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:

Health Visiting Services within Children's Services budget 2025 – 26

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.

Introduction

This EQIA is a follow up to the Children's Services Community Services Savings EQIA published in August 2024 (https://glasgowcity.hscp.scot/sites/default/files/publications/EQIA%20-%20Community%20health%20services%20within%20Children%E2%80%99s%20Services%20budget%202024%20to%202025.pdf), with a specific focus on assessing the impact of further cuts to the Health Visiting Service, focusing 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 the Health Visiting workforce by 7.8 FTE posts (3.13% of the workforce). The Health Visiting service supports 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 this proposal, with families assessed as most in need being prioritised. 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. The Assistant Chief Officer meets with Heads of Service and Service Managers on a weekly basis to

oversee this process, and identify any risks as well as appropriate mitigations.

These savings will be achieved based on natural turnover (through vacancies and retirement).

Although the savings targets has necessitated a reduction in the number of posts across the Health Visiting Service, the focus will be on ensuring equivalent support for families identified as having additional needs and re-prioritisation of resource to support vulnerable families. Three workstreams have been set up to monitor the impact of cuts to the service (approved in 2024). One of the workstreams is looking to improve data use in the process of applying the caseload weighting tool. This workstream has highlighted the need to:

- Review the caseload weighting tool and ensure that it is reflective of caseloads across the city, including variation in caseloads
- Consider, agree and utilise other sources of data to help inform caseload weighting, including birth rate trends and migration rates
- Apply local knowledge in relation to caseloads, communities and families
- Integrate data that reflects complexity of needs
- Analyse the impact of poverty

It is expected that this workstream will help to ensure that health visitors' caseloads are equitable across the city, allowing redistribution of health visitor support to provide appropriate levels of support based on an assessment of families' needs, in line with the most recent data and demographic trends.

A second workstream is reviewing the record keeping process, including care planning, chronology practice and coaching support for diary management and use of quick codes. This workstream is developing:|

- An aide memoire for care planning and testing in HV and FNP teams
- Amended chronology guidance regarding recording of significant events
- Guidance to reduce recording burden
- Coaching sessions to update teams, starting in March 2025

This workstream will reduce recording burden, helping to maximise the amount of time that health visitors spend with families, and eliminating tasks that are not necessary.

The third workstream is analysing arrangements for cross-cover within the health visiting service, which is currently affecting families, due to changing staff and the impact on the therapeutic relationship, as well as having to retell their story, and practitioners, given limited knowledge of family and community, and the additional travel time. A test of change is being considered regarding cluster cover or a small group of peripatetic health visitors who provide city cover and an EMIS representative has joined the group to explore possible ways of supporting work around cross cover and possible training for staff members. These ideas will be fully explored with practitioners, and an information session is being planned for

teams to share feedback from the staff survey and the group's findings to date. Key learning from this workstream will inform the review of the Baseline Cover document, which will begin in January 2026.

Funding secured through the Whole Family Early Intervention Fund, the ongoing investment in family support and the Child Poverty demonstrations of change provide scope to augment Health Visitor input with other sources of support (e.g. from other agencies, family and friends 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 reduction of 3.13% of posts in the Health Visiting Service. For example, an engagement event in January 2024 highlighted the potential to align financial support services more closely with Health Visiting to alleviate the additional burden of completing charity applications, supporting debt management, including liaising with energy companies, and the potential to offer more streamlined expertise to reduce the impact on Health Visitors' time. This is supported by the initial findings of the Record Keeping workstream that Health Visitors may be spending more time on "non face to face" work and record keeping, which is not the best use of a qualified Health Visitor's time, and illustrates the potential to reduce the burden of these additional tasks in order to protect Health Visitor resource for direct work with families.

The proposal will not involve increasing caseloads of Health Visitors and the focus will be on ensuring that the current level of support is maintained for families identified as having additional needs. There is evidence of a falling birth rate in Glasgow (from 6833 in 2016 to 5977 currently, a reduction of 12.5%), which may balance out any reduction in posts, though this is an area which is being kept under review, with a workstream in place to scrutinise data, and to balance the impact of deprivation, complexity of need and net migration. This will be achieved by aggregating the information from the Caseload Weighting Tool, SIMD measures and the Safer Staffing Level Tool, taking into account local knowledge and expertise, including support for Asylum Seeking and Refugee families, and interpreting support, to detail demand across caseloads, sub teams and localities. This will enable the working group to assess density of need across the city and redistribute resource accordingly.

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 onward 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 investment of £6.4m in Family Support Services per annum is delivering a range of direct support to families and tests of change to improve outcomes and support families at an earlier stage. An additional £3m of funding has been secured from the Council's Whole Family Early Intervention Fund with

the plan approved by IJB in January 2025 (https://glasgowcity.hscp.scot/sites/default/files/publications/Item%20No%2007%20-%20Children%E2%80%99s%20Services%20Whole%20Family%20Wellbeing%20Funding%20Plan.pdf), further expanding family support capacity, as well as Independent Reviewing support, which will benefit a proportion of families supported by the Health Visiting service.

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. 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.

This proposal includes a reduction of 7.8 FTE posts across the Health Visiting Service. Potential equality impacts would also relate to the workforce profile. Glasgow City HSCP NHS staff are predominantly; Female (84%), 52% are aged 30 – 49 years and 33% and are aged 50 – 65 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, balancing the national trend in terms of reduced workforce. If this proposal is approved, there will be continued regular consultation with Trade Unions and staff as the changes are 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
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

		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 does not detect underrepresented cohorts/ groups unable 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

			Additional Culturally Sensitive training has been delivered over 2024 – 25 and a workstream has been initiated to explore the training and development needs of staff through facilitated focus groups in order to ensure that we are meeting professional development requirements with a view to providing the most appropriate support for families.	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 victimisation** ■	***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***	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 Health Visitor Service savings given the focus on delivering early and effective support for families, including family support (with a direct pathways added for families with children under 5 years to avoid the stigma of referring families to Social Work for additional support) and a range of community mental health supports.	

	2) Promote equality of opportunity ■ **3) Foster good relations between protected characteristics.** ☐ **4) Not applicable** ☐	***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)***	The HSCP demographic report, as well as a range of data from the School Health and Wellbeing Survey and Youth Health Service Annual Report, informs the development of the Children's Services Plan priorities. 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. Equalities data is used in planning for individual children, young people and their families to ensure we are delivering culturally sensitive approaches via a single agency child's plan, with additional training undertaken by Social Work staff over 2024/25, and a training needs assessment being undertaken through focus groups.	
		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).** **1) Remove discrimination, harassment and** ■	***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 disproportionatel***	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 and parents, and together with case notes reviews, supports the successful implementation of the pathway, identifying key elements to be considered including the antenatal visit, frequency of visits and continuity of care. This evidence guides our decision making – which is reviewed on a weekly basis at the Children and Families Risk Meeting, attended by the Assistant Chief Officer, Heads of Service and Service Managers, and will ensure we limit the impact of any reduction in service delivery in line with the Baseline Cover Document.	A reduction in our ability to provide the Universal Pathway may have an impact on families (e.g. potential to miss opportunities to identify need, provide support, advice and signposting). Mitigating actions include: protecting vulnerable families on the 'additional' pathway (no changes proposed here), ensuring family

	victimisation **2) Promote equality of opportunity** ■ **3) Foster good relations between protected characteristics** ☐ **4) Not applicable** ☐	***y 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).***	**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; as well as 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 £6.4m, and a specific 0 – 5 pathway to enable Health Visitors to refer families directly into the service. The principles underpinning the Family 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' voices and third sector providers' views, and presents the key delivery priorities for providers of Family Support across the City. Key stakeholders,	support services provide early and effective interventions and support, driving efficiency gains in HV (e.g. 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, which should help to reduce the need for additional visits by Health Visitors.

			including families, have identified that a key component of effective family support is the flexibility and responsiveness of services to meeting the needs of each family, building on the learning from the development of locality and intensive services. A new set of commissioned services started in July 2024, and this has provided the opportunity to refresh the collation and analysis of data, including equalities information. A range of community mental health supports continue to be developed, with baselining of this funding from March 2025. 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 targeted help 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 anonymously, with onward pathways to	

			support where required. A BME scoping report published by the HSCP in January 2022 (Mental health and wellbeing black and minority ethnic.pdf (scot.nhs.uk), which 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. A full survey of the impact of direct payments on families impacted 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, and showed that: ➢ Families are using Section 22 for baby food, infant formula and nappies ➢ Over 80% of respondents who received Section 22 payment said the Health Visitor or Family Nurse was the first person they had spoken to about money ➢ 10% of families require repeat payments ➢ Families receiving payments live across the city however most payments are to families living in SIMD 1 and 2 areas	
		Example	**Service Evidence Provided**	**Possible negative impact and Additional Mitigating Action Required**
4.	**Can you give details of how you have engaged with**	***A money advice service spoke to***	One of the key resources for informing the direction of 'Children's Services is direct feedback from children, young	

	equality groups with regard to the service review or policy development? What did this engagement tell you about user experience and how was this information used? The Patient Experience and Public Involvement team (PEPI) support NHSGGC to listen and understand what matters to people and can offer support. **Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).** **1) Remove discrimination, harassment and victimisation** ■ **2) Promote equality of opportunity** ■ **3) Foster good relations between protected characteristics** ■ **4) Not applicable** ☐	***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.*** ***(Due regard to promoting equality of opportunity)*** **** The Child Poverty (Scotland) Act 2017 requires organisations to take actions to***	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 the development of 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. The refresh of the Family Support Strategy has also involved third sector practitioners engaging with families to identify the most important components of family support from their perspective. The Strategy will contain direct feedback from families to illustrate the components of family support that are most valued, and the impact. Children's Services is seeking to increase its social media communication, with recent communications about the Children's Services Plan, the launch of the easy read version, 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	

		reduce poverty for children in households at risk of low incomes.	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 • Childcare • 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 families are 'stepping down' from more intensive support • Community mental health supports • Health and disability improvement work to identify a range of support options for families • Domestic abuse workstream focused on improving support and developing strengths-based approaches, including a pilot of the Safe and Together model • 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. Martha's Mammies is looking to expand to offer peer mentoring to provide move on options for women who have been supported by the service, and to enhance the overall support offer through building in loved experience and strengthening voice. • Development of community networks (for example, model developed for Parkhead Hub enhancing the connection between statutory health and social care services and community and third sector support) 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, which led to the development of a range of community mental health supports (outlined above), and young people are also involved in the development of children's houses through attendance at management meetings. The Family Support Strategy refresh has involved engaging with families to identify their priorities for continuing to	

			develop effective family support services. Engagement with practitioners and Staff Partnership was undertaken as part of the review of the Homeless Health Visiting Team in order to ensure quality of support for all families, based on Health Visitors' professional assessment of each family's needs. 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, on the basis of robust professional assessment and in line with decisions made at the weekly Children and Families Risk Meeting attended by the Assistant Chief Officer for Children's Services, the Heads of Service and Service Managers.	
		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**	***An access audit of an outpatient physiotherapy department found that users were required to***	N/A, as Health Visiting is a community service, with Health Visitors supporting families in their homes. Should physical adaptations be required to a family's home, staff will signpost them to the appropriate services.	

	need to be addressed? **Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).** **1) Remove discrimination, harassment and victimisation** ■ **2) Promote equality of opportunity** ■ **3) Foster good relations between protected characteristics.** ☐ **4) Not applicable** ☐	***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).***		
		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**	***Following a service review, an information video to explain new procedures was hosted on the organisation's YouTube site. This was accompanied by***	One of the key drivers 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 the learning from Martha's Mammies and wider aspirations associated with the Whole Family Early Intervention Fund). The S22 survey has	

	boxes). **1) Remove discrimination, harassment and victimisation** ■ **2) Promote equality of opportunity** ■ **3) Foster good relations between protected characteristics** ☐ **4) Not applicable** ☐ **The British Sign Language (Scotland) Act 2017 aims to raise awareness of British Sign Language and improve access to services for those using the language. Specific attention should be paid in your evidence to show how the service review or policy has taken note of this.**	***a BSL signer to explain service changes to Deaf service users.*** ***Written materials were offered in other languages and formats.*** ***(Due regard to remove discrimination, harassment and victimisation and promote equality of opportunity).***	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; this approach 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 (including in SIMD 1 schools). 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 with families and/ or communication with GPs, service users, partner agencies and organisations, as appropriate. 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.** **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** ☐	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 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 aged 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.	
(b)	**Disability** **Could the service design or policy content have a disproportionate impact on people due to the**	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	

	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** ■ **3) Foster good relations between protected characteristics.** ☐ **4) Not applicable** ☐	suggested that the impact of social exclusion was exacerbated by the withdrawal of/ reduction in some services 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 direct payment 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 locality 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 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** ☐	Services for children and young people with the protected characteristic of Gender Reassignment have been increased, to address the recommendation of a previous 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 for young people 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, with positive feedback received.	
	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** ☐ **3) Foster good relations between protected characteristics** ☐ **4) Not applicable** ■	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, Family Nurse Partnership and the under 5s family support pathway).	
(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** ■	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.	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

	victimisation **2) Promote equality of opportunity** ■ **3) Foster good relations between protected characteristics.** ☐ **4) Not applicable** ☐	The relationship between a health visitor and a family is collaborative, and health visitors routinely negotiate next steps with 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. The impact of measures above will be monitored at the weekly Children and Families Risk Meeting attended by the Assistant Chief Officer for Children's Services, Heads of Service and Service Managers.	postnatal depression. Signposting and access to other services and supports will continue.
	Protected Characteristic	**Service Evidence Provided**	**Possible negative impact and Additional Mitigating Action Required**
(f)	**Race**	Support for all families is based on a robust assessment of need and families identified as having additional support	

	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** ☐	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 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 receive enhanced support from the Health Visiting Service. 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 families in 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. This has enhanced the accessibility of services, and supported learning in relation to cultural sensitivity, which has led to increased training opportunities and planned focus groups to capture practitioners' feedback on professional development needs. 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 in 2023 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**	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	

	disproportionate impact on the people with the protected characteristic of Religion and Belief? **Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).** **1) Remove discrimination, harassment and victimisation** ☐ **2) Promote equality of opportunity** ■ **3) Foster good relations between protected characteristics.** ☐ **4) Not applicable** ☐	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. Families' needs will be assessed individually, in the same way as for all needs, with the potential for additional support for families who require 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 and victimisation** ■ **2) Promote equality of opportunity** ■	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, acknowledge 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 the vast majority of these lone parents being female. Families' needs will be assessed individually, in the same way as for all 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). All families on the 'additional' pathway	

	3) Foster good relations between protected characteristics. ☐ **4) Not applicable** ☐	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 support, and to more carefully consider effective approaches to supporting fathers. There is also a greater emphasis on understanding the learning from Family Group Conferencing and Family Group Decision Making 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**	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	

	relevant boxes). **1) Remove discrimination, harassment and victimisation** ☐ **2) Promote equality of opportunity** ■ **3) Foster good relations between protected characteristics.** ☐ **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).	
	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).	An engagement event in January 2024 highlighted the potential to align financial support services more closely with Health Visiting to alleviate the additional burden of completing charity applications, supporting debt management, including liaising with energy companies, and the potential to offer more streamlined expertise to reduce the impact on Health Visitors' time. This is being addressed through the Child Poverty Pathfinder

			demonstrations of change in Southside Central, through testing the provision of wraparound financial support, with direct referral via the Health Visiting pathway. Part of the aim of this work is reduce waiting times for financial support, providing more seamless support.
(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?**	**Homeless Families** The review of the Homeless Families Team undertaken in 2024/25 aimed to ensure equality of access to support for all families, based on their current needs and in line with the Caseload Weighting Tool. This, alongside other work to review complexity of needs across caseloads aimed to achieve greater 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 are assessed as 'additional' and therefore receive support in line with the additional pathway. For school aged children, support for families is offered 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**	The cost savings have been proposed at a local level in line with national budgetary constraints, with the Health Visiting Service workforce accounting for the vast majority of the health budget, therefore limiting choice in respect of	

	characteristic groups? **Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).** **1) Remove discrimination, harassment and victimisation** ■ **2) Promote equality of opportunity** ■ **3) Foster good relations between protected characteristics.** ☐ **4) Not applicable** ☐	achieving national savings target. The Baseline Cover Document and Caseload Weighting Tool will support an analysis of minimising the impact of reduced Universal Pathway visits, based on families' needs, with ongoing work of the three workstreams (improving data use, reviewing record keeping and analysing cross-cover arrangements) seeking to maximise health visitors' direct time with families, reduce recording burden and redistribute resource across the city in line with families' needs.	
		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) and 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 meetings 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 child 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 full 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 are built into our service delivery model to align with UNCRC principles, ensuring that we are prioritising children's rights in all elements of our work as outlined in the Children's Services Plan. 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 resource 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. The review of the Homeless Families Team has helped to achieve equity in access to support, based on an assessment of families' needs and the Caseload Weighting Tool. The weekly Children and Families Risk meeting, attended by the Assistant Chief Officer for Children's Services, Heads of Service and Service Managers, will

oversee the impact of the measures highlighted in the EQIA, providing mitigations where necessary.

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 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, and to continue to monitor the impact of the measures through the weekly Children and Families Risk Meeting, attended by the Assistant Chief Officer for Children's Services, Heads of Service and Service Managers.

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**	Dominique Harvey
EQIA Sign Off:	**Job Title**	Head of Planning
	Signature	
	Date	
Quality Assurance Sign Off:	**Name**	**Alastair Low**
(NHSGGC Assessments)	**Job Title**	**Planning Manager**
	Signature	**A Low**
	Date	**03/03/2025**

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:	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:			
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:			

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