



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:

Maximising Independence - Transforming the Balance of Care including a Review of Residential Services

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

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

This EQIA aligns with the IJB Financial Allocations and Budgets paper, being presented to IJB members in November 2024.

This redesign is aiming to reduce the number of out of authority placements by six from April 2025, and decommission one of the children's houses due to the layout and listed status of the building, its lack of congruence with the Care Inspectorate design guidance, the lack of ensuite facilities, the limitations of the layout of the building in terms of facilitating good staff supervision, and also health and safety concerns relating to the staircase.

In line with the overall transformation programme, the number of children and young people in residential care is declining overall, which means that the overall residential estate will decrease by 11 placements (a reduction of 5 placements within provided children's houses and six purchased out of authority), with efforts focused on continuing to build the infrastructure of support within the City in order to keep families living together in the City.

This redesign is aiming to continue to advance the aims of the transformation agenda, optimising the quality of support provided to children, young people and families, and preventing the disruption to families associated with placing children and young people out with the authority. The redesign has two elements – reducing the number of children and young people placed out with the City and improving the quality of the residential estate in order to ensure the best care in appropriate facilities, with continuing focus on the nurture programme and voice, participation and lived

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experience.

The transformation programme aims to build on the work started in the first phase which sought to:

- Reduce the number of children and young people living in placements out with the City, in order to maintain children and young people's links with their homes, families, schools and community
- Expand family support provision through reinvestment into resources within the City
- Redesign children's houses in order to ensure that they can support the full range of children's and young people's needs
- Maximise the number of foster carers living within and closer to Glasgow, in order to maintain children's connections within the City
- Increase support to kinship carers through Family Group Conferencing and Family Finding initiatives
- Develop an intensive family support service for the families of children on the 'edge of care' in order to prevent accommodation
- Expand investment in the third sector to promote a sustainable family support strategy to support families, seeing families as experts in their own lives
- Continue to implement self-directed support to enable children with disabilities to live at home with their families and in their communities

The next stage of the programme seeks to build on the outcomes achieved by:

- Enhancing strengths-based, early intervention approaches through greater integration of teams, full and effective implementation of GIRFEC, a focus on quality and consistency of practice, enhanced tier 1 and 2 mental health support, and further expansion of family support services
- Strengthening the effective implementation of the Promise and the aspirations of the independent review of care; building on the lived experiences of our most disadvantaged and marginalised voices and ensuring lived experience is at the core of our redesign.
- Expanding the 'How Nurturing Is your children's house?' programme, in order to ensure a consistent, high quality, nurturing ethos is promoted within children's houses, with a plan to roll this out to foster care placements.
- Expanding the anti-poverty approaches rolled out across the City during the pandemic, building on the learning of what worked, and the feedback provided by families
- Undertaking a review of 16+ services to ensure a coordinated approach across housing, health and employability services in order to improve choices for young people, and improve health and wellbeing, integrating the learning from the pandemic.
- Expanding the independent reviewing capacity to ensure best outcomes for children and young people

The first phase of the transformation programme achieved a gradual decrease in the number of children and young people living in placements out with the City, and this phase is continuing to focus on expanding and strengthening the infrastructure of support within the City to meet this

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additional demand, and to address greater complexity of needs. The family support services contract was recently renewed with new services in place for up to seven years (4+2+1 contract), alongside a range of other approaches (e.g. Family Nurse Partnership, Family Group Decision Making) which aim to keep families living together and avoid the disruption and risks associated with accommodating children.

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.)

The transformation programme is the plan for delivery of the key national policy drivers for children’s services, including GIRFEC, the Promise and the UNCRC, and links to the goals of the Glasgow City HSCP Strategic Plan, by prioritising early and effective intervention, keeping brothers and sisters together, and continuing to build the infrastructure in Glasgow City to keep families living safely together. This is aligned to the Council Strategic Plan and its grand mission to reduce poverty and inequality, and the IJB Strategic Plan to prioritise prevention, early intervention and wellbeing, supporting greater self-determination and supporting people in their communities and building a sustainable future.

Although this proposal includes a potential reduction of 15FTE staff, there is a review of the wider staffing levels within the residential service, and the reduction in staffing will be managed by a wider redeployment of staff across the structure. Potential equality impacts would relate to the workforce profile. Glasgow City HSCP Council staff are predominantly Female (81%).

A staff impact assessment is required to further consider what impacts there would be on staff, if any, and mitigate where possible. An assessment will be undertaken when the engagement is complete, and all staff feedback has been collated. There is ongoing consultation with Trade Unions and staff as proposals are developed and the communication and engagement implementation plan is progressed. Any appropriate workplace supports for changes in roles or responsibilities will be identified and given further consideration where required.

Given the stage of this programme of work, this EQIA can only provide a general overview; in the event that specific service redesign proposals emerge from the programme, a more tailored EQIA will be produced.

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

Name: Dominique Harvey	Date of Lead Reviewer Training:
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Please list the staff involved in carrying out this EQIA

(Where non-NHS staff are involved e.g. third sector reps or patients, please record their organisation or reason for inclusion):

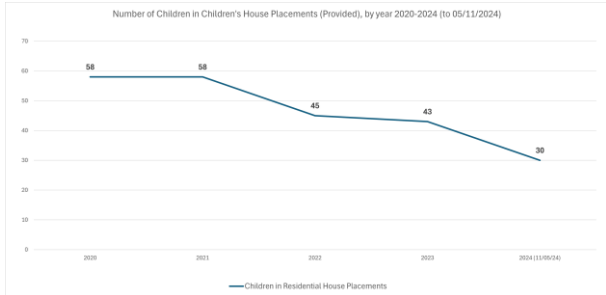
Dominique Harvey, Head of Planning for Children's Services and North-East Locality
Karen Dyball, Assistant Chief Officer, Children's Services
Liz Simpson, Head of Children's Residential and Families for Children
Peter Orr, Head of Children's Services (North-East Locality)
Janet McCullough, Head of Children's Services (South Locality)
Alison Cowper, Head of Children's Services (North-West Locality)
Mhairi Cavanagh, Lead Nurse, Children's Services
Alison Hodge, Change and Development Manager

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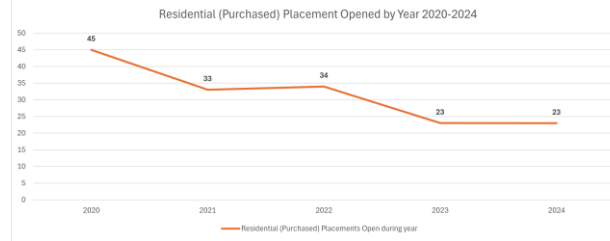
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		<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
1.	What equalities information is routinely collected from people currently using the service or affected by the policy? If this is a new service proposal what data do you have on proposed service user groups. Please note any barriers to collecting this data in your submitted evidence and an explanation for any protected characteristic data omitted.	<i>A sexual health service collects service user data covering all 9 protected characteristics to enable them to monitor patterns of use.</i>	<p>Equalities information is routinely collected on CareFirst and 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 the full spectrum of children, young people's and families' needs are being met.</p> <p>Data is also provided on a twice weekly basis with respect to a range of indicators around the ethnicity of those children looked after and accommodated and in kinship. In addition, a further analysis was completed in 2021/22 with respect to the cohort of children's accommodated, to understand the profile of needs.</p>	<p>Collecting data on current service users fails to detect under-represented 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. The HSCP Demographics Report, which is updated annually, provides a benchmark.</p> <p>The strategy also seeks to adjust the focus to ensure all children's rights are protected in line with both UNCRC and with getting it right for every child's aspiration around children getting the help they need when they need it.</p>
		<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
2.	Please provide details of how data captured has been/will be used to inform	<i>A physical activity programme for</i>	Data has been used to inform service developments across a number of areas of the transformation programme, including the current maximising	The overall reduction in placements available within the provided residential estate and out of

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	<p>policy content or service design.</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p><i>people with long term conditions reviewed service user data and found very low uptake by BME (Black and Minority Ethnic) people. Engagement activity found promotional material for the interventions was not representative. As a result an adapted range of materials were introduced with ongoing monitoring of uptake. (Due regard promoting equality of opportunity)</i></p>	<p>independence phase, aligned to the strategic direction of travel for Children’s Services, and the priorities outlined in the Children’s Services Plan.</p> <p>Maximising Independence - Transforming the Balance of Care including a Review of Residential Services</p> <p>Data has been analysed to understand the trends within residential services, and in relation to out of authority placements.</p>  <table border="1"> <caption>Number of Children in Children's House Placements (Provided), by year 2020-2024 (to 05/11/2024)</caption> <thead> <tr> <th>Year</th> <th>Number of Children</th> </tr> </thead> <tbody> <tr> <td>2020</td> <td>58</td> </tr> <tr> <td>2021</td> <td>58</td> </tr> <tr> <td>2022</td> <td>45</td> </tr> <tr> <td>2023</td> <td>43</td> </tr> <tr> <td>2024 (11/05/24)</td> <td>30</td> </tr> </tbody> </table> <p>The number of children placed in children’s houses has reduced by 48% since 2020. The loss of 5 placements amounts to 3.4% of the total estate, with the number of placements reducing from 147 to 142.</p>	Year	Number of Children	2020	58	2021	58	2022	45	2023	43	2024 (11/05/24)	30	<p>authority placements will be mitigated through the work to meet children, young people and families’ needs through good quality family support, and innovative solutions to helping families work through challenging periods. For example, there have been examples of residential practitioners taking young people on short breaks to create space for 1:1 work with the young person and separate work with their parents and carers to avoid accommodation and build the scaffolding to allow the family to continue to live together. The potential to continue to develop this work is being factored into the review of residential services, in order to ensure this flexible capacity to respond to family crisis.</p>
Year	Number of Children															
2020	58															
2021	58															
2022	45															
2023	43															
2024 (11/05/24)	30															

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The number of out of authority placements has reduced by 49% since 2020..

Data from the engagement sessions with children and young people to inform the development of the Children’s Services Plan has also led to the inclusion of an additional priority on poverty. This is important given the evidence of an association between rates of accommodation and deprivation across the UK, and aligns to our strengths-based approach to meeting families’ needs, and reducing levels of stress and distress. Bywaters and colleagues acknowledged this work in Glasgow, attributing the work to build relationships with families as key to breaking the cycle of risk associated with separating families and further exacerbating the impact of poverty:

“The Transformation programme for children’s social care in Glasgow has resulted in almost fewer than 500 children in foster and residential care, a third of the total in 2016, and a 60% reduction in the numbers of children entering care. A spin off has

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			been a remarkable 70% reduction in placement moves for children. These changes have been accompanied by and have facilitated a doubling of expenditure on family support. This has been based on a recognition that services were too focused on moving from risk to removal, rather than on reducing risk while maintain existing relationships” (Bywaters et al., 2020, p.51).	
		Example	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
3.	<p>How have you applied learning from research evidence about the experience of equality groups to the service or Policy?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p>	<p><i>Looked after and accommodated care services reviewed a range of research evidence to help promote a more inclusive care environment. Research suggested that young LGBT+ people had a disproportionately difficult time through exposure to bullying and harassment. As a result staff were trained in LGBT+</i></p>	<p>Children’s Houses include children and young people in management meetings to ensure a direct feedback loop between children and young people and the leadership teams, aiming to improve communication and to inform service development and improvement.</p> <p>The Children’s Services Plan includes a summary of evidence underpinning the development of priorities in the context of lived experience of children, young people and families. This outlines evidence from a range of sources including the School health and Wellbeing Census. The development of the Plan also included engagement with children and young people to inform the priorities and actions.</p> <p>Viewpoint captures routine feedback from children, young people and families, and has been improved to promote greater engagement with the inclusion of games, based on young people’s feedback.</p>	<p>This children’s house was not designed to our specification, in contrast to the newer children’s houses, and this has increased risks to young people (e.g. due to falls given the large staircase and four floors of accommodation) and presents additional challenges to staff to supervise. Over the years, the cost of repairs to the property have been significant which is not felt to represent good value for investment.</p>

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	<p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p><i>issues and were more confident in asking related questions to young people. (Due regard to removing discrimination, harassment and victimisation and fostering good relations).</i></p>	<p>The Youth Health Service Annual Report provides an outline of children and young people’s mental and physical health needs, and the annual monitoring report for the tier 1 and 2 community mental health funding provides direct feedback from children and young people.</p> <p>The Section 22 Family Survey provides data on families’ needs, and the impact of direct financial support on improving wellbeing.</p> <p>Voice and participation has been enhanced through the recruitment of the Promise Participation Workers, who shaped the design of the 16+ review.</p> <p>The GIFSS Service collates direct feedback from families, which is used to inform service development and improvement.</p>	
	<p>Example</p>	<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>	
<p>4.</p>	<p>Can you give details of how you have engaged with equality groups with regard to the service review or policy development? What did this engagement tell you about user experience and how was this information used? The Patient</p>	<p><i>A money advice service spoke to lone parents (predominantly women) to better understand barriers to accessing the service.</i></p>	<p>Due to the sensitivity of the reductions, it has not been possible to engage with service users to fully assess the impact and any further opportunities for mitigating action. For these proposals, fuller engagement will be undertaken with service users taking into consideration their individual needs and opportunities for mitigation on an individual basis.</p> <p>Closure of children’s house</p>	

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	<p>Experience and Public Involvement team (PEPI) support NHSGGC to listen and understand what matters to people and can offer support.</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p><i>Feedback included concerns about waiting times at the drop in service, made more difficult due to child care issues. As a result the service introduced a home visit and telephone service which significantly increased uptake.</i></p> <p><i>(Due regard to promoting equality of opportunity)</i></p> <p><i>* The Child Poverty (Scotland) Act 2017 requires organisations to take actions to reduce poverty for children in households at</i></p>	<p>A full implementation plan has been developed to support the closure of the children’s house, with a series of engagement planned to ensure that young people, staff and other key stakeholders (trade unions, children’s rights team) are informed at the same time.</p> <p>The young people are being engaged in a series of carefully planned discussions, facilitated by the Residential Service Manager and House Managers, including the following steps:</p> <ul style="list-style-type: none"> • Consultation with the young people in relation to the planned closure for the house, explaining the reasons for the decision, specifically the layout of the building, its lack of congruence with the Care Inspectorate design guidance, the lack of ensuite facilities, the limitations of the layout of the building in terms of facilitating good staff supervision, and also the health and safety concerns relating to the staircase. • Young people will be supported by children’s rights and advocacy to ensure that their voices are heard in relation to the planning of their care moving forward. • Three young people’s care plans reflect the need for ongoing care within a children’s house. This will be supported, and these young people will move together to the same house to support a 	
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		<p><i>risk of low incomes.</i></p>	<p>seamless transition.</p> <ul style="list-style-type: none">• The transition of the young people to their new home will be gradual over a period of 3 months, during which they will have the opportunity to visit their new house, and to get to know the staff and other young people. If young people wish to move prior to the 3-month period this will be supported as the transition plan will be needs-led and informed by the views and wishes of the young people.• One young person's care plan requires a transition to supported living, with work to source a suitable placement having been ongoing for some time to ensure the appropriate level of support to meet the young person's needs. This young person will continue to be consulted on what support they need to manage that transition, and their care team will remain in place until their care plan is progressed in line with their wishes.• Liaison with the area teams to explore what additional support is required/can be offered to young people to support with the transition. <p>Liaison with the Independent Reviewing Officer to make them aware of the changes to the young people's care plans.</p> <p>The care team within the children's house are also being consulted around alternative work locations. This includes:</p>	
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		<ul style="list-style-type: none">• Offering houses within set geographical areas – south, north-west, north-east - close to their homes. This minimises the risk of additional travel time for carers.• Offering an extended period of notice beyond the 6 weeks required for a contractual change. It is proposed that 12 weeks’ notice will be given.• Carers to be given the opportunity to visit their new workplace, meet with the house manager, carers and young people, and will also be supported to attend at least one team meeting in their new workplace prior to their move.• Any carer who wishes to move with their key child for continuity in relationships will be supported to do so. <p>Consultation is also taking place with area teams, Independent Reviewing Officers, Children’s Rights team and trade union representatives regarding the rationale for the planned closure.</p> <p>Out of Authority Placements The placements for the six young people moving on from out of authority placements have ended naturally for a range of reasons (young person awaiting tenancy, moving into 16+ accommodation, and in one case, the provider provided notice to terminate the placement), therefore these endings have reflected the young people’s care plans.</p>	
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			The reduction in the estate is based on an interrogation of data which highlights an overall reduction in OOA placements, which appears to be correlated with the investment in family support, and roll out of strengths-based and trauma informed approaches, and is aligned to the national and local strategic direction of travel to keep families together.	
		<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
5.	<p>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?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p>	<p><i>An access audit of an outpatient physiotherapy department found that users were required to negotiate 2 sets of heavy manual pull doors to access the service. A request was placed to have the doors retained by magnets that could deactivate in the event of a fire. (Due regard to</i></p>	<p>The children’s house under proposal for closure is a listed building, therefore limiting the scope to adapt the building in line with the needs of all children and young people. Closure of this building will prevent problems with access in the future, therefore ensuring our estate can continue to meet the needs of all children and young people.</p> <p>Out of authority placements are selected according to children and young people’s physical access needs, though this needs to be balanced with a consideration of the disruption and risks associated with accommodating children and young people out with their communities and schools where their needs can better met, whilst reducing the risk associated with separating children and young people from their families.</p>	<p>Previous scoping work and needs analyses have demonstrated the need for a more robust and radical approach to participation and equality of access to ensure neurodiverse needs are fully met. Neurodiversity is a focus area for the Whole Family Wellbeing Fund workstream, with additional strategic and operational focus required across the integrated children’s partnership to ensure that children and young people receive the right support at the right time, in line with their needs.</p>

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	<p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p><i>remove discrimination, harassment and victimisation).</i></p>		
	<p>Example</p>	<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>	
<p>6.</p>	<p>How will the service change or policy development ensure it does not discriminate in the way it communicates with service users and staff?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected <input type="checkbox"/></p>	<p><i>Following a service review, an information video to explain new procedures was hosted on the organisation's YouTube site. This was accompanied by a BSL signer to explain service changes to Deaf service users.</i></p> <p><i>Written materials were offered in other languages and formats.</i></p>	<p>Closure of children's house</p> <p>A communication and engagement strategy has been developed to ensure appropriate steps are followed in engaging with young people impacted by the closure of the children's house (see Section 4). The young people in children's houses have a keyworker who is attuned to their needs, and their style of communication, and therefore young people will be consulted according to their individual needs and preferences, as is common practice within the children's houses.</p> <p>Similarly, House Managers and Residential Service Manager have existing relationships with staff, and will be using 1:1s, informal catch ups and meetings to explore staff questions and concerns, with a communication and engagement plan in place to ensure staff are supported in the transition (see section 4).</p> <p>Shifting the Balance of Care through Reducing Out of Authority Placements</p>	

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	<p>characteristics</p> <p>4) Not applicable <input type="checkbox"/></p> <p>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.</p>	<p><i>(Due regard to remove discrimination, harassment and victimisation and promote equality of opportunity).</i></p>	<p>This is a direct result of natural progression in young people's care plans, with the proposed decrease in line with the overall strategic direction of Children's Services to reduce the number of children and young people accommodated out with the City, disrupting family, peer, school and community connections.</p> <p>One of the key elements informing the direction of the transformation programme is direct feedback from children, young people, families and practitioners, with strong feedback and practice examples of the need to wraparound families and improve the scaffolding to keep families – and brothers and sisters – together in their homes and communities. This is also aligned to national learning through the independent care review and our pledge to #KeepthePromise. The 'My Meeting, MyPlan' model is also being rolled out, which is helping young people to share their views in decision making meetings through a more child-friendly format.</p> <p>Creative Engagement Approach to inform development of Children's Services Plan</p> <p>A creative engagement approach was used to develop the Children's Services Plan, in order to support the range of children and young people's engagement needs and preferences, with sessions in a range of schools (with different SIMD profiles)</p>	
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			<p>and also targeted community sessions (through LGBTQIA+ support groups) to ensure representation of all voices. These sessions asked children and young people to identify the areas important to them and to seek feedback on the previous set of priorities. One teacher fed back that the creative engagement session was the first time every pupil in the class had fully engaged in an exercise and demonstrated the potential for creative engagement to enhance voice and participation. Children and young people highlighted the need for a specific priority on poverty in order to address the impact of the current financial context and the Cost of Living crisis, which has now been included (see Priority 3, below) and aligns with the strategic direction of travel, anti-poverty work (e.g. Health Visitors having access to Section 22 to offer immediate financial support to families) and the Child Poverty Pathfinder initiatives across the City.</p> <p>Children’s Services Plan Priorities PRIORITY 1: Children and young people are safe, protected and valued in their communities and neighbourhoods PRIORITY 2: Children and young people’s health and wellbeing is promoted and improved PRIORITY 3: Children, young people and their families receive flexible support to address the impact of poverty and the Cost of Living crisis PRIORITY 4: Children and young people are</p>	
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		<p>well supported in their families and communities</p> <p>PRIORITY 5: Children and young people are supported to achieve their full potential through excellent and inclusive education, employment and life opportunities</p> <p>PRIORITY 6: Children and young people are involved and included and their views are influential in the development and delivery of services</p> <p>Engagement through Existing Relationships to inform the Family Support Strategy Refresh</p> <p>The HSCP has also sought support from third sector partners and GCVS to engage with children and young people, based on existing relationships with practitioners, in order to inform the refresh of the Family Support Strategy, which is also highlighting the value placed on keeping families in Glasgow.</p>	
7	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(a)	Age	<p>The proposal to reduce the residential estate by 5, and the number of out of authority placements by 6 will be mitigated by offering alternative support – through family and residential support from other areas of the provided estate, with a focus on keeping families together in their neighbourhoods and communities, with access to the right support at the right time, regardless of the age of children. Family support is in place for all age groups, with a 0</p>	<p>Supporting young people at the point of transition from children’s to adult services is an area for improvement identified in the Children’s Services Plan, with actions to improve support for care experienced young people, young people with disabilities, and young people with complex needs. A new</p>
	<p>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</p>		

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<p>included in the service design).</p> <p>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.</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>– 5 pathway, under 12 earlier intervention services, and over 12s intensive family support service (Glasgow Intensive Family Support Service; GIFSS)</p> <ul style="list-style-type: none"> • Young people are being supported by children’s rights and advocacy workers to ensure that their voices are heard in relation to the planning of their care moving forward. • Three young people’s care plans reflect the need for ongoing care within a children’s house. This will be supported, and these young people will move together to the same house to support a seamless transition. • The transition of the young people to their new home will be gradual over a period of 3 months, during which they will have the opportunity to visit their new house, and to get to know the staff and other young people. If young people wish to move prior to the 3-month period this will be supported as the transition plan will be needs-led and informed by the views and wishes of the young people. • One young person’s care plan requires a transition to supported living, with work to source a suitable placement having been ongoing for some time to ensure the appropriate level of support to meet the young person’s needs. This young person will continue to be consulted on what support they need to manage that transition, and their care 	<p>transitions protocol has been implemented and there is a review of services for children and young people with disabilities and a review of 16+ accommodation services to ensure that support is being developed and delivered in line with the needs of children and young people.</p>
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		<p>team will remain in place until their care plan is progressed in line with their wishes.</p>	
<p>(b)</p>	<p>Disability</p> <p>Could the service design or policy content have a disproportionate impact on people due to the protected characteristic of disability?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>Children and young people with a disability have care plans specific to their needs, with appropriate support identified from provided and purchased services to respond to children and families' individual needs.</p> <p>Mental Health Mental Health was identified as a key area of focus for the Children's Services Plan and a number of workstreams within the transformation programme are focusing on emotional wellbeing, for example the expansion of Tier 1 and Tier 2 community mental health supports, anti-poverty work, 16+ 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 prioritising keeping families safely together in their homes and communities.</p> <p>One young person's care plan requires a transition to supported living, with work to source a suitable placement having been ongoing for some time to ensure the appropriate level of support to meet the young person's needs. This young person will</p>	<p>The pandemic had a disproportionate impact on children and young people with disabilities and their families, due to availability of services, which has continued to be challenging. The mitigation is to review and revise our approach to delivering and commissioning services to ensure availability of appropriate support options, with a review of services for children and young people with disabilities ongoing. There is an ongoing review of our 2019 framework to consider future purchasing arrangement that will be implemented in 2026. This includes provision of support for both children and adults. There is a sub group looking specifically at the needs of children as part of this to ensure adequate and appropriate resources are available.</p> <p>We have developed an updated Transitions protocol that we launched in May of this year and we have a series of workshops</p>

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		<p>continue to be consulted on what support they need to manage that transition, and their care team will remain in place until their care plan is progressed in line with their wishes.</p> <p>Young people will be supported by children’s rights and advocacy to ensure that their voices are heard in relation to the planning of their care moving forward.</p>	<p>arranged for each of our localities to review implementation and consider areas to develop and strengthen. Effective implementation of this will support young people’s transition to adult services to ensure needs continue to be met in a more seamless way.</p>
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(c)	<p>Gender Reassignment</p> <p>Could the service change or policy have a disproportionate impact on people with the protected characteristic of Gender Reassignment?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p>	<p>Children and young people’s care plans are developed specific to their individual needs, with residential practitioners having developed knowledge and expertise in responding to the range of young people’s needs associated with gender reassignment.</p> <p>Across the wider children’s services landscape, specific one to one support, counselling and advice has been commissioned for LGBTQIA+ children and young people, which is accessible to children and young people living in children’s houses, and will be more available to young people in the cohort impacted by the proposed changes due to the reduction in out of authority placements which limits the potential for young people to engage in services within the City which are being developed to respond to the needs of Glasgow’s children and young people.</p>	

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	4) Not applicable <input type="checkbox"/>		
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(d)	<p>Marriage and Civil Partnership</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Marriage and Civil Partnership?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input checked="" type="checkbox"/></p>	Care experienced young people who are married or in a civil partnership would be eligible for the same type of support as other care experienced young people, based on an assessment of their individual needs.	
(e)	<p>Pregnancy and Maternity</p> <p>Could the service change or policy have a disproportionate impact on the people with the</p>	Pregnant young people have care plans specific to their needs, with particular approaches targeted to supporting this group, including Supporting Vulnerable Pregnancies protocol and Family Nurse	Research has been published by the Centre for Population Health with NHSGGC and NHSAA on the Cost of the Pregnancy Pathway . It

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<p>protected characteristics of Pregnancy and Maternity?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>Partnership. Glasgow HSCP has now fully implemented the antenatal visit by Health Visitors which provides an opportunity to improve outcomes and support wellbeing of children at the earliest point, and is universally available to all pregnant mothers. Work to integrate midwifery, health visiting and social work is underway for services moving into the new Parkhead Hub, which is based on promoting community connections and engagement.</p>	<p>details some of the cost-related barriers for women on low incomes to accessing ante- and post-natal appointments. The statutory duty to support income maximisation for new and expectant mothers – reported in the Local Child Poverty Action Report – has provided baseline measures against which to measure the impact of the anti-poverty approaches to raise income and protect families from the impact of poverty. This will continue to inform the HSCP’s anti-poverty and Child Poverty Pathfinder work.</p>
<p>Protected Characteristic</p>	<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>
<p>(f) Race</p> <p>Could the service change or policy have a disproportionate impact on people with the protected characteristics of Race?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and</p>	<p>Children and young people’s care plans are developed specific to their individual needs, with residential practitioners having developed knowledge and expertise in responding to the range of young people’s needs.</p> <p>Glasgow currently has a significant and growing asylum seeking population settling into the city, with a proportion of children and young people accommodated. Some of these children, young people and their families will have experienced</p>	

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	<p>victimisation</p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>significant trauma. In addition, poverty presents a significant challenge to these families who have no recourse to public funds and are unable to access employment opportunities. Work started in November 2019 to adopt a peer mentoring approach to support Roma families to engage with 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 work has helped to increase our understanding of Roma families' needs, and is informing the wider family support strategy refresh and Child Poverty Pathfinder work.</p> <p>All HSCP services are accessible to families for whom English is not their first language through interpreting support.</p>	
(g)	<p>Religion and Belief</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Religion and Belief?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p>	<p>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.</p>	

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	<p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>		
	<p>Protected Characteristic</p>	<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>
<p>(h)</p>	<p>Sex</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sex?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>The transformation programme acknowledges 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 the vast majority of these lone parents being female. According to the Child Poverty Report 2024, 63% of children living in poverty are in lone parent households. 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 to keeping children at home with their parent(s), and to more carefully consider approaches to supporting fathers. There is also a greater emphasis on Family Group Conferencing and Family Group Decision Making approaches within family support to ensure that all family members, including fathers, are included in developing a care plan which aims to prevent accommodation, and keep brothers and sisters together. The focus of the Family Support Strategy</p>	

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		<p>and the recently commissioned Family Support Services is to work with <i>whole</i> families to improve outcomes, and to understand the needs of individual family members, irrespective of sex, or household, to ensure that parents can have an involvement in caring for their children, and that family assets are fully explored in order to keep families together.</p> <p>Although this proposal includes a potential reduction of 15FTE staff, there is a review of the wider staffing levels within the residential service, and the reduction in staffing will be managed by a wider redeployment of staff across the structure. Potential equality impacts would relate to the workforce profile. Glasgow City HSCP Council staff are predominantly Female (81%).</p> <p>A staff impact assessment is required to further consider what impacts there would be on staff, if any, and mitigate where possible. An assessment will be undertaken when the engagement is complete, and all staff feedback has been collated. There is ongoing consultation with Trade Unions and staff as proposals are developed and the communication and engagement implementation plan is progressed. Any appropriate workplace supports for changes in roles or responsibilities will be identified and given further consideration where required.</p>	
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		<p>The care team within the children’s house is being consulted around alternative work locations. This includes:</p> <ul style="list-style-type: none"> • Offering houses within set geographical areas – south, north-west, north-east - close to their homes. This minimises the risk of additional travel time for carers. • Offering an extended period of notice beyond the 6 weeks required for a contractual change. It is proposed that 12 weeks’ notice will be given. • Carers to be given the opportunity to visit their new workplace, meet with the house manager, carers and young people, and will also be supported to attend at least one team meeting in their new workplace prior to their move. • Any carer who wishes to move with their key child for continuity in relationships will be supported to do so. <p>Consultation has also taking place with area teams, Independent Reviewing Officers, Children’s Rights team and trade union representatives regarding the rationale for the planned closure.</p>	
(i)	<p>Sexual Orientation</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sexual Orientation?</p>	<p>All services within the transformation programme provide support to all children and young people and families, irrespective of family members’ sexual orientation, and the commissioned LGBT+ service is providing more targeted support in 1:1 and group</p>	

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	<p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>settings.</p>	
	<p>Protected Characteristic</p>	<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>
<p>(j)</p>	<p>Socio – Economic Status & Social Class</p> <p>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?</p> <p>In addition to the above, if this constitutes a 'strategic decision' you should evidence due</p>	<p>The Nuffield Study <u>"Inequalities in child welfare intervention rates: deprivation and identity"</u>¹⁾ suggested that Glasgow's care experienced children and young people experience significantly higher rates of poverty than in other comparable cities, which led to a consideration about how to address this additional source of stress for families. The period over the pandemic provided the context for issuing direct payments to families, which was very positively received and has led to availability of</p>	

¹ Inequalities in Child Welfare intervention rates, deprivation and identity (2014); Nuffield Study.

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<p>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 <u>strategic</u> decisions and complete a separate assessment. Additional information available here: Fairer Scotland Duty: guidance for public bodies - gov.scot (www.gov.scot)</p>	<p>Section 22 (direct payment) support via Health Visitors.</p> <p>The demonstrations of change set up by the Child Poverty Pathfinder team will benefit families supported by the HSCP, with work ongoing to more closely align financial inclusion initiatives with Health Visiting, since every family has an allocated Health Visitor who visits family homes and can identify families impacted by poverty.</p> <p>Poverty is a key area of focus within the Children's Services Plan, and its eradication is a grand mission of the Council Strategic Plan, with addressing inequalities a priority within the IJB Strategic Plan, and is an important area of consideration in the assessment of families' needs to ensure that we address the impact of poverty to increase families' readiness to engage in all aspects of our services, creating the foundations for meaningful change through strengths-based practice in order to help families to stay together and thrive.</p> <p>The care team within the children's house is also being consulted around alternative work locations. This includes:</p> <ul style="list-style-type: none">• Offering houses within set geographical areas – south, north-west, north-east - close to their homes to minimise the risk of additional travel time for carers.	
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(k)	<p>Other marginalised groups</p> <p>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?</p>	<p>Care Experienced Young People Young people will be supported, in line with their individual needs, as outlined above.</p> <p>Domestic Abuse A programme of partnership work is aiming to improve the range and quality of services available to address domestic abuse, with a sub-group set up to explore approaches which will work well for children, for mothers and for fathers.</p>	
8.	<p>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?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>The aim is to reduce the risks associated with accommodating children and young people away from their parents, peers, school and communities, utilising the infrastructure of support in the City which is delivering strengths-based and trauma informed support to families. Data analysed before the first phase of the transformation work suggested that young people living in out of authority placements were not achieving the outcomes expected, which led to a focus on earlier intervention approaches, working alongside families and seeing families as experts in their own lives and key to identifying their own solutions. This set the strategic direction of travel for Glasgow, which has been validated through the publication of the Promise and independent care review, which outlined the negative impact of separating families.</p> <p>The reduction in one children’s house – which is not fit for purpose – and six out of authority placements</p>	

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		is aligned to the strategic direction of travel, is based on an analysis of data trends, and will also generate a saving within Children's Services which will prevent cuts to the other areas, including family support.	
		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.	Standard training is offered by HSCP training team, and there are additional opportunities offered by Scottish Government in relation to best practice in the areas of Whole Family Wellbeing and tier 1 and 2 mental health supports. Trauma informed approaches and relational language are areas of focus within Children's Services, and the nurture programme (and associated training) continues to be rolled out across the children's houses. Cultural sensitivity training has also been commissioned through the community mental health services, and the 16+ review is taking account of voice and lived experience to ensure that support offered is in line with the needs and preferences of young people who have been/ are about to be supported by the service, which offers feedback to practitioners on the approaches valued by young people. Participation Workers bring voice into a number of service areas, offering continuous learning to inform improvement.	

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

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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.

This strategy will uphold the right to respect for private and family life, the right to protection from discrimination and right to freedom of expression, as reflected in UNCRC, and in line with the aspirations of GIRFEC and the Promise, prioritising voice and participation and incorporating children, young people's and families' feedback and lived experience with a continued focus on keeping families together living safely in their homes and communities. The risks of accommodating children are much more widely understood following the publication of findings of the independent care review, which needs to be taken into account when care planning for children and young people. Two-thirds of young people choose to return home after their period of accommodation, which also highlights that the prevention of accommodation and prioritisation of supporting families to stay together is the right strategic direction.

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* .

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Recruitment of Promise Participation Workers to embed voice and participation in all aspects of service review and improvement across the HSCP.

Refreshed 'My Meeting' process, introduced by the Independent Care and Review Team, based on the voices of young people in order to prioritise children and young people views in decision-making meetings, with meetings designed to be child friendly to support participation and inclusion.

Creative engagement to inform the development of the Children's Services Plan

Development of HSCP UNCRC Action Plan

*

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

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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 and young people’s needs are assessed on an individual basis, and placements are selected based on the support which is most likely to meet children and young people’s socio-emotional health and wellbeing needs, taking into account needs associated with protected characteristics. Reducing the residential and out of authority placement estate is in line with an overall shift in the balance of care due to the priority to support families to stay safely together in their homes and communities.

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.

Placement decisions for children and young people are based on a professional assessment of need, and also the best interests of the child, which is the legal framework underpinning all work in Children’s Services. The placements currently available in Hamilton Park Children’s House are not appropriate due to significant health and safety concerns, which has been raised as a concern by the Care Inspectorate. Out of authority placements have been reducing over time, due to the strengths-based, trauma informed work to support families to stay together. Of the children and young people who have been accommodated, two-thirds of young people choose to return home after their placements end, suggesting that the primary aim should be to support families to stay together. This is supported by the Promise and the national direction of travel, which has been shining a spotlight on the additional risks of accommodating children and young people in terms of the disruption and instability to families – two-thirds of whom ultimately reunite through their own choice. The reduction in placements is therefore commensurate with trends in demand for placements.

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.

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.

The EQIA fully outlines the steps taken to engage with young people about this proposal in Section 4 above, with ongoing work to continue to engage young people about their care Plans alongside Children’s Rights team, Independent Reviewing Officers, and advocacy workers, according to young people’s wishes.

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Having completed the EQIA template, please tick which option you (Lead Reviewer) perceive best reflects the findings of the assessment. This can be cross-checked via the Quality Assurance process:

- Option 1: No major change (where no impact or potential for improvement is found, no action is required)
- Option 2: Adjust (where a potential or actual negative impact or potential for a more positive impact is found, make changes to mitigate risks or make improvements)
- Option 3: Continue (where a potential or actual negative impact or potential for a more positive impact is found but a decision not to make a change can be objectively justified, continue without making changes)
- Option 4: 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)

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

Roll out of the Nurture programme in children’s houses is an example of good practice

Children’s residential care services reviewed a range of research evidence, including qualitative testimonies, to help explore the efficacy of the Nurture Framework for supporting stressed, distressed and trauma-experienced children and young people. The Nurture Framework is an attachment-based model of care that supports the use of relational practice in the healthy development of children and young people. The Framework supports wellbeing, and has also been found to be helpful in understanding the needs of the care team as well as the children and young people they support. Understanding and meeting the needs of a care team is consistent with better outcomes for children and young people and is emphasised in the findings of Promise Scotland which highlights the need to ‘hold the hands of those that hold the hands’ of children and their families.

Research highlights the need to improve outcomes for care-experienced young people, and ensuring practice is trauma-informed, therapeutic in nature and relational in approach has been found to be consistent with improved outcomes. As a consequence, a pilot was undertaken, whereby 1 children’s house in Glasgow received training and coaching in the Nurture Framework by a Senior Educational Psychologist. The pilot was evaluated and qualitative and quantitative findings evidenced the efficacy of the framework in supporting children and young people, reducing physical restraint and reducing staff absence. The programme was then extended to all children’s houses in Glasgow, with the support of a comprehensive implementation plan to support the development of both the care teams supporting the children and young people, and the leadership team supporting the carers.

The Nurture guidelines below have been implemented in Children’s Houses, with support from Education colleagues and designated training and coaching resource within Children’s Residential Services.



nurture approach
guidelines.pdf

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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:

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Lead Reviewer:
EQIA Sign Off:

Name	Dominique Harvey
Job Title	Head of Planning (Children’s Services and North East)
Signature	
Date	06/11/2024

Quality Assurance Sign Off:
(NHSGGC Assessments)

Name	A Low
Job Title	Planning Manager
Signature	A Low
Date	13/11/2024

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

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

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

--

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

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

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

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

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

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

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

Action:	
Reason:	
Action:	
Reason:	

Please write your next 6-month review date

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Name of completing officer:

Date submitted:

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

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