

OFFICIAL NHS Greater Glasgow and Clyde Equality Impact Assessment Tool

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

| Name of Policy/Service Review/Service Development/Service Redesign/New Service: | | | | | | | |
|---|--|--|--|--|--|--|--|
| Glasgow City Health and Social Partnership, Purchased Foster Care and Continuing Care (Adult Placements) Framework Tender | | | | | | | |
| Is this a: Current Service Service Deve | s this a: Current Service 🗌 Service Development 🗌 🛮 Service Redesign 🖂 New Service 🗌 New Policy 🔲 Policy Review 🗌 | | | | | | |
| | | | | | | | |
| Description of the service & rationale for sel | ection for EQIA: (Please state if this is part of a Board-wide service or is locally driven). | | | | | | |
| The service will provide the option for the Hea | Ith and Social Care Partnership to supplement its own provided Foster Care Service, Families For Children, from Independent | | | | | | |
| Fostering Agencies who meet all of the require | ements outlined in the Invitation to Tender. Purchased Fostering Services are unlikely to be significantly different from our | | | | | | |
| provided services. Purchased Placements will | only be made if there are no provided places available within Families for Children. This will be the case for both short term | | | | | | |
| and long places. There has been a small but | steady decrease in the number of foster places being used over the past 10 years as can be seen from the graph below. This | | | | | | |
| is the case for both provided and purchased for | stering. Some of this will be as a direct consequence of shifting the focus of children's service on successful early | | | | | | |
| intervention. | | | | | | | |
| | | | | | | | |
| | Contland Dravided Fostoring Durchased | | | | | | |
| | Scotland Provided Fostering, Purchased | | | | | | |
| | Fostering and Kinship Placements | | | | | | |
| | 5,000 | | | | | | |
| | 4,000 | | | | | | |
| | 3,000 | | | | | | |
| | 2,000 | | | | | | |
| | | | | | | | |
| | 1,000 | | | | | | |
| | 0 | | | | | | |
| | 2012 2013 2014 2015 2016 2017 2018 2019 2020 2021 2022 | | | | | | |
| | Kinship Carers: friends/relatives ——Foster Carers provided by LA | | | | | | |
| | Foster Carers purchased by LA | | | | | | |

Referrals will come from the three Glasgow City Health and Social Care Partnership locality teams of North West, North East and South, via the central Placements Team.

In terms of equality impacting this service, the following specific legislations and policy drivers are relevant:

- The Equality Act 2010 (General Duties)
- Human Rights Act 1998 and the Equality and Human Rights Commission
- Procurement and the public sector equality duty: A guide for public authorities (Scotland) 2013
- Children and Young People (Scotland) Act 2014 incorporating Getting it right for every child (GIRFEC)
- Children (Scotland) Act 1995 Looked After Children (Scotland) Regulations 2009
- Children's Hearings (Scotland) Act 2011
- The Continuing Care (Scotland) Order 2015
- The Child Poverty (Scotland) Act 2017.

The service will play a key role in Glasgow's response to delivering an environment where every child or young person will be supported to achieve their full potential, and to contribute positively to their communities throughout their lives.

The service is explicit in its promotion of equality. Service requirements clearly stipulate that: The Provider must have an understanding of the complex needs with which the majority of children or young people will present. These include a range of issues and varying levels of support needs, such as, but not limited to:

- have experienced significant trauma
- being vulnerable to social isolation, harm or exploitation
- issues around gender or sexual orientation
- suffering effects of religious, racial, gender based or other discrimination
- language support and communication support needs due to literacy or language barriers
- Mental Health needs

In particular, in respect of Equalities, the Service Specification specifies that: The Services will be inclusive, culturally appropriate and accessible. Care should be anticipatory to meet the needs of those with protected characteristics (defined within the Equality Act 2010) as well as being reactive.

Activity and materials used to promote the Services will be appropriate for those from protected characteristic groups. Specific needs due to protected characteristics will be identified by the Provider and they will make appropriate adjustments to the delivery of the Services. This will include developing strategies to engage the very specific groups of children and young people. Monitoring of the access of specific groups of children and young people will be in line with the requirements of the Equality Act 2010.

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: Natasha McNaught, Service Manager, Commissioning Children and Families and Women's Services | Date of Lead Reviewer Training: 24th August 2023 |
|---|--|
| Families and Women's Services | |

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):

Todd Coster, Principal Officer, Commissioning Children and Families and Women's Services; Jim Barr, Senior Officer, Commissioning Children and Families and Women's Services; Lynne Macdonald, Senior Officer, Commissioning Children and Families and Women's Services.

| | 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. | Data gathered and held on the Care First system as a matter of course are as follows: | The Invitation To Tender, and the scoring will reflect the need for those Providers providing the service to actively address equalities issues, have an ethos that shows understanding of and empathises with, the circumstances and experiences of children and young people. Not having data could mean matches of child or young person to foster carers are not as good as they could be. |

| 2. | Please provide details of how data captured has been/will be used to inform policy content or service design. Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes). 1) Remove discrimination, harassment and victimisation 2) Promote equality of opportunity 3) Foster good relations between protected characteristics. | A physical activity programme for people with long term conditions reviewed service user data and found very low uptake by BME (Black and Minority Ethnic) people. Engagement activity found promotional material for the interventions was not representative. As a result an adapted range of materials were introduced with ongoing monitoring of uptake. (Due regard promoting equality of opportunity) | Data captured is used to assist in matching children and young people being placed with foster carers. Data captured is used to identify specific targeting of potential foster carers e.g. carers for children affected by disability; carers for teenagers; carers for young mothers; BME Carers. | Possible negative impact and Additional Mitigating Action Required The Invitation To Tender, and the scoring will reflect the need for those Providers providing the service to actively address equalities issues, have an ethos that shows understanding of and empathises with, the circumstances and experiences of children and young people. Requirement that the Provider staff recruitment and training reflect an understanding of and a commitment to the above. |
|----|--|---|--|--|
| | 4) Not applicable | | | |
| | | 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 | Looked after and accommodated care services reviewed a range of research | Experience has been the primary driver of the service design. Purchased Fostering Frameworks have been in place for the past 13 years, and these have been informed in each iteration by the experience of the preceding tender. | The Invitation To Tender, and the scoring will reflect the need for those Providers providing the service to actively address equalities issues, |

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| | groups to the service or Policy? | evidence to help promote a more inclusive care environment. Research | The following specific legislations and policy drivers are relevant: | have an ethos that shows understanding of and empathises with, the circumstances and | | | |
| | Your evidence should show | suggested that young | The Care Review including The Promise | experiences of children and young | | | |
| | which of the 3 parts of the | LGBT+ people had a | | people. | | | |
| | General Duty have been | disproportionately | Getting It Right For Every Child (Girfec) | people. | | | |
| | considered (tick relevant | difficult time through | Children (Scotland) Act 1995 | Requirement that the Provider staff | | | |
| | boxes). | exposure to bullying and | Children (Scotland) Act 2020 | recruitment and training reflect an | | | |
| | DOXES). | harassment. As a result | The Adoption and Children Act (Scotland) 2007 | understanding of and a commitment | | | |
| | 1) Remove discrimination, | staff were trained in | | to the above. | | | |
| | harassment and | LGBT+ issues and were | Looked After Children (Scotland) Regulations 2009 | to the above. | | | |
| | victimisation | more confident in asking | Children's Hearings (Scotland) Act 2011 | | | | |
| | Victimisation | related questions to | Children and Young People (Scotland) Act 2014 | | | | |
| | 2) Promote equality of | young people. | The Continuing Care (Scotland) Order 2015 | | | | |
| | opportunity | (Due regard to removing | Guidance on Looked After Children (Scotland) Regulations | | | | |
| | | discrimination, | 2009 and the Adoption and Children (Scotland) Act 2007 | | | | |
| | 3) Foster good relations | harassment and | 2000 and the Maspherrana Simaron (Sectional Piot 2007 | | | | |
| | between protected | victimisation and | T | | | | |
| | characteristics 🗹 | fostering good relations). | The new service will play a key role in Glasgow's response to | | | | |
| | | , | delivering an environment where every child and young person | | | | |
| | 4) Not applicable | | will be supported to achieve their full potential, and to contribute | | | | |
| | 4) Not applicable \square | | positively to their communities throughout their lives. | | | | |
| | | Example | Service Evidence Provided | Possible negative impact and Additional Mitigating Action Required | | | |
| 4. | Can you give details of how | A money advice service | The Service Review has engaged with existing Provider, Care | | | | |
| | you have engaged with | spoke to lone parents | Managers and other stakeholders e.g. Provider agencies | | | | |
| | equality groups with regard | (predominantly women) | feedback from young people, GCHSCP Placements Team to | | | | |
| | to the service review or | to better understand | gain a greater knowledge of user experience and identify gaps in | | | | |
| | policy development? What | barriers to accessing the | service delivery. | | | | |
| | did this engagement tell you | service. Feedback | lefe mention with an altella we that the | | | | |
| | about user experience and | included concerns about | Information gathered tells us that there are a number of areas in | | | | |
| | how was this information | waiting times at the drop | the existing framework where Providers haven't been as | | | | |
| | used? The Patient | in service, made more | successful as we, or they, would have liked in a number of | | | | |
| | Experience and Public | difficult due to child care | areas: | | | | |

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

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

issues. As a result the service introduced a home visit and telephone service which significantly increased uptake.

(Due regard to promoting equality of opportunity)

* The Child Poverty (Scotland) Act 2017 requires organisations to take actions to reduce poverty for children in households at risk of low incomes.

- Recruiting carers who are able to offer family placements for teenagers.
- Recruiting carers able to offer family placements for children and young people with complex needs,
- Recruiting carers able to offer family placements for children and young people with physical and/or learning disabilities.
- Recruiting carers able to offer family placements for children and young people within a 20 mile radius of Glasgow.
- Our Placements Team indicate that where consistent points of contact with Providers are established, referral process tend to be smoother and faster.

The above information has been used to encourage Providers to target recruitment to Glasgow's needs.

Additional methods of seeking the views of children and young people include:

- Social Work Safeguarding visits.
- Viewpoint is computer programme which provides children and young people with an independent means of expressing their views and increases their active participation in assessment and planning process.
- Providers also use a variety of methods to seek and gather the views of children and young people, from custom Apps, Video Inputs, Podcasts to more traditional Questionnaires, and individual discussions with children and young people. These are anonymised and aggregated and fed back in Contract monitoring processes.

Example

Service Evidence Provided

Possible negative impact and

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|----|---|--|---|---|
| | | | | Additional Mitigating Action Required |
| 5. | Is your service physically accessible to everyone? If this is a policy that impacts on movement of service users through areas are there potential barriers that need to be addressed? Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes). 1) Remove discrimination, harassment and victimisation 2) Promote equality of opportunity 3) Foster good relations between protected characteristics. | An access audit of an outpatient physiotherapy department found that users were required to negotiate 2 sets of heavy manual pull doors to access the service. A request was placed to have the doors retained by magnets that could deactivate in the event of a fire. (Due regard to remove discrimination, harassment and victimisation). | The service will be provided from the homes of foster carers, there will be a requirement for there to be a spare room for the child or young person being placed. GCHSCP will have little control over the accommodation, each Provider, in conjunction with operational colleagues and the Placements Team, will endeavour to carefully match children and young people with foster carers and their accommodation. In some instances where there are physical barriers, these may be overcome by Occupational Therapy input and/or aids and adaptations. | An available place that could meet the needs of a child or young person could be physically inaccessible in some way. Mitigating action could be O.T. Referral, or specialist training for carers e.g. lifting and handling. |
| | | 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 | Following a service review, an information video to explain new | Glasgow City Children's Services have undertaken a profound shift in how we support families since 2016, further consolidated in the light of the <u>Promise</u> . The service aims to support families | Providers will be required to evidence in their tender submissions, that they have in place a commitment to |

discriminate in the way it communicates with service users and staff?

Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).

- 1) Remove discrimination, harassment and victimisation
- 2) Promote equality of opportunity
- 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.

procedures was hosted on the organisation's YouTube site. This was accompanied by a BSL signer to explain service changes to Deaf service users.

Written materials were offered in other languages and formats.

(Due regard to remove discrimination, harassment and victimisation and promote equality of opportunity).

through child and family-centred services, to resolve their difficulties, and remain together, through mobilising the strengths of the family network and services, to mitigate and manage risks. GCHSCP believe that Glasgow's children and young people can best flourish when they are able to sustain their relationships and connection to family, kin, friends, school and community.

While the service is working very hard to prevent family breakdown and enable children and young people to be cared for within their own families, it continues to need foster placements for children and young people who cannot remain within family care in the short or long term.

Core evidence from the Scottish Care Review heard from children and young people that the words used by the workforce to describe their lives, like 'unit' and 'placement' and 'contact' and 'respite' and 'LAC'(looked after child), are not the same as those used by their non-care-experienced peers. They told the Care Review that this language compounds a sense of being different, can exacerbate low self-esteem and is stigmatising. The Care Review avoids these words. GCHSCP and Providers have demonstrated a very clear commitment to the Promise, including the use of spoken and written language. The Provider shall ensure that information is designed with participation of the children and young people in mind and as required, is produced in a variety of ways to ensure that the specific needs of any children or young people are met e.g. through the use of Braille, audio tapes, different languages, pictures and symbols.

deliver the Promise.

Providers will be required to evidence in their tender submission that they have in place training for both staff and foster carers on delivering the Promise.

| 7 | Protected Characteristic | Service Ev | idence Pro | vided | | | 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 | can be deliv | vered from book | oirth to the ages of the chi | ge of 26 in s Idren and yo | | The Service Specification, Invitation To Tender, and the scoring will reflect the need for those Providers providing the service to actively address equalities issues, have an |
| | service design or policy content. You will need to | AGE | М | F | Total | | ethos that shows understanding of |
| | objectively justify in the evidence section any | 3 | 1 | 0 | 1 | | and empathises with, the |
| | segregation on the grounds of age promoted by the | 4 | 0 | 1 | 1 | | circumstances and experiences of |
| | policy or included in the service design). | 5 | 1 | 1 | 2 | | children and young people |
| | Your evidence should show which of the 3 parts of the | 6 | 0 | 3 | 3 | | Service Specification will specifically |
| | General Duty have been considered (tick relevant | 7 | 3 | 0 | 3 | | ask for Providers to recruit foster |
| | boxes). | 8 | 4 | 2 | 6 | | carers who can support teenagers |
| | | 9 | 6 | 2 | 8 | | who may be experiencing care provision for the first time. |
| | 1) Remove discrimination, harassment and | 10 | 3 | 0 | 3 | | |
| | victimisation | 11 | 6 | 1 | 7 | | |
| | 2) Promote equality of opportunity | 12 | 5 | 3 | 8 | | |
| | | 13 | 4 | 2 | 6 | | |
| | 3) Foster good relations between protected characteristics. | 14 | 14 | 9 | 23 | | |
| | | 15 | 7 | 2 | 9 | | |
| | | 16 | 7 | 5 | 12 | | |
| | 4) Not applicable | 17 | 8 | 6 | 14 | | |
| | | 18 | 6 | 7 | 13 | | |
| | | 19 | 4 | 4 | 8 | | |
| | | 20 | 4 | 6 | 10 | | |
| | | 21 | 1 | 2 | 3 | | |
| | | 22 | 2 | 2 | 4 | | |
| | | 23 | 0 | 2 | 2 | | |
| | | | | | 146 | | |

| (b) | Disability | I his service has been designed to meet the needs of all, regardless of disability status. Children and young people and/or | Providers to target recruitment at |
|-----|--|---|--------------------------------------|
| | Could the service design or policy content have a | their carers may face barriers due to disability, and Provider staff | foster carers who are able to offer |
| | disproportionate impact on people due to the protected | will be made aware of any specific requirements to take into | family placements for children and |
| | characteristic of disability? | account at the referral stage. This may be relevant when | young people with physical and/or |
| | • | arranging for any family members to participate in activities and | learning disabilities. |
| | Your evidence should show which of the 3 parts of the | community events. The Providers must evidence, as part of | |
| | General Duty have been considered (tick relevant | their Tender submission, that they have the requisite Health and | Mitigating action could be O.T. |
| | boxes). | Safety policies and insurances in place to protect children and | Referral, or specialist training for |
| | , | young people and their organisation. | carers e.g. lifting and handling |
| | 1) Remove discrimination, harassment and | | |
| | victimisation | Service requirements clearly stipulate that: The Provider must | |
| | | have an understanding of the complex needs with which the | |
| | 2) Promote equality of opportunity | majority of children and young people will present. These include | |
| | , and the graph of the same | a range of issues and varying levels of support needs, such as, | |
| | 3) Foster good relations between protected | but not limited to: | |
| | characteristics. | | |
| | | language support and communication support needs due to | |
| | 4) Not applicable | literacy or language barriers | |
| | ., upp | | |
| | | Mental Health needs | |
| | | | |
| | | GCHSCP will have little control over the accommodation, | |
| | | therefore each Provider, in conjunction with operational | |
| | | colleagues and the Placements Team will endeavour to carefully | |
| | | match children and young people with foster carers and their | |
| | | accommodation. In some instances where there are physical | |
| | | barriers, these may be overcome by Occupational Therapy input | |
| | | and/or aids and adaptations. | |
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| | Protected Characteristic | Service Evidence Provided | Possible negative impact and Additional Mitigating Action Required |
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| (c) | 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 | Current Scottish Government guidance states that this data is not collected for those aged under 16 years of age. As the recipient of the service recorded in CareFirst is the child / young person, this data is not available. The service is explicit in its promotion of equality. Service requirements clearly stipulate that: The Provider must have an understanding of the complex needs with which the majority of children and young people will present. These include a range of issues and varying levels of support needs, such as, but not limited to: • issues around gender or sexual orientation • suffering effects of religious, racial, gender based or other discrimination | As above |
| | 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? | People with this characteristic are unlikely to be represented within this client group, though the Equality considerations included in the Service Specification require the Providers to recognise all protected characteristics of children and young people and staff. There are no examples of this coming up in Glasgow in the last 20 years and service would be dependent on individual circumstances, if this becomes a factor. | As above |

| | | 011107/12 | |
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| | Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes). 1) Remove discrimination, harassment and victimisation 2) Promote equality of opportunity 3) Foster good relations between protected characteristics 4) Not applicable | | |
| (e) | Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Pregnancy and Maternity? Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes). 1) Remove discrimination, harassment victimisation 2) Promote equality of opportunity 3) Foster good relations between protected characteristics. | People with this characteristic are unlikely to be represented within this client group, though the Equality considerations included in the Service Specification require the Providers to recognise all protected characteristics of children and young people and staff. Where appropriate mother and baby placements are made. | As above |

| | Protected Characteristic | Service Evidence Provided | Possible negative impact and Additional Mitigating Action Required |
|-----|---|---|--|
| (f) | Race Could the service change or policy have a disproportionate impact on people with the protected characteristics of Race? Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes). 1) Remove discrimination, harassment and victimisation 2) Promote equality of opportunity 3) Foster good relations between protected characteristics | This service will be available to people of all ethnic and national identities. The Service Specification has advised that the Providers of the service must, when required, ensure that interpreting services are in place for children and young people whose first language is not English. This can be accessed via locality social work teams The data collected identifying the ethnic origins of children and young people being supported in foster care in the categories detailed below. Chinese 2 Black African 14 Any other Ethnic background 10 Any other Black background 3 | Additional Mitigating Action |
| | 4) Not applicable | Pakistani 8 White/Scottish 312 White Irish 1 White Other British 9 Any other white background 10 Polish 2 Any mixed Background 16 Not Indicated 4 The service is explicit in its promotion of equality. Service requirements clearly stipulate that: The Provider must have an understanding of the complex needs with which the majority of children and young people will present. These include a range of issues and varying levels of support needs, such as, but not limited to: | |

| (g) | Religion and Belief | suffering effects of religious, racial, gender based or other discrimination language support and communication support needs due to literacy or language barriers Operational teams advise of the child or young person background and discuss requirements for a similar foster carers background in order to match the child or young person with a foster carer. This matching process is examined by the Care Inspectorate as part of their regulatory role, therefore Providers need to evidence their diligence in their matching processes. In exceptional circumstances a match can be made outwith the country. This service has been designed to meet the needs of all, | As above |
|-----|--|--|----------|
| (9) | Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Religion and Belief? Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes). 1) Remove discrimination, harassment and victimisation 2) Promote equality of opportunity 3) Foster good relations between protected characteristics. | regardless of faith and/or belief. Within the Service Specification, there is the requirement to orientate children and young people to religious communities, community groups etc. Joint activities will be culturally sensitive The service is explicit in its promotion of equality. Service requirements clearly stipulate that: The Provider must have an understanding of the complex needs with which the majority of children and young people will present. These include a range of issues and varying levels of support needs, such as, but not limited to: • suffering effects of religious, racial, gender based or other discrimination | As above |

| | Protected Characteristic | Service Evidence Provided | Possible negative impact and Additional Mitigating Action Required |
|-----|--|---|--|
| (h) | Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sex? Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes). 1) Remove discrimination, harassment and victimisation 2) Promote equality of opportunity 3) Foster good relations between protected characteristics. | The service will be available to males and females of up to 18 in some circumstances up to age 26 years of age. The data below details the sex of children and young people in Foster Care Female – 60 Male - 86 The service is explicit in its promotion of equality. Service requirements clearly stipulate that: The Provider must have an understanding of the complex needs with which the majority of children and young people will present. These include a range of issues and varying levels of support needs, such as, but not limited to: • have experienced significant trauma • being vulnerable to social isolation, harm or exploitation • issues around gender or sexual orientation • suffering effects of religious, racial, gender based or other discrimination | As above |
| (i) | Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sexual Orientation? Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes). | Current Scottish Government guidance states that this data is not collected for those aged under 16 years of age. As the recipient of the service recorded in CareFirst is the child / young person, this data is not available The service is explicit in its promotion of equality. Service requirements clearly stipulate that: The Provider must have an understanding of the complex needs with which the majority of children and young people will present. These include a range of | Monitoring access and delivery for LGBT will be in line with the requirements of the Equality Act 2010 |

| | 1) Remove discrimination, harassment and victimisation 2) Promote equality of opportunity 3) Foster good relations between protected characteristics. 4) Not applicable | issues and varying levels of support needs, such as, but not limited to: • issues around gender or sexual orientation • suffering effects of religious, racial, gender based or other discrimination | |
|------------|---|---|--|
| | Protected Characteristic | Service Evidence Provided | Possible negative impact and Additional Mitigating Action Required |
| (j) | Could the proposed service change or policy have a disproportionate impact on people because of their social class or experience of poverty and what mitigating action have you taken/planned? The Fairer Scotland Duty (2018) places a duty on public bodies in Scotland to actively consider how they can reduce inequalities of outcome caused by socioeconomic disadvantage when making strategic decisions. If relevant, you should evidence here what steps have been taken to assess and mitigate risk of exacerbating inequality on the ground of socioeconomic status. Additional information available here: Fairer Scotland Duty: guidance for public bodies – gov.scot (www.gov.scot) Seven useful questions to consider when seeking to demonstrate 'due regard' in relation to the Duty: 1. What evidence has been considered in preparing for the decision, and are there any gaps in the evidence? | The service changes do not impact on children and young people or their foster carers. Fostering National Care Standards places a duty on Local Authorities and Independent Fostering Agencies to carefully match children and young people with foster carers. The changes are designed to provide more equity across the fostering framework. The step up and step down approach meets the individual needs of every child and young person regardless of level of need. | |

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| | 2. What are the voices of people and communities | | |
| | telling us, and how has this been determined | | |
| | (particularly those with lived experience of socio- | | |
| | economic disadvantage)? | | |
| | 3. What does the evidence suggest about the actual or | | |
| | likely impacts of different options or measures on | | |
| | inequalities of outcome that are associated with socio- | | |
| | economic disadvantage? | | |
| | 4. Are some communities of interest or communities | | |
| | of place more affected by disadvantage in this case | | |
| | than others? | | |
| | 5. What does our Duty assessment tell us about socio- | | |
| | economic disadvantage experienced | | |
| | disproportionately according to sex, race, disability | | |
| | and other protected characteristics that we may need | | |
| | to factor into our decisions? | | |
| | 6. How has the evidence been weighed up in reaching | | |
| | our final decision? | | |
| | 7. What plans are in place to monitor or evaluate the | | |
| | impact of the proposals on inequalities of outcome | | |
| | that are associated with socio-economic | | |
| | disadvantage? 'Making Fair Financial Decisions' | | |
| | (EHRC, 2019)21 provides useful information about | | |
| | the 'Brown Principles' which can be used to | | |
| | determine whether due regard has been given. When | | |
| | engaging with communities the National Standards | | |
| | for Community Engagement22 should be followed. | | |
| | Those engaged with should also be advised | | |
| | subsequently on how their contributions were factored | | |
| (1.) | into the final decision. | | T |
| (k) | Other marginalised groups | The service is open to all marginalised groups. | The Invitation To Tender, and the |
| | Hambana and de la constitución d | The Devolution of the Collins with the Collins of t | scoring will reflect the need for those |
| | How have you considered the specific impact on other | The Provider's staff will be suitably experienced and will have | Providers providing the service to |
| | groups including homeless people, prisoners and ex- | the appropriate training and skills and competencies to provide a | actively address equalities issues, |
| | offenders, ex-service personnel, people with | trauma informed response approach to work with children and | have an ethos that shows |

| | addictions, people involved in prostitution, asylum seekers & refugees and travellers? | young people in foster care who will have varying degrees of care and support needs and unique and potentially complex histories. Staff will require regular training in equalities. | understanding of and empathises with, the circumstances and experiences of children and young people. |
|----|--|--|---|
| 8. | Does the service change or policy development include an element of cost savings? How have you managed this in a way that will not disproportionately impact on protected characteristic groups? | There is no element of cost savings identified for this tender | |
| | 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 | | |
| | | 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 | The Invitation to Tender, and the scoring will reflect the need for those Providers providing the service to actively address | |
| | foster good relations between protected characteristic | equalities issues, have an ethos that shows understanding of | |
| | groups? As a minimum include recorded completion rates of statutory and mandatory learning programmes | and empathises with, the circumstances and experiences of children and young people. | |
| | (or local equivalent) covering equality, diversity and | , , , | |
| | human rights. | Requirement that the Provider staff recruitment and training reflect an understanding of and a commitment to the above. | |

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 ar | ny risks in relation to the service | e design or policy were id | dentified which could imp | act on the human rights | of patients, service |
|---|-------------------------------------|----------------------------|---------------------------|-------------------------|----------------------|
| users or staff. | | | | | |

No

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 Council has statutory responsibilities for all Glasgow's looked after children and young people, whether living at home, in foster care, in kinship households or residential care.

Foster Families support is an integral element of Glasgow's Family Support, which is underpinned by the commitments outlined within The Promise Glasgow's Promise. The Provider will require to adapt their approaches and align with the Council's Family Support Strategy https://glasgowcity.hscp.scot/sites/default/files/publications/Family%20Support%20Strategy.pdf strengths and principles, and The Promise to ensure that Scotland's children and young people grow up loved, safe and protected.

The service delivered will assist the Council in meeting its obligations to children, young people and Kinship carers, and deliver a range of supports to children and young

people in Foster Families.

In relation to the outcomes to be achieved for individual children and young people, these are as follows:

- The child or young person's Foster Families are keeping them safe.
- The Child's Plan remains current and appropriate to the child or young person and their Foster Families
- The child or young person's Foster Family and home remains stable and is meeting their needs.
- The child or young person and Foster Families are supported in mitigating the impact of poverty.

The service is part of GCHSCP's wider Family Support strategy.

*

- 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.

| _ | g completed the EQIA template, please tick which option you (Lead Reviewer) perceive best reflects the findings of the assessment. This can be cross-checked Quality Assurance process: |
|---|---|
| | Option 1: No major change (where no impact or potential for improvement is found, no action is required) |
| | Option 2: Adjust (where a potential or actual negative impact or potential for a more positive impact is found, make changes to mitigate risks or make improvements) |
| | Option 3: Continue (where a potential or actual negative impact or potential for a more positive impact is found but a decision not to make a change can be objectively justified, continue without making changes) |
| | Option 4: Stop and remove (where a serious risk of negative impact is found, the plans, policies etc. being assessed should be halted until these issues can be addressed) |

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.

The Purchased Foster Care Tender is focused on the Promise legislation incorporating the principles throughout all documentation:

Principle 1: Loving, safe and stable relationships are—above all else—the most important aspect of care for every child:

Principle 2: Strengthening and supporting families to stay together where children are safe and feel loved: .

Principle 3 : Support to fully meet wellbeing needs, including health and education:

Principle 4: Comprehensive and ongoing support for caregivers:

Principle 5: Stability and smooth transitions:

Principle 6: The rights, dignity and voice of children is at the heart of everything we do:

The language within the tender will reflect the Promise ethos demonstrating the beliefs and values of the Council in commissioning Foster Families for children and young people.

| 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) |
|---|---------------------|-------------------------------|
| Language in all documentation reflects the Promise Keeping family groups together Enabling brothers and sisters to maintain family ties | March 2025 | JM |

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

October 2024

Lead Reviewer: Name Natasha McNaught

EQIA Sign Off: Job Title Service Manager, Commissioning

Signature NATASHA MCNAUGHT

Date 22nd May 2024

Quality Assurance Sign Off: Name Alastair Low

Job Title Planning Manager

Signature A Low

Date 27/05/24



Date

March 2025

Initials

LM

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:

Foster Families Service

| | | Cor | Completed | |
|------------------------------------|--|--------------------------|---------------|--|
| | | Date | Initials | |
| Action: | Gather equality data, age, sex and race of child or young person in kinship care | Oct 2024 | LM | |
| Status: | | | | |
| Action: | | | | |
| Status: | | | | |
| Action: | | | | |
| Status: | | | | |
| Action: | | | | |
| Status: | | | | |
| | tail any outstanding activity with regard to required actions highlighted in the original EQIA r non-completion | A process for this Servi | ce/Policy and | |
| Data Collection To be Completed by | | | | |

Disability data is not routinely collected, however it will be taken forward as an

This service will include developing strategies to engage specific groups of children

and young people, such as individuals with disabilities. Support and signposting into

action and included in future quarterly data collection.

generic and specialist health services. E.g Mental health Services

Action:

Reason:

| Action: | | | | | | |
|--|--|-----------|-----------|--|--|--|
| Reason: | | | | | | |
| Please deta | il any new actions required since completing the original EQIA and reasons: | | | | | |
| | | To be com | pleted by | | | |
| | | Date | Initials | | | |
| Action: | | | | | | |
| Reason: | | | | | | |
| Action: | | | | | | |
| Reason: | | | | | | |
| Please deta | Please detail any discontinued actions that were originally planned and reasons: | | | | | |
| 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 | | | | | | |