pupil Equity Fund, Whole Family Wellbeing Fund, investment into Family Support and additionally that within Glasgow a significant anti-poverty and risk mitigation would reduce the impact. Given the stage of this programme of work, this EQIA can only provide a general overview. As the programme develops in discussion with partner organisations and it is clearer the changes resulting from reduced funding, further work will be required to identify potential impacts and opportunity for mitigating action.

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(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 (tick relevant boxes). 1) Remove discrimination, harassment and victimisation ☐ 2) Promote equality of opportunity ☐ 3) Foster good relations between protected characteristics. ☐ 4) Not applicable ☐	No impact has been identified at this stage.	
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(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? The Fairer Scotland Duty (2018) places a duty on public bodies in Scotland to actively consider how they can reduce inequalities of outcome caused by socioeconomic disadvantage when making <u>strategic</u> decisions. If relevant, you should evidence here what steps have been taken to assess and mitigate risk of	Due to the nature of the services being delivered, any reduction or change in service will impact on children and young people living in poverty. Services directed at children, potential impacts and opportunity for mitigation are as follows; <u>Health for All /Looked after Health Team</u> Since the Children’s Service Change Fund invested in this service, there has seen a reduction in the numbers of children in care which has gone from 1,413 to currently 615; a reduction equating 56%. There are now only 83 children in care under 5	Mitigating factors include; • The recent fall in birth rate • Reductions in numbers of children in care in Glasgow • Investment in early intervention and prevention work, including; Scottish Government investment in CAMHS workforce, Pupil Equity Fund, Whole Family Wellbeing Fund, investment into Family Support and additionally that within Glasgow a significant anti-poverty and risk mitigation would

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exacerbating inequality on the ground of socio-economic status. Additional information available here: Fairer Scotland Duty: guidance for public bodies - gov.scot (www.gov.scot) Seven useful questions to consider when seeking to demonstrate ‘due regard’ in relation to the Duty: 1. What evidence has been considered in preparing for the decision, and are there any gaps in the evidence? 2. What are the voices of people and communities telling us, and how has this been determined (particularly those with lived experience of socio-economic disadvantage)? 3. What does the evidence suggest about the actual or likely impacts of different options or measures on inequalities of outcome that are associated with socio-economic disadvantage? 4. Are some communities of interest or communities of place more affected by disadvantage in this case than others? 5. What does our Duty assessment tell us about socio-economic disadvantage experienced disproportionately according to sex, race, disability and other protected characteristics that we may need to factor into our decisions? 6. How has the evidence been weighed up in reaching our final decision? 7. What plans are in place to monitor or evaluate the impact of the proposals on inequalities of outcome that are associated with socio-economic disadvantage? ‘Making Fair Financial Decisions’ (EHRC, 2019)²¹ provides useful information about the ‘Brown Principles’ which can be used to determine whether due regard has been given. When	years old. The Health for All team is not a Board wide team but covers Glasgow HSCP, East Dunbartonshire HSCP and East Renfrewshire HSCP. There is potential that the funding withdrawal may be covered by the other HSCP’s to mitigate the reduction. While there are reductions in numbers of children in care in Glasgow, demand for health assessments has significantly increased in relation to the numbers and complexities of young unaccompanied asylum seekers. Since February 2023 there have been 141 referrals to the service with 77 being unaccompanied asylum seeking children and young people. A further 30 are care experienced young people in residential homes and 34 are looked after and accommodated children at home/ kinship care or foster placements. <u>Investment into New learning Communities Early Intervention</u> This funding is aligned across the 4 Glasgow CAMHS teams. Scottish Government investment has seen the CAMHS workforce in the 4 Glasgow teams increase by an additional 46.08 WTE but there is still uncertainty around the level of funding available to support this workforce going forward. Equally CAMHS and the new Neurodevelopmental Pathway are facing unprecedented demand and continue to have backlogs in relation to ongoing treatment. Outcomes of these posts and services are not specifically evident and it is anticipated that the Pupil Equity Fund and the investment into the Care experience Team, along with the Whole Family Wellbeing Fund should mitigate. Additionally that within Glasgow a significant anti-poverty and risk mitigation would reduce the impact. <u>Clinical Psychology Early intervention</u>	reduce the impact. Mitigating factors by service area are outlined in the column to the left. Given the stage of this programme of work, this EQIA can only provide a general overview. As the programme develops in discussion with partner organisations and it is clearer the changes resulting from reduced funding, further work will be required to identify potential impacts and opportunity for mitigating action.
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	engaging with communities the National Standards for Community Engagement²² should be followed. Those engaged with should also be advised subsequently on how their contributions were factored into the final decision.	It is anticipated that recent significant Scottish Government investment negates the need for this funding. While CAMHS has received increased funding through the mental Health Recovery and Renewal fund, there is no certainty that this will continue and indeed for 23/24 this funding was scaled back based on net recruitment. Scottish Government investment has seen the CAMHS workforce in the 4 Glasgow teams increase by an additional 46.08 WTE but there is still uncertainty around the level of funding available to support this workforce going forward. <u>Health Staff at School</u> This service provides nursing support to 11 identified Additional Support for learning schools (ASL) in Glasgow City, East Renfrewshire and East Dunbartonshire and a service to mainstream schools to build capacity for staff working with children and young people who are placed with mainstream. Nurse lead assessments are done at entry onto the ASL school caseload and reviews are undertaken in schools by both the nursing and medical community Paediatric staff reviews may be requested by education, social care of parents. The team are all trained in the complex child protocol and evidence has shown application into the ASL school has resulted in the nursing team taking on the role of health lead professional as per the NHS GGC Complex child health protocol when required. This team also trains third sector providers who are part of a child's package of care to support the child in wider context including in respite provision. A reduction in staffing will mean some schools may not be covered and some activities stopped. The rationale for the reduction in this service is based on Glasgow's significant investment into Family Support by the HSCP/council.	
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		<u>Consultant Paediatrician</u> This funding is provided to Women and Children's Directorate and funds Paediatrician time in to the Child protection service at RHC. This service supports medical/forensic assessments 24/7.	
(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?	Due to the nature of the services being delivered, any reduction or change in the Health for All team will impact on unaccompanied asylum seeking children and young people <u>Health for All /Looked after Health Team</u> Since the Children's Service Change Fund invested in this service, there has seen a reduction in the numbers of children in care which has gone from 1,413 to currently 615; a reduction equating 56%. There are now only 83 children in care under 5 years old. The Health for All team is not a Board wide team but covers Glasgow HSCP, East Dunbartonshire HSCP and East Renfrewshire HSCP. There is potential that the funding withdrawal may be covered by the other HSCP's to mitigate the reduction. While there are reductions in numbers of children in care in Glasgow, demand for health assessments has significantly increased in relation to the numbers and complexities of young unaccompanied asylum seekers. Since February 2023 there have been 141 referrals to the service with 77 being unaccompanied asylum seeking children and young people. A	Mitigating factors include; • The recent fall in birth rate • Reductions in numbers of children in care in Glasgow • Investment in early intervention and prevention work, including; Scottish Government investment in CAMHS workforce, Pupil Equity Fund, Whole Family Wellbeing Fund, investment into Family Support and additionally that within Glasgow a significant anti-poverty and risk mitigation would reduce the impact. Mitigating factors by service area are outlined in the column to the left. Given the stage of this programme of work, this EQIA can only provide a general overview. As the programme develops in discussion with partner organisations and it is clearer the changes resulting from reduced funding, further work will be required to identify potential impacts and opportunity for mitigating action.

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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 (tick relevant boxes). 1) Remove discrimination, harassment and victimisation ☐ 2) Promote equality of opportunity ☐ 3) Foster good relations between protected characteristics. ☐ 4) Not applicable ☐	This EQIA aligns with the IJB Financial Allocations and Budgets 2024-25 paper, being presented to IJB members in March and May 2024. The Children’s Change Fund has been in place since 2012 and has historically part funded a range of services. A review of the outcomes being delivered has been undertaken and as a result of the emerging public sector financial challenges, it has been agreed that this funding will end from end of Sept 2024. The funding currently supports staffing in the following services: • Greater Glasgow Health 4 All team, covering Glasgow City East Dunbartonshire and East Renfrewshire HSCP’s. This team undertakes health assessments for Looked After children, Unaccompanied asylum seekers and supports the adoption process • The 4 CAMHS teams covering Glasgow City East Dunbartonshire and East Renfrewshire HSCP’s • The Community Children’s Nursing team who cover the ASN schools in Glasgow City East Dunbartonshire and East Renfrewshire HSCP’s • The Board wide medical Child protection service delivered from RHC	Mitigating factors include; • The recent fall in birth rate • Reductions in numbers of children in care in Glasgow • Investment in early intervention and prevention work, including; Scottish Government investment in CAMHS workforce, Pupil Equity Fund, Whole Family Wellbeing Fund, investment into Family Support and additionally that within Glasgow a significant anti-poverty and risk mitigation would reduce the impact. Given the stage of this programme of work, this EQIA can only provide a general overview. As the programme develops in discussion with partner organisations and it is clearer the changes resulting from reduced funding, further work will be required to identify potential impacts and opportunity for mitigating action.
		Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
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 recorded completion rates of statutory and mandatory learning programmes (or local equivalent) covering equality, diversity and human rights.	Equality and Human Rights e-learning modules are promoted to NHS GG&C and Glasgow City Council staff on Learnpro and GOLD respectively.	

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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 in the field 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.

Please explain in the field 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* .

*

- 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

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- Review actions: Make recommendations for action and later recall and evaluate what has happened as a result.

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Having completed the EQIA template, please tick which option you (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: 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)

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11. 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 box 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.

--

Actions – from the additional mitigating action requirements boxes completed above, please summarise the actions this service will be taking forward.

Date for completion

Who is responsible?(initials)

Further work is required to engage with other affected HSCP's. Glasgow's Children and Families staff will continue to work with NHS GG&C Specialist Children's Services on potential long term impacts of a reduction in funding and to explore improved ways of working in partnership to support children and young people.

NHS GG&C Specialist Children's Services are working to plan on a reduced service offer where the budgets are to reduce and to consider reduced service offer in the context of reduced staffing and communicate to stakeholders and affected HSCP's.

Where specific proposals emerge from the programme, a more tailored EQIA will be produced.

Consider options for a Child Rights and Welfare Impact Assessment

Glasgow City Children and Families / NHS GG&C Specialist Children's Services / appropriate HSCP's per service area

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

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Lead Reviewer:

EQIA Sign Off:

Name

Job Title

Signature

Date

Mike Burns

Assistant Chief Officer, Children's Services

02/05/24

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Quality Assurance Sign Off:

Name
Job Title
Signature
Date

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**NHS GREATER GLASGOW AND CLYDE EQUALITY IMPACT ASSESSMENT TOOL
 MEETING THE NEEDS OF DIVERSE COMMUNITIES
 6 MONTHLY REVIEW SHEET**

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

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

		Completed	
		Date	Initials
Action:			
Status:			
Action:			
Status:			
Action:			
Status:			
Action:			
Status:			

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

		To be Completed by	
		Date	Initials
Action:			
Reason:			
Action:			
Reason:			

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

		To be completed by	
		Date	Initials
Action:			
Reason:			
Action:			
Reason:			

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

Action:	
Reason:	
Action:	
Reason:	

Please write your next 6-month review date

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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@ggc.scot.nhs.uk

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