NHS Greater Glasgow and Clyde
Equality Impact Assessment Tool

Equality Impact Assessment is a legal requirement as set out in the Equality Act 2010 (Specific Duties)(Scotland) regulations 2012 and may be used as evidence for cases referred for further investigation for compliance issues. Evidence returned should also align to Specific Outcomes as stated in your local Equality Outcomes Report. Please note that prior to starting an EQIA all Lead Reviewers are required to attend a Lead Reviewer training session or arrange to meet with a member of the Equality and Human Rights Team to discuss the process. Please contact Equality@ggc.scot.nhs.uk for further details or call 0141 2014560.

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

Community health services within Children's Services budget 2024-2025

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).

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.

This EQIA aligns with the IJB Financial Allocations and Budgets 2024-25 paper, presented to and agreed by IJB members in March and May 2024. Given the stage of this programme of work, this EQIA provides detail where it is known, and identifies areas where further work is required. Where additional, specific proposals emerge, a more tailored EQIA will be produced.

This EQIA is being carried out to assess the impact of financial cuts to the children's community health services budget 2024-2025, with a focus on the strategic direction for Children's Services and the range of mitigations in order to ensure appropriate support is in place for children, young people and families.

The proposal is to achieve financial balance by reducing:

1. Health Visiting workforce by 4.83 FTE posts (1.6% of the workforce),
2. Health Visiting skill mix workforce by 2.4 FTE (5% of the workforce),
3. Maternal and Infant Nutrition post by 1 FTE post (50% of the workforce),
4. Childsmile by 0.6 FTE (3.8% of the workforce), and

5. School Nursing by 1.86 FTE posts (4.9% of the workforce).
6. In addition, we plan to review and, if agreed by the IJB, reform the Homeless Families Team (potential saving of 7.08 FTE).

Community health services support all families with children under 5 across the City, with the level of support for families determined by a robust assessment of need, based on GIRFEC and the professional judgement of qualified Health Visitors. Health visiting is a universal service, which is initiated through a woman's contact with midwifery services, therefore all families with children under 5 receive support from the service, which has a core pathway and a more targeted approach for families assessed as needing additional support. The level of support for families assessed as having additional needs is higher (additional pathway), and this will not be affected by the proposals below, with families assessed as most in need being prioritised for each of the community health support. For families on the core pathway, there may be instances where visits will be merged if staffing levels fall below a minimum level, but this will be based on professional assessment and access to other sources of support. There are already baseline cover documents and an agreed process based on safer staffing legislation with the chief nurse and heads of service to manage this. The School Nursing Service is a targeted service for children, young people and families with more complex needs. The Service is currently being reviewed across Greater Glasgow and Clyde by the Chief Nurse, with a service specification in development, in line with the Transforming Roles programme, which will re-prioritise resource to ensure that it targets the most vulnerable families. Childsmile is a universal dental programme aimed at improving oral health of children. A test of change has been developed to test a more targeted approach based on needs, as the team is a small resource for the scale of the City and it is anticipated that there will be a shift to re-prioritise resources to the most vulnerable families. Maternal and Infant Nutrition is a very small specialist service, which will be reduced by 50% given this is an area routinely covered by Midwifery and Health Visiting staff. The post would have been directed at supporting women with complex needs associated with breastfeeding but has been vacant for some time (2 years with no backfill) due to sickness. Breastfeeding is a core area of responsibility for Health Visitors and Midwifery so families will continue to receive support, based on their needs.

These savings will be achieved based on natural turnover (through vacancies and retirement) and (following review and approval by the IJB) redeployment of the Homeless Families Team into vacant locality team posts in line with the Transforming Nursing programme (where the support for homeless families will be aligned with health visiting and the pathways within school nursing, and supported by our investment in Family Support Services). This service is subject to a separate review, with the aim of providing greater equity in access to the Health Visiting service for all families.

Although the savings targets has necessitated a minimal reduction in the number of posts across Health Visiting, School Nursing, the proposal will not involve increasing caseloads of Health Visitors, School Nurses, Childsmile practitioners or the Maternal and Infant Nutrition worker; the focus will be on ensuring equivalent support for families identified as having additional needs and re-prioritisation of resource to support vulnerable families. There is also some early indication of a falling birth rate in Glasgow, which may balance out any reduction in posts, though this is an area

which will be kept under review, with a workstream in place to scrutinise data.

Various approaches will be used to ensure that support is distributed according to need, with the potential to augment Health Visitor input with other sources of support (e.g. from other agencies, family and friends etc.) or with experience of supporting previous children etc., therefore reducing the amount of additional visits a Health Visitor is required to do over and above the universal pathway. It is anticipated that a number of initiatives aimed at increasing family support, and reducing the impact of poverty, will provide some mitigation against the slight reduction in funding for community health services.

Although this work is designed to meet savings targets for health services, it is worth noting that the ongoing financial position regarding training for Health Visitors and School Nurses remains challenging. There are concerns about the decreasing national pool of Health Visitors (based on the number completing training), and therefore some of the work outlined in this EQIA was part of some initial scoping work already underway to address this challenge and to consider potential options and minimise any potential impact on families (based on assessment of their needs). This work is aiming to improve ways of working and maximise efficiencies in the context of a potential shortfall in the number of qualified health visitors.

A range of mitigations are outlined in this document based on the strategic direction for Children's Services and the aim to support transformational change to achieve more seamless pathways of support for families, with easier access into services (addressing the current referral processes, which can result in delays and duplication) and 'step down' support for families to build their confidence and resilience, for example, following a period of more intensive support. The aspiration is that families will be able to move onto peer mentoring roles (to support voice and participation) and flexible, paid employment opportunities through the opportunities presented by WFWF and Child Poverty Pathfinder funding. Our recent investment of £6.7m in our Family Support Services is delivering a range of direct support to families and tests of change to improve outcomes and support families at an earlier stage are aiming to prevent escalation.

Although still at the early stages of development, and dependent upon the outcome of key pieces of work analysing a variety of data (on demand need and caseload weighting), developments in relation to record keeping improvements (to improve efficiency), tracking and analysis of workforce data and baseline cover guidance aim to ensure that all of these mitigations protect our most vulnerable families. No changes are proposed to the universal pathway for those families assessed as having 'additional' needs, and relationship-based practice will continue to drive the ongoing assessment of need and care planning for all children and families. A programme of engagement/ communication is not planned linked to the proposals given the importance of the assessment of need, and provision of support based on the individual needs of each family. There is concern that a more detailed consultation or communications programme would heighten anxiety of families in circumstances where support for families with additional needs will remain at the same level, and any potential reduction (e.g. merging of visits) will be negotiated with individual families, where this is deemed appropriate, and on the basis of robust professional assessment.

This proposal includes a reduction of 17.37 FTE across all community health services. Potential equality impacts would also relate to the workforce profile. Glasgow City HSCP NHS staff are predominantly; female (84%), 51% are aged 30 – 49 years and 33% and are aged 50 – 64 years. It is anticipated that the reduction will be achieved through natural attrition or redeployment. There will be consideration on a case-by-case basis of vacancies to ensure that attrition is in line with service demand across the city. A staff impact assessment will be carried out to further consider what impacts there would be on staff, if any, and mitigate where possible. An assessment will be undertaken when plans for implementation are more fully developed. If this proposal is approved, there will be regular continued consultation with Trade Unions and staff as proposals are developed and implemented. Any appropriate workplace supports for any changes in roles or responsibilities will be identified and given further consideration where required.

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

This service has been selected due to agreed health savings, which have been distributed across all care groups as a result of national budgetary pressures.

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: Dominique Harvey, Head of Planning, and Alison Hodge, Change and Development Manager	**Date of Lead Reviewer Training:**

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):

Karen Dyball – Assistant Chief Officer, Glasgow City HSCP
Mhairi Cavanagh – Professional Lead Nurse
Janet McCullough – Head of Children's Services (South), Glasgow City HSCP
Peter Orr – Head of Children's Services (NE), Glasgow City HSCP
Alison Cowper – Head of Children's Services (NW), Glasgow City HSCP
Mike Burns – Programme Director, Whole Family Wellbeing and Child Poverty, Glasgow City Council

		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.**	***A sexual health service collects service user data covering all 9 protected characteristics to enable them to monitor patterns of use.***	Equalities information is routinely collected on EMIS for all children, young people and families supported by the HSCP to enable equalities monitoring, and to support planning for future service delivery to ensure that service development and improvement is focusing on meeting children, young people's and families' current and emerging needs. Individual equalities data is used in our planning for individual children, young people and their families to ensure we are directly responsive to their needs. We currently collect data on age, sex, disability, ethnicity, religion, marriage, and pregnancy. Postcode data also allows us to assess SIMD as a proxy for poverty. There is good quality background data on EMIS – based on CENSUS data, with potential to develop further analyses of families' needs and to ensure continuing development of culturally sensitive approaches to supporting families.	Collecting data on current service users fails to detect underrepresented cohorts/ groups failing to access services, and therefore the HSCP needs to continue to keep track of changing demographics within the City to ensure that all groups have equal access to services, and to mitigate against any potential barriers to engagement. This will ensure that children's rights are protected in line with both UNCRC and with getting it right for every child's aspiration for children to get the help they need when they need it.

				There also needs to be more attention to ensuring good data quality on EMIS as there are some gaps in recording of equalities information. The record keeping workstream will consider how to improve the quality of information collected.
		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**	***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***	Data has been used to inform service developments across a number of areas, including delivery of family support services and the family survey linked to the anti-poverty work, as well as development of the Children's Services Plan (CSP) which underpins the strategic direction of travel for all children's services across the Community Planning Partnership. Some of the developments across Children's Services will mitigate the impact of the community health savings given the focus on delivering early and effective support for families, including family support (with a direct	

	victimisation ☐ **2) Promote equality of opportunity** ☐ **3) Foster good relations between protected characteristics.** ☐ **4) Not applicable** ☐	***introduced with ongoing monitoring of uptake. (Due regard promoting equality of opportunity)***	pathways for under 5s) and a range of community mental health supports. The CSP priorities are shared across the partnership, with partners committed to delivering a range of actions, at universal, early intervention and targeted levels, to meet the range of families' needs, including those with protected characteristics. Individual equalities data is used in planning for individual children, young people and their families to ensure we are directly responsive to their needs via a single agency child's plan.	
		Example	**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).**	***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***	The Universal Health Visiting Pathway, introduced in 2015 provides an evidence based approach to health visiting. Recent National Evaluations (2021) have provided evidence from staff, parents and case notes reviews which supports the successful implementation of the pathway, identifying key elements including the antenatal visit, frequency of visits and continuity of care. This evidence guides our decision making and will ensure we limit the impact of any reduction in service delivery.	A reduction in our ability to provide the Universal Pathway will have an impact on families (eg potential to miss opportunities to identify need, provide support, advice and signposting). Mitigating actions include: protecting vulnerable families on

	1) Remove discrimination, harassment and victimisation ☐ **2) Promote equality of opportunity** ☐ **3) Foster good relations between protected characteristics** ☐ **4) Not applicable** ☐	***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).***	**Developing a Flexible, Responsive and Inclusive Family Support Strategy** Research was undertaken at the point of initially developing the Family Support Strategy to map out the range of provision of family support across the city. The mapping questionnaire took into account protected characteristics and investigated aspects such as funding criteria and pathways into services. In addition, providers were asked to evidence how their services promote inclusion. The Third Sector Family Support Sub-Group engaged with families throughout the initial development of the Strategy, and there was a wide range of Third Sector providers with expertise in providing support to address issues associated with domestic abuse and addictions; the delivery of holistic family support, nursery provision, play therapy, and intensive family support; and targeted services for the asylum seeking population, single parents, and children and young people with disabilities. The strategy was a driver for expanding family support provision within the City, with current investment of £6.7m, and a specific 0 – 5 pathway to enable Health Visitors to refer families directly into the service. The principles underpinning the Family	the ‘additional’ pathway (no changes proposed here), ensuring family support services provide early and effective interventions and support, driving efficiency gains in HV (eg record keeping improvements) to allow health visitors to spend more of their time with families. In addition the Child Poverty Pathfinder is working to review and realign the number of paraprofessionals supporting children and families and decluttering the landscape for families and workers.

			Support Strategy were developed in collaboration with families and Third Sector practitioners in order to guide the delivery of family support and to ensure that the needs of all children, young people and families, including those with protected characteristics, are being met by the network of services within Glasgow City. These principles cover the areas of engagement, collaboration, communication, empowerment, respect, flexibility, assessment, evaluation, planning and knowledgeability. The Strategy is currently being refreshed, incorporating families' and third sector providers' views. The Family Support strategy is currently being refreshed – with sessions taking place with a range of partners, including the third sector and families, and a new set of commissioned services from July 2024. This has provided the opportunity to refresh the collation and analysis of data, including equalities information. A range of community mental health supports have been developed to meet families' needs emerging from, and exacerbated by, the pandemic. A survey on mental health needs of care experienced young people was carried out in 2020, which	

			highlighted the need for accessible mental health support, which led to the development of a range of supports, including expansion of the Youth Health Service to include more mental health support and a service dedicated to addressing more complex needs. The Compassionate Distress Response Service was set up to meet young people's immediate needs, including anxiety and self-harm, where a clinical intervention is not required; this service is available in evenings and weekends, with a pathway to other support, if appropriate. The Networking Team was introduced to connect families into a range of supports, and support for parents of young people being supported by the Youth Health Service was also piloted, which has been very successful and has led to parents training as peer mentors; this has been particularly well received by families of neurodiverse young people. A range of targeted 1:1, counselling and group work support is also available for LGBTQIA+ children, young people and families. Anonymised online platforms have also been introduced to support young people who would prefer to speak about their mental health needs in confidence, with onward pathways to support where required.	

			A BME scoping report in January 2022 (Mental health and wellbeing black and minority ethnic.pdf (scot.nhs.uk), which was developed in the HSCP and has been widely circulated, including among Scottish Government colleagues, has informed the development of community mental health supports for BME children, young people and families, which includes training and awareness to support the development of culturally sensitive approaches to meeting families' mental health needs. Section 22 Survey - A full survey of the impact of direct payments on families impacting by poverty has been carried out and has highlighted the impact of health visitors' and family nurses' direct access to this funding (which avoids a referral to social work, and the associated potential stigma for families being impacted by poverty). A higher than average response rate of 79% was achieved.	
		Example	**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**	***A money advice service spoke to lone parents (predominantly women) to better understand***	One of the key resources for informing the direction of 'Children's Services is direct feedback from children, young people, families and practitioners. There are a	

	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** ☐	***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.*** ***(Due regard to promoting equality of opportunity)*** **** The Child Poverty (Scotland) Act 2017 requires organisations to take actions to reduce poverty for children in households at risk of low incomes.***	number of workstreams underway to improve engagement approaches, some of which are covered above. The 'My Meeting My Plan' model is being rolled out to support young people to share their views in decision making meetings, and there is work planned to promote families' voices in these meetings, including peer mentoring (linked to experience with Martha's Mammies and wider aspirations associated with the Whole Family Early Intervention Fund). The S22 survey has utilised text messaging to connect families to a questionnaire about the impact of direct payments, which has resulted in a higher response rate (79% in the most recent survey). The HSCP has sought support from partners to engage with children and young people, based on existing relationships with practitioners, which worked well in the creative engagement for the Children's Services Plan, and was supported by teachers who fed back that it was highly unusual for all pupils within a class to participate in the same exercise. Children's Services is seeking to increase its social media communication, with recent communications about the Children's Services Plan and further initiatives planned to develop this engagement. Services have also been seeking to balance the number of	

			appointments offered online with some children, young people's and families' preferences to meet in person. For example, the Youth Health Service has increased the number of bases across the City in order to offer more in person appointments, and there is work to improve in person attendance at key decision making meetings in order to strengthen pre- and post-meeting support. The CORRA Promise consultation with families – supported by GCVS and third sector colleagues – highlighted families' key priorities as: • Poverty • Child care • Barriers to accessing youth work • Mental health issues • Physical health and disability • Isolation • Domestic abuse • Addictions There are a number of workstreams addressing these areas, including: The Child Poverty Pathfinder and tests of change involving Health Visitors and Financial Inclusion teams • Developing holistic support through policy and funding alignment (Whole	

			Family Early Intervention Fund), taking into account child care needs, employability support, and seamless pathways of support, including when 'stepping down' from more intensive support • Community mental health supports • Health and disability improvement work • Domestic abuse workstream • Review of support for families impacted by addiction, moving beyond surveillance and monitoring, to provide trauma informed support, for example, Martha's Mammies. 'Martha's Mammies' was the project name chosen by the women involved in developing the approach. • Development of community networks (for example, model for Parkhead Hub) and integrated work within Children's Services across midwifery, health visiting and social work. The engagement work to inform the most recent version of the Children's Services Plan included creative engagement with children and young people in schools (with full classes participating from a range of schools, including in SIMD 1 areas to ensure diversity of voice and experience). Following advice from the HSCP Lead for	

			Equalities and Fairer Scotland, a targeted approach was also used to ensure inclusion of community groups with representation from LGBTQIA+ young people. The PAC mental health survey included a targeted approach to capture the voice of care experienced young people, and young people are also involved in the development of children's houses through attendance at management meetings. The Family Support Strategy refresh will involve engaging with families to identify their priorities for support across the system. Initial engagement with Staff Partnership on the review of the Homeless Health Visiting Team has taken place and they are sighted on the review. Wider engagement on the specifics has been challenging because there remains a number of unknowns. Engagement with families will be on a one to one basis as their needs and preferences are assessed and planned for by staff. A programme of engagement/ communication is not planned linked to the proposals given the importance of the assessment of need, and provision of support based on the individual needs of	

			each family. There is concern that a more detailed consultation or communications programme would heighten anxiety of families in circumstances where support for families with additional needs will remain at the same level, and any potential reduction (e.g. merging of visits) will be negotiated with individual families, where this is deemed appropriate, and on the basis of robust professional assessment.	
		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** ☐	***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).***	N/A, as this is not a building-based service but a suite of community services, including home based services and online support. Should physical adaptations be required to a family's home, staff will signpost them to the appropriate services.	

	2) Promote equality of opportunity ☐ **3) Foster good relations between protected characteristics.** ☐ **4) Not applicable** ☐			
		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** ☐	***Following a service review, an information video to explain new procedures was hosted on the organisation's YouTube site. This was accompanied by a BSL signer to explain service changes to Deaf service users.*** ***Written materials were offered in other languages and formats.*** ***(Due regard to remove discrimination, harassment and victimisation and***	One of the key resources for informing the direction of 'Children's Services is direct feedback from children, young people, families and practitioners. There are a number of workstreams underway to improve engagement approaches, some of which are covered above. The 'My Meeting My Plan' model is being rolled out to support young people to share their views in decision making meetings, and there is work planned to promote families' voices in these meetings, including peer mentoring (linked to experience with Martha's Mammies and wider aspirations associated with the Whole Family Early Intervention Fund). The S22 survey has utilised text messaging to connect families to a questionnaire about the impact of direct payments, which has resulted in a higher response rate (79% in	

	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.**	***promote equality of opportunity).***	the most recent survey). The HSCP has sought support from partners to engage with children and young people, based on existing relationships with practitioners, which worked well in the creative engagement for the Children's Services Plan, which was supported by teachers who fed back that it was highly unusual for all pupils within a class to participate in the same exercise. Children's Services is seeking to increase its social media communication, with recent communications about the Children's Services plan and further plans to develop this engagement. Services have also been seeking to balance the number of appointments offered online with some children, young people's and families' preferences to meet in person. For example, the Youth Health Service has increased the number of bases across the City in order to offer more in person appointments, and there is work to improve in person attendance at key decision making meetings in order to strengthen pre- and post-meeting support. Any changes to service provision will be agreed through one to one conversations, communication with GPs, service users, partner agencies and organisations. Interpreters are accessed when required to	

			support communication with individuals and families and advice will be sought on the translation needs of the population. Staff and service users will have access to interpretation services as per HSCP / NHSGG&C Interpreting and Communication Support Policy. Staff have access to British Sign Language services via interpreting services. Written materials are available in a variety of languages.	
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).** **If this decision is likely to impact on children and young people (below the age of 18) you will need to evidence how you have considered the General Principles of the United Nations Convention on the Rights of the Child. Please include this in Section 10 of the form.**		Children's Services support children, young people and families entitled to support as defined under the Children and Young People (Scotland) Act 2014, therefore the suite of supports described in this EQIA are available to all families, on the basis of their needs. Additional supports are available to young people, carers and parents under the age of 26 who are care experienced, in line with legislation and guidance. In addition, young people aged up to 20 years (or 22 years for care experienced young people) who meet criteria for the Family Nurse Partnership programme are offered a more intensive source of support (which incorporates the full Universal Pathway for	

	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 first two years), with more frequent visits and employability support to build young families' confidence and resilience, and pathways into employability. The Health Visiting Service is a universal offer to all families with pre birth to pre school age children and have a consistently high uptake of service; any changes to the pathway would be negotiated on the basis of need and will not be impacted by age. The School Nursing service is targeted at school age children who are referred to them and meet the criteria outlined in the 11 School Nursing pathways. The Service Specification is currently being rewritten and will be subject to a separate EQIA. Access to this service is not based on age, and families assessed as having additional support needs will be prioritised for School Nursing support, as across other community health services.	
(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**	Families with children and young people with additional support needs will not be affected by these savings proposals as they will continue to receive the same level of support. The experience of families over the pandemic suggested that the impact of social exclusion was exacerbated by the withdrawal of/ reduction in some services	

	boxes). **1) Remove discrimination, harassment and victimisation** ☐ **2) Promote equality of opportunity** ☐ **3) Foster good relations between protected characteristics.** ☐ **4) Not applicable** ☐	and the shift to more online forms of communication. This resulted in some additional support being commissioned to address gaps in services for families, and work is continuing to improve support for families with children and young people with disabilities, with a recent workshop set up to develop an action plan. The Local Child Poverty Action Report has also identified engaging with families with a family member with a disability as a key priority for City planning related to child poverty. Findings from this work are helping to shape the direction of the HSCP's anti-poverty work, which is a key component of the transformation programme, building on the learning from the pandemic and the ongoing feedback from families (e.g. through the S22 survey). **Mental Health** Mental health has been identified as a key area of focus for the CSP (2023 – 26). A number of actions relate to improving emotional wellbeing, including expansion of Tier 1 and Tier 2 community mental health supports, anti-poverty work, aftercare review, and the nurture programme within children's houses. The family support services – both at early intervention and intensive level – are aiming to address	

		children, young people's and parents' and carers' mental health needs through working with families to find their own solutions, exploring family assets and strengths, and linking into other sources of support, where required. The range of additional community mental health supports (discussed above) provide whole family and more targeted support to meet the needs of individual family members. Parents with physical disabilities, mental health or addiction concerns will continue to be signposted to the appropriate services. Staff and service users will have access to interpretation services as per HSCP / NHSGG&C Interpreting and Communication Support Policy. Staff have access to British Sign Language services via interpreting services. Written materials are available in a variety of languages.	
	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**	Services for children and young people with the protected characteristic of Gender reassignment have been increased, to address the recommendation of a previous	

	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** ☐	needs analysis which highlighted the need for group support, social and volunteering opportunities; one to one support, counselling and advice; signposting and advocacy to access wider mental health support services; support for Trans people on the Gender Identity Service waiting list; and facilitated support to leave the house and participate in outdoor activity. Targeted support is being funded through the community mental health funding to address children, young people and families' needs through a range of group work and individual support.	
	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).**	The only likely impact would be for the cohort of care experienced young people who are married or in a civil partnership and have children, and their needs will be assessed individually, in the same way as other families' needs, with the potential for additional support for families who need it (e.g. through the additional health visiting pathway and Family Nurse Partnership).	

	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** ☐	As the health visiting pathway supports families with children pre-birth up to school age, there is a risk of a disproportionate impact on these families due to merged visits, as set out in the Baseline Cover Document (where visits may be amalgamated if staffing falls below a specified level, based on Safer Staffing Legislation and a robust assessment of families' needs). However, all families on the 'additional' pathway will continue to receive the full Universal Pathway programme until their needs are met, and families will also continue to have access to other support, based on their needs, including family support and community mental health support, as required. The relationship between a health visitor and a family is collaborative, and health visitors routinely negotiate next steps with	All families on the 'additional' pathway will continue to receive the full universal pathway programme. Postnatal visits and the first few visits early on the pathway will continue be protected ensuring the opportunity for EPNDS to help identify postnatal depression. Signposting and access to other services and supports will continue.

		families, including referral to other agencies, and the opportunity to amalgamate visits, for example, for experienced mothers and/ or for families who have a lot of support. Engagement and negotiation with individual families will continue, emphasising that this will be an assessment based on individual families' needs, with the potential to continue this approach in circumstances where the professional assessment is that not all visits need to be carried out. There is also an opportunity at six months for a 'pause and reflect' analysis by a Health Visitor, which allows an analysis of any changes in families' circumstances which may prompt a visit, particularly if previous visits (e.g. month 3 and 4) have been amalgamated. Health visitors also have a direct route of referral into family support services, and there is an ongoing feedback loop between Health Visitors and Family Support Services if additional support is required.	
	Protected Characteristic	**Service Evidence Provided**	**Possible negative impact and Additional Mitigating Action Required**
(f)	**Race**	Support for all families is based on a robust	

	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** ☐	assessment of need and families identified as having additional support needs will receive support at the current level, in line with their individual circumstances. All families living in Glasgow have access to community health support, which is linked to core maternity provision, therefore offering easy access to all women and their families with children under 5 living in the City, irrespective of race. Glasgow currently has a significant and growing asylum-seeking population settling into the city. The new Census shows a rise in the number of births in families from BME backgrounds and some of these children, young people and their families have experienced significant trauma. In addition, poverty presents a significant challenge to families who have no recourse to public funds and are unable to access employment opportunities. All families living in the city with children under 5 years will be assessed by a health visitor, and those identified as having additional support needs will received enhanced support from Health Visiting. Asylum-seeking families also have access to S22 support, and a range of other family supports, in line with their needs. A Community Connectors project set up in South using a peer mentoring approach to	

		support Roma families to engage with a range of supports has continued given the success in engaging members of the community into a range of supports. The postholders were recruited directly from the community in order to better connect families who have been unable to access, or engage with services to enhance accessibility of services, and to support learning in relation to cultural sensitivity. In addition, a BME scoping report completed by the HSCP and published a few years ago, has resulted in the development of additional support for a range of families, linked to the changing demographic of families living in the City, and their specific needs. This has included training for practitioners on cultural sensitivity, including work with a trainer to develop understanding of the impact of racism on mental health, therapy and recovery across a range of counselling providers in Glasgow. Work has also been carried out with partners to deliver local events on anti-racism in youthwork and mental health services, drawing on a larger event last year which allowed more focussed, local discussions and networking. After the course, specific actions raised by participants were to:	

		'Actively reach out to more BME groups across the city, have more conversations and more action.' *'Sharing today conversations at my workplace.'* *'Examination of the steps I can take in my daily life to address discrimination and racism.'* *'Ensuring accessibility to services – looking at different ways this can be done.'* All HSCP services are accessible to families for whom English is not their first language through interpreting support and translated materials. Staff and service users have access to interpretation services as per HSCP / NHSGG&C Interpreting and Communication Support Policy. Staff have access to British Sign Language services via interpreting services. Written materials are available in a variety of languages.	
(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).**	In line with the HSCP code of conduct, and the code of conduct of partner agencies, all services and supports are designed and delivered to respect the beliefs of individuals and groups of children and young people, with an inclusive, flexible and responsive approach to meeting the individual – including religious – needs of children, young people and families.	

	1) Remove discrimination, harassment and victimisation ☐ **2) Promote equality of opportunity** ☐ **3) Foster good relations between protected characteristics.** ☐ **4) Not applicable** ☐	Families' needs will be assessed individually, in the same way as other families' needs, with the potential for additional support for families who need it (e.g. through the additional health visiting pathway, Family Nurse Partnership and range of family supports).	
	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 a** ☐ **victimisation** **2) Promote equality of opportunity** ☐ **3) Foster good relations between protected characteristics.** ☐	The Family Support Strategy and Children's Services Plan acknowledge the diversity of children, young people and families in Glasgow, and in seeking to keep children at home with their parents, and keep brothers and sisters together in line with the Promise, acknowledges that Glasgow has the highest proportion of lone parents in Scotland, with 40% of households across the City headed up by a lone parent, and some neighbourhoods rising to as much as 70%, with a vast majority of these lone parents being female. Families' needs will be assessed individually, in the same way as all families' needs, with the potential for additional	

	4) Not applicable ☐	support for families who need it (e.g. through the additional health visiting pathway, Family Nurse Partnership and range of family supports). All families on the 'additional' pathway will continue to receive the full universal pathway programme. Postnatal visits and the first few visits early on the pathway will continue be protected, ensuring the opportunity for EPNDS to help identify postnatal depression. In addition, the citywide review of approaches to addressing Domestic Abuse is recognising the impact of the burden of responsibility traditionally being placed on women, and is seeking to enhance strengths-based approaches, and to more carefully consider approaches to supporting fathers. There is also a greater emphasis on understanding the learning from Family Group Conferencing and Family Group Decision Making approaches within family support developments to ensure that all family members, including fathers, are included in developing a plan to support the needs of children and young people as a shared responsibility by parents and carers. The focus of the Family Support Strategy and the recently commissioned Family Support Services are to work with whole families to improve outcomes, and to	

		understand the needs of individual family members, irrespective of sex, or household circumstances/ living arrangements, to ensure that parents can have an involvement in caring for their children, and that family assets are fully explored in order to optimise support. These approaches will complement community health services in providing additional support for families, if required, and addressing the burden of responsibility for women in single parent households.	
(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** ☐	All Children's Services provide support to all children, young people and families, irrespective of family members' sexual orientation, with targeted support via the LGBTQIA+ services, funded through the community mental health programme. Families' needs will be assessed individually, in the same way as for all families, with the potential for additional support for families who need it (e.g. through the additional health visiting pathway, Family Nurse Partnership and range of family supports).	

	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?** **In addition to the above, if this constitutes a 'strategic decision' you should evidence due regard to meeting the requirements of the Fairer Scotland Duty (2018). Public bodies in Scotland must actively consider how they can reduce inequalities of outcome caused by socioeconomic disadvantage when making strategic decisions and complete a separate assessment. Additional information available here:** Fairer Scotland Duty: guidance for public bodies - gov.scot (www.gov.scot)	The Universal Pathway is an evidence-based tool to support families, prenatally and up to school age. The Caseload Weighting Tool supports an analysis of caseloads for Health Visitors based on deprivation and the impact of poverty on families. Health Visitors working in areas of high deprivation have a maximum caseload of 100 children, and there is a commitment to maintain this, and to adjust the pathway for families with less complex needs and/ or alternative support, as opposed to increasing caseload sizes in order to ensure that families with the greatest needs receive proportionate levels of support. Families' needs will be assessed individually, with the potential for additional support for families who need it (e.g. through the additional health visiting pathway, Family Nurse Partnership and range of family and community mental health supports).	
(k)	**Other marginalised groups** **How have you considered the specific impact on other groups including homeless people, prisoners and ex-**	**Homeless Families** The reform of the Homeless Families Team is linked to ensuring equality of access to support for all families, based on their	

	offenders, ex-service personnel, people with addictions, people involved in prostitution, asylum seekers & refugees and travellers?	current needs and in line with the Caseload Weighting Tool. This will also provide equity in Health Visitors' caseloads and help to mitigate the impact of wider savings across the Health Visiting team. Pre school age children who are in a homeless family will be assessed as 'additional' and therefore support will not change. For school age children, the reform of the Homeless Families Health Visiting Team will be in line with the Transforming Nursing roles work, of which one of the pathways is homelessness.	
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** ☐	The costs savings have been agreed at a local level in line with national budgetary constraints, with a proportionate impact across all frontline services. The Baseline Cover Document and Caseload Weighting Tool will support an analysis of minimising the impact of reduced Universal Pathway visit, based on families' needs.	

	3) Foster good relations between protected characteristics. ☐ **4) Not applicable** ☐		
		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.**	All HSCP staff are encouraged to complete the Equality Training on GOLD (Council Staff) and Learnpro (NHS Staff) there are also monthly emails promoting current equality training to all staff. Our current figures (August 2024) show a completion rate of 93.2% of Children's Services Health Staff for the Equalities module on LearnPro.	

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 impact of savings will not impact on human rights as support will continue to be provided in line with an assessment of families' needs, with a proportionate response to address needs, based on the principles of the Children (Scotland) Act 1995.

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* .

The Glasgow Promise Action Plan outlines a range of approaches to promote voice and participation, including the My Meeting My Plan model which ensures that me are carried out in a way which prioritises children's and young people's voice. Work is also underway to develop relational writing to develop records for the adult the

will become, ensuring that children understand their journey, and the decision-making process to promote their best interests. The Children's Services Plan provides a outline of the actions across the HSCP (and wider partnership) to address the priority that "children and young people are involved and included and their views are influential in the development and delivery of services" (/https://glasgowcity.hscp.scot/sites/default/files/publications/HSCP%20Integrated_Children%27s_Service_Plan.pdf).

*

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

United Nations Convention on the Rights of the Child

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

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

Children's Services operates in line with legislation and guidance, including the Children (Scotland) Act 1995, which is focused on delivering support and interventions in the "best interest" of children and young people. This builds on the aspirations of GIRFEC to deliver the right health at the right time, and the Promise – an action plan to address the recommendations of the Independent Care Review – which prioritises voice and participation. These elements which are built into our service delivery model align with UNCRC principles, ensuring that we are prioritising children's rights in all elements of our work. A robust assessment of need and proportionate response to support families is also fundamental to a rights-based approach, and this underpins the strategy for achieving the savings outlined in this EQIA.

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

Acting in the best interest of the child is the fundamental premise for all work with children, young people and families across the HSCP, with equality of access to support – based on a robust assessment of needs – a key driver for delivering proportionate support that meets families' needs. The savings outlined in this paper are considered to have the least impact on families, and to spread community health supports as equitably as possible, based on needs. The Universal Pathway is an evidence-based approach which includes an 'additional' support option for families with greater needs. This additional pathway will be maintained, and changes to the Universal Pathway (e.g. amalgamated visits for families on the core pathway, based on the Baseline Cover Document), will be negotiated with families on the basis of their needs and other available support. Review of the Homeless Families Team will ensure equity in access to support, based on the Caseload Weighting Tool, and an assessment of families' needs.

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

In circumstances where there are concerns about children's development, the full Universal Pathway and other community health supports will be maintained. The impact of the savings will be on families with other sources of support, where there is not considered a risk to the development of the child.

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

Discussions have taken place about the risks of consulting with children and families about these savings, given that they have been planned to have no impact on families with the greatest needs, and in light of the fact that negotiations with individual families will be carried out by their allocated health visitor, based on an ongoing assessment of their needs and circumstances. Children supported by the health visiting service are aged 5 and under, and therefore – given the evidence base which underpins the pathway and the importance of individual circumstances – it has not been regarded as appropriate to consult on this topic. The aim is to minimise impact for those with the greatest needs, and to negotiate the right level of support with each family, based on their needs and circumstances, taking into account other available support.

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

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

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)
No actions identified		

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

Lead Reviewer: **Name** **Karen Dyball**
EQIA Sign Off: **Job Title Assistant Chief Officer, Children & Families & North East Operations**

Signature
Date: 16/08/2024

Quality Assurance Sign Off:
Name **Alastair Low**
Job Title **Planning Manager**
Signature ***Alastair Low***
Date **26/08/24**

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

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:

Children's Services – Community Health Services

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

		Completed	
		Date	Initials
Action:	Reform of Homeless Health Visiting Team		
Status:			
Action:	HV Workstream on data and caseload weighting		
Status:			
Action:	HV workstream on improving efficiency and effectiveness of EMIS recording		
Status:			
Action:	HV workstream on baseline cover guidance (including staff impact assessment)		
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:			

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

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