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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. Please refer to the EQIA Guidance Document while completing this form. 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 CITAdminTeam@ggc.scot.nhs.uk for further details or call 0141 2014560.

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

16+ Accommodation and Service Review - Central Continuing Care and Aftercare

Is this a: Current Service ☐ Service Development X ☒ Service Redesign X ☐ 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).

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.

Glasgow Central Continuing Care services (CCCA) is part of Glasgow's Health and Social Care Partnership, Children and Families Service. CCCA teams support young people who have been cared for when they are ready to move on to live more independently in Aftercare. Centrally there is a team that co-ordinates, allocates and has a role in monitoring commissioned accommodations and supported carer families (inc. Host Family supported carers). Glasgow has always supported young people moving onto aftercare with this role but the extent of this duty has been extended and expanded through time.

The Continuing Care and Aftercare Scotland Act 2014 extended our duty and commitment to young people in Aftercare situations from 21 years to 26 years. In May 2019 the Scottish Government's Homelessness and Rough Sleeping Action Group (HARSAG) tasked 'A Way Home Coalition', a range of agencies in consultation with young people, to create a Youth Homelessness Prevention Pathway for care leavers. This piece of work addressed the fact that young people leaving care faced a substantially higher risk than their peers of becoming homeless in adult life.

In February 2020 the Scottish Government published "The Promise" which was Scotland's commitment to do what the 2016 Care Review reported on particularly around what was not working well and what we needed to do to improve the experience of those children and young people whom we had responsibility for (care experienced). In April 2021 Glasgow City HSCP developed "Glasgow's Promise Plan 2021-24" for our children, young people and families. The plan is built on the five foundations of the promise including voice, family, care, people and scaffolding. These foundations will play a key role in the review process. The review of 16+ accommodation is noted in Glasgow's Promise.

What is the aim of the plan and who will it affect?

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The Promise and the Youth Homelessness Prevention Pathway for care leavers, provide us with the opportunity to move towards implementing some significant changes to the accommodation options for our young people accessing 16+ purchased accommodation and support services in Glasgow. It is important to ensure that these crucial services are equipped to support these changes. The suite of accommodation has not been thoroughly reviewed for many years and it was the intention to embark upon this prior to the Covid Pandemic.

Glasgow has a duty to provide accommodation amongst other supports to our 16-21 year olds who were accommodated with us, up to and after their 16th Birthday and to assess and provide for assessed needs from 21-25yr young people (Continuing Care and Aftercare Scotland Act 2014). Glasgow purchases most of this accommodation from our third sector partners who have staffed/supported accommodation throughout the city. There are approximately **1,050** young people who are eligible for either Aftercare services (16-21yr) or an assessment of need (21-26yr) and subsequent identified supports. This includes providing accommodation and other needs led supports, and services for 16-26yr. (Care First data May 2022). It is noteworthy that many of the young people will continue to live where they do now until they are ready for a more independent environment i.e. their own tenancy. Some are students and like many students live in student accommodation, others continue to live with their foster/supported carers and in our children's houses. Others may have crisis and complexity in their lives which may impact on their relationships and readiness to live independently and need us to consider other options or ways to help them to develop and go onto flourish into strong independent adults. The accommodation is considered for each young person based on their need and what each accommodation provider can offer or at times in a crisis, what is available.

The review will concentrate on the purchased accommodation from 9 of our third sector partners, our Housing Protocol and our own provided tenancies. The HSCP, Children and Families Commissioning Team commission contracts with 9 third sector partners who provide a variety of places to stay for 16-26yr, throughout the city. Together this totals **140** supported accommodation places, approx. 20 flats/houses with assistance to prepare for independence and a further **50-60** tenancies transferred from RSL's to young people each year that are supported via housing support, therefore the review will focus on the needs of approximately 200 young people. At the same time, we also plan to review the housing support we purchase from 3 separate third sector partners. There is also a need to consider gaps in provision in type and numbers.

What outcomes do we expect the policy to deliver?

The Promise as noted above, was the result of the Independent Care Review (2016-20) and is built on five foundations: Voice, Care, Family, People and Scaffolding which must be at the heart of how Scotland thinks, plans and prioritises for children, young people and families. These foundations are now built into many existing and new plans for Glasgow HSCP.

They are: **Voice, Care, Family, People and Scaffolding.**

Voice – must be fundamental to this review we must listen to children young people and families. We will focus strongly on the views, opinions and desires of our young people in this review and plan to co-produce the development of accommodation with them to ensure they become places where they can thrive.

Care – we will consider ongoing family links including space for young people to have their brothers and sisters visit them where they live if desires and

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safe to do so

People –whilst we can pre-empt the outcomes from the review, we are looking to have trauma informed and relationship-based approach for our young people from the support offered to them/where they live. We need to be able to build solid, real relationships with those who are caring for young people and who recognise and understand the impact of the trauma they may have experienced and how this can be reflected in their behaviour, thoughts, feeling etc.

Scaffolding- young people need different things at different points in their life. Support/scaffolding needs to reflect this to help young people to be the best version of themselves they can be.

Family -family relationships are important and need to be strengthened where necessary and where possible to allow young people to safely have the best relationships they can have with their family. Friends are also very important and at times can be very significant to young people.

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.)

Local Authorities have duty under the Equality Act and as this is a large review of commissioned services utilised by the HSCP CCA services to support approximately 150-200+ young people, we are required to fully consider the equality aspects for all vulnerable characteristic groups for all of our commissioned services.

[Children's service plan](#)

[Glasgow's promise plan](#)

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: Linda Haggarty	Date of Lead Reviewer Training: 28/04/2022
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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):

The Review team will consist of
Liz Simpson – Social Work, Children and Families, Head of Service, North West and Central Continuing Care and Aftercare Services
Rachel McKay - Service Manager, Commissioning Development
Linda Haggarty – Social Work, Service Manager, Central Continuing Care and Aftercare – Project Manager
Rebecca Riley - Social Work, Assistant Service Manager, Central Continuing Care and Aftercare Services
Natasha McNaught - Service Manager (Commissioning)
Todd Coster - Principal Officer (Commissioning)
Participation officer – Samantha Duligan, Chizzy Lingham and Kieran MacDonald

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Selection of young people –two of whom attended every design session and many other young people who took part via Promise Participation Workers

		Example	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
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>	The HSCP captures protected characteristics within the Carefirst and EMIS system to allow us to monitor the uptake of health and social care services. This also allows us to deliver services that better support specific groups and minority groups. As noted, there are 9 protected characteristics and within HSCP Children's Services, Continuing Care and Aftercare we collect 6 of these: - Age - Sex - Disability - Pregnancy and Maternity - Marriage and civil partnership - Race - Religion and Belief Gender reassignment* Sexual orientation* This data is currently available within the HSCP data with the exception of the latter 2 not being available to all (where reported it will be noted within health records). We will continue to collate this but perhaps need to look at better use of this data	

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			to measure against service provision to identify any issues around access within services for some protected groups such as those presenting with gender reassignment. This is covered in section 2.	
		<i>Example</i>	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 ☒ x 3) Foster good relations between protected characteristics ☐ 4) Not applicable ☐	<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>	The data we collate will help us to identify if we are currently making sufficient accommodation provision for all of our young people who are eligible for aftercare supports, accommodation and service. We aim to dissect whether we can meet the demand for services. We can consider whether specific current resources are able to appropriately meet the need of those young people from BME backgrounds, young parents (mum and dads) as well as the needs of young people with a disability, diagnosed mental health difficulty or those with neurodiversity and diagnosed ASD. Therefore, we can strive to have needs sufficiently met within current provision and if not, what do we need to do to support our third sector partners and other support services to do this. We will also look to consider if the needs of LGBT+ young people are being respected and understood by service providers and if there is a gap in understanding and service provision.	
		<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
3.	How have you applied	<i>Looked after and</i>	How is the review being informed by elsewhere?	

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	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 x ☒ 3) Foster good relations between protected characteristics ☐ 4) Not applicable ☐	<i>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>	le mental health, age disability What will the accommodation review look like regarding equality of opportunities? We know that young people, who are eligible for Aftercare have had to formally live away from their families and are likely to be disadvantage in many ways. The likelihood for them to have come from families with low income and within a lower socio economic communities is high (Christy Report 2012), therefore we know that inequality can already be more pronounced regardless of the journey the young person has had with their family and then through being accommodated. We also know that children and young people who have been cared for away from their family's fair less better in respect of education and therefore have more of a challenge to sustain or achieve in further education or employment. These young people are often more likely to have to seek independent living at an earlier age than most young people their age. Research tells us that often, young people within this group who have additional needs in terms of learning disability, neuro diversity and mental health can be at higher risk of homeless due to the suitable support and housing options not being available. We know that young people who have a care experienced background and a disability for instance have more barriers to face in their journey. Our young people are more likely to have to seek independent living at a younger age than the national cohort but add to this having a disability and the risk increase Research also informs us that we are less able to support and sustain placements for Young people who have significant mental health difficulties	
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		<i>Example</i>	Service Evidence Provided	Possible negative impact and 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? 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 X ☐ 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>	This is part of the engagement with young people. We regularly engage with service users, including through our Promise participation workers, some of the feedback we have received includes; 5% of young people in the review sample were identified as having a disability. Information on the type of disability is only available for 5 of the 10 young people; the type of support needs presented by these young people relate to; sensory needs, physical disability impacting mobility, support needs around medical condition. Currently where a service feels it can meet a young person's additional support needs, this will be bolstered by those supporting the young people ie nurse, clinical/medical expert etc, offering an input to the service if required or the support required will be outlined in a planning meeting to ensure the young person's needs will be met. This may include a risk assessment. Our Promise participation workers met with many young people currently living in the purchased accommodations, there was a young person in a service that is neurodivergent, however they explained that staff in the service support them well with this. There was another young person in another service who is autistic – they had made comments stating they wished staff were more autism trained/aware. We know that there were gaps in our provision for young people with physical disability as well as those with complex trauma in childhood and who may now be involved in the criminal justice system and have reliance on substances and/or alcohol. Also, some who may have mental health difficulties or be	

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			neurodivergent. We are building this into our model of care and accommodation where providers are expected to meet these needs by training all staff in trauma informed training and training around neurodivergence. As a group we hold the view if we can support all inclusively this is the best option and will meet the needs of all rather than just some.	
		Example	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 X ☒ 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>	Form our review sample only 1 young person (0.5%) had a physical disability and the service was able to support and accommodate this. However not all services can due to location and restriction in accessibility stairs, no lift installed, etc. The individual needs of young people will be considered, and efforts made to ensure there is more accessibility for all in the new services ie 20% fully accessible. This also would apply to a parent and child or an expectant young person/couple – currently they cannot stay together in any of our commissioned accommodations and only have options in 1 commissioned service for expectant and young mums but not for their partner.	

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		Example	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 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 X ☒ 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.	<i>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.</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>	Glasgow HSCP will have access to interpreting services. Should a young person not have English as a first language or be fluent enough in English then an interpreter would be used to ensure there was no discrimination in terms of communicating with that young person. Also, a BSL signer would be accessed from interpreting services if the young person was hearing impaired. Consultation would be carried out with young people to establish the most appropriate ways to ensure effective communication. We have embarked on a consultation period with young people to ask them if they would like to be involved in this review and to ask them in what way they may wish to engage. Only 1 (0.5%) of 188 young people in the review sample where identified as having a sensory disability; sensory needs (1 hearing impaired young person); this young person needs were being supported within the service and close communication in the initial stages of them moving in would be required to ensure all area of communication were considered and plans made. Additional support in relation to appropriate ways of communication will be offered to all young people. This may relate to young people who are unable to read or write so all communication is by face-to-face interaction or by phone. Also, some young people due to their communication needs may prefer communication via text/voice message.	

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	Specific attention should be paid in your evidence to show how the service review or policy has taken note of this.			
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 X ☒ 3) Foster good relations between protected characteristics. ☐ 4) Not applicable ☐	The services targeted are for young people age 16-25. This is in line with The Continuing Care and Aftercare Scotland Act 2014 which outlines our duty and responsibility to young people age 16-25. 794 young people aged 16-25 receiving after care support. 165 young people aged 16-20 receiving continuing care support and living in the same place as when they ceased to be looked after 141 young people aged 16-18 eligible for but not receiving continuing care or after care support Please note this data is taken from last year's return and is as at 31 July 2023. In terms of access to this service, flexibility and discretion would be allowed for a short time post 25 if it was felt that ending this support at pace would be significantly detrimental to that young person. Our aim would be that by age 25 the young person would be able to manage independently, and we would ensure access to other support services including adult services going forward are in place. A young person who was neurodivergent for instance may need longer to prepare themselves for change		The HSCP has a resource allocation group that considers every young person needs when deciding where they will be best placed*. This looks at a full Pathways and Welfare assessment as per requirement of the Children and Young People's Scotland Act 2014. It also includes the young person and their social worker views. This considers their relevant historic context including where they have lived, their strengths and challenges, particularly those which will need to be considered to ensure their needs and complexities are supported. *Occasionally this cannot be planned due to emergency accommodation being required and this will be considered retrospectively.

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		or some young people with disabilities may require additional support on an ongoing basis and this should be planned prior to turning 26yrs. This would include Self Directed Support and full needs assessment by and an adult service social worker if required. As part of this review, children's and families have linked in with adult services and developed a Transitions document to ensure a smoother transition from one to the other as young people become young adults. This protocol is intended to support the transfer of the care management responsibilities of young people who are moving from children and families services to adult services. 2. Principles The principles that underpin this protocol are in line with the principles of a good transition which are set out in detail at appendix 1 • Young people and their families will be involved in decisions about their support • Young people will have access to Children's rights and advocacy services to ensure their voice is heard • Young people will actively participate in the development of their plans. • Young people will receive high quality care and support. • Young people's rights are acknowledged respected and delivered. • Young people will receive a seamless transition to Adults Services ensuring a continuity of support. • The emphasis of services will change as the young person moves into adult services with a greater focus being placed on developing the independent living skills of the young person	
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		3. Transition pathways into Adult services Children who require ongoing support when they leave school and are allocated <u>to</u> Children and Families Services are considered as young people in transition. Young people will transition into adults' services through a variety of different routes depending on their looked after status and the Children and Families team that is working with them. This protocol sets out to define these routes and clarify that no matter the route the process should support the young person to transition from children's services to adult services. It will also set out additional considerations for young people who have been looked after and accommodated.	
(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 ☐ 2) Promote equality of opportunity X ☐ 3) Foster good relations between protected characteristics. ☐	5% of young people in the review sample were identified as having a disability. Information on the type of disability is only available for 5 of the 10 young people; the type of support needs presented by these young people relate to; sensory needs, physical disability impacting mobility, support needs around medical condition. Currently where a service feels it can meet a young person's additional support needs, this will be bolstered by those supporting the young people ie nurse, clinical/medical expert etc, offering an input to the service if required or the support required will be outlined in a planning meeting to ensure the young person's needs will be met. This may include a risk assessment. Our Promise participation workers met with many young people currently living in the purchased accommodations, there was a young person in a service that is neurodivergent, however they explained that staff in the service support them well with this.	We are building this into our model of care and accommodation where providers are expected to meet these needs by training all staff in trauma informed training and training around neurodivergence.

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	4) Not applicable	There was another young person in another service who is autistic – they had made comments stating they wished staff were more autism trained/aware. We know that there were gaps in our provision for young people with physical disability as well as those with complex trauma in childhood and who may now be involved in the criminal justice system and have reliance on substances and/or alcohol. Also, some who may have mental health difficulties or be neurodivergent. We are building this into our model of care and accommodation where providers are expected to meet these needs by training all staff in trauma informed training and training around neurodivergence. As a group we hold the view if we can support all inclusively this is the best option and will meet the needs of all rather than just some. Only 1 (0.5%) of 188 young people in the review sample where identified as having a sensory disability; sensory needs (1 hearing impaired young person); this young person needs were being supported within the service and close communication in the initial stages of them moving in would be required to ensure all area of communication were considered and plans made. Additional support in relation to appropriate ways of communication will be offered to all young people. This may relate to young people who are unable to read or write so all communication is by face-to-face interaction or by phone. Also, some young people due to their communication needs may prefer communication via text/voice message.	
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(c)	Gender Reassignment	Young people who consider themselves as transgender or who are undergoing gender reassignment will be supported and	

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	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 X ☒ 3) Foster good relations between protected characteristics ☐ 4) Not applicable ☐	included. Prior to this review there have been some incidents where young people have not felt supported by support staff, they felt bullied by other young people due to their gender identity. Whilst training and education will be part of the service specification for staff, there will be less group living to ensure we can support all young people whilst giving them space and privacy. Currently we have 1 females only services that may or may not exclude some young people who might in the future complete gender reassignment. Within the review and service re-design we will include these restrictions to be removed and ensure privacy respect and safety of all is paramount with support identified to meet their individual needs. Where there is a circumstance where single or separate sex services may be required, this will be considered in line with the Equality and Human Rights Commission Guidance published for providers of single-sex services EHRC (equalityhumanrights.com)	
	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? 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 X ☒	No specific impact identified. Currently accommodation is provided for 1 person or sharing with other single/unmarried individuals. Where appropriate we can make access for those who are married or in a civil partnership wider.	

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	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 ☐ victimisation 2) Promote equality of opportunity X ☐ 3) Foster good relations between protected characteristics. ☐ 4) Not applicable ☐	The review of services considered this as currently not all of our commissioned services can support the needs of our pregnant young parents. This is the case in particular for expectant young people who may have fairly high support needs and specifically both parents where medium to high levels of support are identified for themselves as well as the baby. Currently they cannot stay together in any of our commissioned accommodations and only have options in 1 commissioned service for expectant/ young mums but not for their partners.	As noted the review has considered this area of need as a specific work stream to allow our young people choice who are pregnant or have babies/young children can stay with their partners and be able to have supports to help them to learn to parent safely and eventually live independently.
	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	Our research group of 188 young people reported that the majority of young people accessing 16+ accommodation services are white males aged 16-18 years. Females make up a smaller proportion of residents often entering the service after turning 18 and are more likely to access semi-independent accommodation and supported tenancies. Distinct sub groups within the wider population of 16+ residents are BME Males	

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	General Duty have been considered (tick relevant boxes). 1) Remove discrimination, harassment and victimisation ☐ 2) Promote equality of opportunity X ☒ 3) Foster good relations between protected characteristics ☐ 4) Not applicable ☐	aged 16-18 years, Young Asylum Seeking Males aged 16 and 17 years, Young Parents, Transgender young people and the LGBTQ population. Glasgow has a significant and growing asylum-seeking population, settling into the city. Many of the young people have experienced trauma and additional training and understanding of possible trauma will be necessary. The commissioning framework will ensure young people are supported via the use of translation services and support services that understand their culture and beliefs. The services will be required to be inclusive to all young people who have the protective characteristics of race. 794 young people aged 16-25 receiving after care support. Demographic breakdown is: • 56% male and 44% female • 19% have a disability • 81% White • 2% Mixed or Multiple • 7% Asian, Asian Scottish or Asian British • 4% African, Caribbean or Black • 5% Other Ethnic Group • 1% Unknown Please note this data is taken from last year's return and is as at 31 July 2023.	
(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?	All of our services are provided by third sector partners without formal links to religious or beliefs organisations and churches. Where they do, there would be no reference or expectations on staff or young people to follow or recognise those links. We insist and ensure that there are no barriers to protect a person's faith and belief system.	

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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 X ☒ 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 X ☒ 3) Foster good relations between protected characteristics. ☐ 4) Not applicable ☐	We have one service provider that offers accommodation for a single sex – female. This provides a space offering support and security for young women in general but can also provide a sense of safety for those who may have experienced violence including gender-based violence or have been trafficked in coming to the UK. The Equality Act allows for the provision of separate or single sex services in certain circumstances under ‘exceptions’ relating to sex.	

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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 X ☒ 3) Foster good relations between protected characteristics. ☐ 4) Not applicable ☐	The reviewed services will not discriminate based on sexual orientation. The review and any subsequent tendering or development of services will take into account the protected characteristic of sexual orientation when commissioning such services. This may include same sex partners Our research group of 188 young people reported that the majority of young people accessing 16+ accommodation services are white males aged 16-18 years. Females make up a smaller proportion of residents often entering the service after turning 18 and are more likely to access semi-independent accommodation and supported tenancies. Distinct sub groups within the wider population of 16+ residents are BME Males aged 16-18 years, Young Asylum Seeking Males aged 16 and 17 years, Young Parents, Transgender young people and the LGBTQ population.	
	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	High levels of deprivation and welfare reform have significantly increased the levels of child poverty in Glasgow, with some areas having 47% of their children living in poverty and some Wards experiencing nearly 60% of child poverty The main population of our young people who will be accessing the accommodation and services under review will come from low-income families within poorer social economic communities. Our young people should not be disadvantaged and government and local authority measure financial supports and benefits	In relation to the Fairer Scotland Duty (2018) the commissioning framework will seek to reduce socio-economic disadvantage by ensuring that income maximisation, employability and development opportunities are included in their plans.

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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 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’	should maintain them to acceptable levels but never the less many years subject to basic income amounts can have a negative impact. The service will provide support to maximise a young person’s income and when appropriate they will support the young person to gain education and training with a goal to sustaining employment.	
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	(EHRC, 2019) ²¹ provides useful information about the 'Brown Principles' which can be used to determine whether due regard has been given. When engaging with communities the National Standards for Community Engagement ²² should be followed. Those engaged with should also be advised subsequently on how their contributions were factored into the final decision.		
(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?	There is a recognised gap in accommodation provision for young people who are involved in offending behaviour. They often experience repeated homelessness due to the cycle of offending, their vulnerabilities and experiences of trauma. This does also apply to young people who have mental health difficulties. Their individual needs can make engagement in services very difficult and the support they receive needs to be holistic and creative to enable them to tackle the barriers they face in relation to in relation to securing permanent safe housing. The review and commissioning of any service will ensure that these marginalised groups are at the centre of this service to provide stable accommodation to reduce homelessness and improve positive outcomes. Our research group of 188 young people reported that the majority of young people accessing 16+ accommodation services are white males aged 16-18 years. Females make up a smaller proportion of residents often entering the service after turning 18 and are more likely to access semi-independent accommodation and supported tenancies. Distinct sub groups within the wider population of 16+ residents are BME Males aged 16-18 years, Young Asylum Seeking Males aged 16 and 17 years, Young Parents, Transgender young people and the LGBTQ population. Glasgow has a significant and growing asylum-seeking	

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		population, settling into the city. Many of the young people have experienced trauma and additional training and understanding of possible trauma will be necessary.	
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 X ☐ 3) Foster good relations between protected characteristics. ☐ 4) Not applicable ☐	The review aims to include the needs of all of our young people with protected characteristics including some additional marginalised groups noted above in (k). In doing so it is expected that the provision of accommodation and support via our commissioned services will reduce the need to purchase out of authority or more specialised accommodation as we do at the moment.	
		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.	The review and commissioning of any service will ensure existing and successful providers recruit staff who are confident and competent when working with diverse need as per each protected characteristic group. There is now free training available and this will be made available to all providers.	

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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.

The review and any commissioned service will adhere to the Human Right Act, Equalities Act and the European Convention of the Rights of the Child. The services will uphold the right to respect for private and family life and the right to protection from discrimination.

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

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- 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.

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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)

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

--

Lead Reviewer:

EQIA Sign Off:

Name

Rebecca Cochrane

Job Title

Assistant Service Manager

Signature Rebecca Cochrane

Date

30/05/2024

Quality Assurance Sign Off:

Name

Alastair Low

Job Title

Planning Manager

Signature

A Low

Date

30/05/24

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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:

--

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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