



NHS Greater Glasgow & 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 ggc.equality.team@nhs.scot for further details or call 0141 201 4874.

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

Please tick the relevant box:- Reprovisioning of Whole Family Wellbeing Fund

- Current Service
- Service Development
- Service Redesign
- New Service
- New Policy
- Policy Review

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

What does the service or policy do/aim to achieve? Please give as much information as you can, remembering that this document will be published in the public domain and should promote transparency.

This EQIA aligns with the IJB Financial Allocations and Budgets 2026-27 paper, being presented to IJB members in March 2026.

Introduction

This EQIA is to assess the impact of re-provisioning an element of the Whole Family Wellbeing Fund, which was initially assigned to funding methodological support for the transformational change programme. In the current financial context, and given recent workforce developments, it is proposed that this funding is reallocated to maintaining the Section 22 budget, which provides scope to offer direct payments to families who are struggling financially. This funding is discretionary, and therefore there is a risk to this funding given the overall budget position for Children's Services.

There is strong evidence that this funding supports families, offering early intervention, and for some families, preventing escalation into more targeted support. The aim of Section 22 payments is to offer non-stigmatised financial support via universal services (Health Visiting) and through School Nursing, Family Nurse Partnership and Social Work. The recent Joint Children's Services Inspection reported that "[t]he gathering of feedback from families evidenced that families benefited from timely crisis support without the need to refer to social work and this reduced stigma" (Care Inspectorate, 2025, p.9).

An external organisation was awarded a contract for Transformational Change support, following an open tender process (£150,000 per annum for up to 4 years). This support has been delivered for one year, with an annual review built into the contract.

The methodological support funded through the Whole Family Wellbeing programme was aiming to support a shift towards earlier intervention and prevention, with more seamless pathways of support for families. This has involved mapping the system 'as is', designing the system 'to be', and identifying the activities required to support this whole system change. This work was impacted by the joint children's services inspection and is now being affected by the planning team's capacity to support and

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coordinate the work, given the new remit of the team to support the service prioritisation programme. Other workstreams are supporting the shift to earlier and effective intervention, as evidenced throughout this EQIA, including the section 22 payments. It is hoped that integrating the learning from the support already received will promote further positive change, though it is acknowledged that overall progress may be slowed in the absence of external facilitation and integration of recent evidence from the science and practice of implementation. This may be partially offset by the training and coaching offered to HSCP officers as part of the previous programme of improvement work.

Funding for the Transformational Change Programme was approved by the Children's Services Executive Group (CSEG) in October 2024 as part of the proportion of the Whole Family Wellbeing Fund to be allocated to the HSCP (as previously agreed by the Council Administration Committee). The plan was presented to IJB approval on 29th January 2025.

This proposal is assessing the impact of reprovisioning the funding, subject to necessary approvals.

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

This service has been selected due to the need to deliver budget savings, with the aim of reducing the direct impact on children, young people and families. Given current capacity issues to support whole system change work, this option is considered the least disruptive for families. As referenced throughout this impact assessment, there are a number of ongoing workstreams aiming to continue to develop high quality trauma informed and strengths-based support for children, young people and families.

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: Karen Dyball, Assistant Chief Officer, Children's Services
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)

Karen Dyball – Assistant Chief Officer, Glasgow City HSCP

Janet McCullough – Head of Children’s Services (South), Glasgow City HSCP

Peter Orr – Head of Children’s Services (NE), Glasgow City HSCP

Alison Cowper – Head of Children’s Services (NW), Glasgow City HSCP

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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 below any barriers to collecting this data in your submitted evidence and an explanation for any protected characteristic data omitted.

Service Evidence Provided:

Equalities information is routinely collected on EMIS for all children, young people and families supported by the HSCP to enable equalities monitoring, and to support planning for future service delivery to ensure that service development and improvement is focusing on meeting children, young people's and families' current and emerging needs.

Individual equalities data is used in our planning for individual children, young people and their families to ensure we are directly responsive to their needs.

We currently collect data on age, sex, disability, ethnicity, religion, marriage, and pregnancy. Postcode data also allows us to assess SIMD as a proxy for poverty.

There is good quality background data on EMIS – based on CENSUS data, with potential to develop further analyses of families' needs and to ensure continuing development of culturally sensitive approaches to supporting families.

Additional Culturally Sensitive training has been developed and delivered since 2024, and a workstream has been initiated to explore the training and development needs of staff through facilitated focus groups in order to ensure that we are meeting professional development requirements with a view to providing the most appropriate support for families.

Part of the whole system change Whole Family Wellbeing Fund work has been to understand need, and therefore to develop a system 'to be' that is responsive to need, based on children, young people and families' circumstances. Work is also ongoing, in partnership with the Child Poverty Programme team, to develop a 'no wrong door' approach to supporting families so that they receive the right support at the right time, regardless of their point of entry to the system. This work has developed through the funding flexibilities work to explore employability pathways in tandem with childcare and transport needs, to facilitate parents and carers' engagement with work in order to help to address the impact of poverty.

The Centre for Civic Innovation has also worked with key stakeholders across the system to develop a data dashboard that allows more proactive identification of families in poverty, or on the cusp, with work developing to offer appropriate support.

This work will help to inform other work, including the development of effective practice to support families effectively, building on the learning from successful approaches, integrating data and equalities considerations.

Possible negative impact and additional mitigating action required:

Collecting data on current service users does not detect underrepresented cohorts/ groups unable to access services, and therefore the HSCP needs to continue to keep track of changing demographics within the City to ensure that all groups have equal access to services, and to mitigate against any potential barriers to engagement. This will ensure that children's rights are protected in line with both UNCRC and with getting it right for every child's aspiration for children to get the help they need when they need it.

Based on the learning from the development of the child poverty data dashboard, a similar approach has been introduced in the family support services, which includes ethnicity and SIMD data, therefore allowing an analysis of the characteristics of families engaging with the service. This data will be compared with broader population demographics to assess the cultural inclusivity of family support services, with the aim of the adopting this approach more broadly across Children's Services.

There also needs to be more attention to ensuring good data quality on Carefirst and EMIS as there are some gaps in recording of equalities information. The record keeping workstream considers how to improve the quality of information collected.

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. Please tick the relevant box:-

- 1) Remove discrimination, harassment and victimisation
- 2) Promote equality of opportunity
- 3) Foster good relations between protected characteristics.
- 4) Not applicable

Service Evidence Provided:

Data has been used to inform service developments across a number of areas, including the Whole Family Wellbeing work, delivery of family support services and the family survey to understand the impact of Section 22 payments, as well as development of the Children's Services Plan (CSP) which underpins the strategic direction of travel for all children's services across the Community Planning Partnership. Some of the developments across Children's Services will mitigate the impact of reduced methodological support for the transformation programme given the partnership work with the Child Poverty Programme, Public Sector Reform work being led by the Council (with a direct focus to create alignment with the Service Prioritisation programme), continuing focus on delivering early and effective support for families through purchased family support services and the implementation of the Family Support Strategy, as well as the range of community mental health supports.

The HSCP demographic report, as well as a range of data from the School Health and Wellbeing Survey and Youth Health Service Annual Report, is informing the next iteration of the Children's Services Plan priorities (due for publication at the start of the next financial year, and representing the period 2026 – 29).

The CSP priorities are shared across the partnership, with partners committed to delivering a range of actions, at universal, early intervention and targeted levels, to meet the range of families' needs, including those with protected characteristics.

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Equalities data is used in planning for individual children, young people and their families to ensure we are delivering culturally sensitive approaches via a single agency child's plan, with additional training undertaken by Social Work staff over 2024 – 26, and a training needs assessment completed based on focus group feedback. A conversation cafe event also took place in September 2025 with a range of third sector partners, many of whom have good knowledge and high levels of trust working within specific communities. This event was supported by GCVS, and focused on listening to families' experiences of social work and community health services. This work has informed the development of an improvement plan, including an updated training programme, taking into account approaches that are working well, including learning from the Roma community connector approach and the longstanding work with Unaccompanied Asylum-Seeking Children and Young People across the city. As well as training opportunities for staff, a range of support materials and resources are being developed, including alignment of practice and policies with the anti-racist plan for Social Work in Scotland.

Possible negative impact and additional mitigating action required:

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3. How have you applied learning from research evidence about the experience of equality groups to the service or Policy?

Your evidence should show which of the 3 parts of the General Duty have been considered. Please tick the relevant box:-

- 1) Remove discrimination, harassment and victimisation
- 2) Promote equality of opportunity
- 3) Foster good relations between protected characteristics
- 4) Not applicable

Service Evidence Provided:

The learning from research and local data has informed the Whole Family Wellbeing work through:

Developing a Flexible, Responsive and Inclusive Family Support Strategy

Research was undertaken at the point of initially developing the Family Support Strategy to map out the range of provision of family support across the city. The mapping questionnaire took into account protected characteristics and investigated aspects such as funding criteria and pathways into services. In addition, providers were asked to evidence how their services promote inclusion. The Third Sector Family Support Sub-Group engaged with families throughout the initial development of the Strategy, and there was a wide range of Third Sector providers with expertise in providing support to address issues associated with domestic abuse and addictions; the delivery of holistic family support, nursery provision, play therapy, and intensive family support; as well as targeted services for the asylum seeking population, single parents, and children and young people with disabilities. The strategy was a driver for expanding family support provision within the City, with current investment of £6.4m per annum, and a specific 0 – 5 pathway to enable Health Visitors to refer families directly into the service.

The principles underpinning the Family Support Strategy were developed in collaboration with families and Third Sector practitioners in order to guide the delivery of family support and to ensure that the needs of all children, young people and families, including those with protected characteristics, are being met by the network of services within Glasgow City. The Family Support Strategy 2024 – 30 has been developed to mirror the period of the revised promise Plan, in recognition of the scale of whole system transformation required.

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The 5 strategic priorities of the [Family Support Strategy](#) outline how we work with families – voice and influence, and practice and collaboration - and how we work with each other – collaborative neighbourhood networks, people and resources, and evidence and learning. The context for the voice and influence priority is:

“Family participation is crucial for ensuring our services meet the needs of those we support. We are committed to amplifying family voice and influence at all levels of service design and delivery - both individual and strategic. Research shows that when families are active, valued decision-makers, there is stronger engagement with services and a higher chance of positive outcomes. By integrating the lived experiences of families with the evidence and experience from practitioner insights, we can design more inclusive, non-stigmatising, and culturally competent services.” (Glasgow Family Support Strategy, p.8).

The Family Support Strategy also defines the inclusive and accessible practice principle as “creat[ing] supports that are accessible to all families from a diversity of backgrounds and are equalities sensitive” (p.10), recognising that a key component of effective family support is the flexibility and responsiveness of services to meeting the individual needs of each family.

A new set of commissioned services started in July 2024, and this has provided the opportunity to refresh the collation and analysis of data, including equalities information, with a new data dashboard in place.

A range of community mental health supports continue to be developed, following baselining of this funding in March 2025. A survey on mental health needs of care experienced young people was carried out in 2020, which highlighted the need for accessible mental health support, which led to the development of a range of supports, including expansion of the Youth Health Service to include more mental health support and a service dedicated to addressing more complex needs. The Compassionate Distress Response Service was set up to meet young people’s immediate needs, including anxiety and self-harm, where a clinical intervention is not required; this service is available in evenings and weekends, with a pathway to other support, if appropriate. The Networking Team was introduced to connect families into a range of supports, and targeted help for parents of young people being supported by the Youth Health Service was also piloted, which has been very successful and has led to parents training as peer mentors; this has been particularly well received by families of neurodiverse young people. A range of targeted 1:1, counselling and group work support is also available for LGBTQIA+ children, young people and families. Anonymised online platforms were also introduced to support young people who would prefer to speak about their mental health needs anonymously, with onward pathways to support where required.

A BME scoping report published by the HSCP in January 2022 ([Mental health and wellbeing black and minority ethnic.pdf \(scot.nhs.uk\)](#)), which has been widely

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circulated, including among Scottish Government colleagues, has informed the development of community mental health supports for BME children, young people and families, which includes training and awareness to support the development of culturally sensitive approaches to meeting families' mental health needs.

A full survey of the impact of direct payments on families impacted by poverty has been carried out and has highlighted the impact of health visitors' and family nurses' direct access to this funding (which avoids a referral to social work, and the associated potential stigma for families being impacted by poverty).

Possible negative impact and additional mitigating action required:

A reduction in our ability to support Whole Family Wellbeing transformational change work may impact families in terms of the pace of change to develop more seamless pathways of support, however, a range of other workstreams, including family support planning, cultural competence work, Child Poverty Pathfinder and Public Sector Reform programme, and community mental health supports, are continuing to improve services for families with protected characteristics and data is improving to help us to track the impact of this work.

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4. Can you give details of how you have engaged with equality groups with regard to the service review or policy development? What did this engagement tell you about user experience and how was this information used?

The Patient Experience and Public Involvement team (PEPI) support NHSGGC to listen and understand what matters to people and can offer support.

Your evidence should show which of the 3 parts of the General Duty have been considered. Please tick the relevant box:-

- 1) Remove discrimination, harassment and victimisation
- 2) Promote equality of opportunity
- 3) Foster good relations between protected characteristics
- 4) Not applicable

Service Evidence Provided:

One of the key resources for informing the direction of 'Children's Services is direct feedback from children, young people, families and practitioners. As well as individual participation and feedback, there are a number of workstreams underway to improve engagement approaches, some of which are covered above.

Family support is a key priority of the Children's Services Plan, which outlines the broad vision to deliver strengths-based and trauma informed support, seeing families as experts in their own lives. Part of this work has been to support a shift towards earlier and effective intervention in order to give families the best chance to live together in their communities, and to thrive. This has involved developing non-stigmatising support, including a direct family support pathways for families with children under 5 and access to Section 22 payments for Health Visitors, School Nurses and Family Nurses,

As well as strengthening individual voices and participation, the HSCP has sought support from partners to engage with children and young people, based on existing relationships with practitioners, which is currently informing the next iteration of the Children's Services Plan, with education and third sector practitioners currently testing the vision for the Children's Services Plan with children and young people. This work

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is across a range of contexts (schools and community groups) in order to target children and young people from different demographic groups.

The S22 survey has utilised text messaging to connect families to a questionnaire about the impact of direct payments, which has resulted in a higher response rate as compared to traditional approaches, and continues to evidence the impact of these payments.

The 'My Meeting My Plan' model is being rolled out to support young people to share their views in decision making meetings, and there is ongoing work to strengthen families' voices in these meetings, including peer mentoring (linked to the development of Martha's Mammies) and improved permanence planning processes and governance.

The refresh of the Family Support Strategy also involved third sector practitioners engaging with families to identify the most important components of family support from their perspective.

Children's Services is seeking to increase its social media communication, with opportunities related to the development of the Children's Services Plan.

The CORRA Promise consultation with families – supported by GCVS and third sector colleagues – highlighted families' key priorities as:

- Poverty
- Childcare
- Barriers to accessing youth work
- Mental health issues
- Physical health and disability
- Isolation
- Domestic abuse
- Addictions

The Joint Children's Services Inspection Report highlighted that:

- Most children and young people felt safer as a result of caring relationships with staff.
- Most children and young people felt listened to, heard and included by the staff involved in their lives.
- In 75% of the records sampled, the extent of parents and carers' involvement was rated as good, very good or excellent.

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- Two thirds of parents reported that children received the right support to keep important relationships
- Two thirds of parents and carers indicated that they had found the involvement of services helpful.

The Care Inspectorate cited the need to improve child protection involvement, the influence of children and young people at risk of harm in strategic developments, and to ensure that all children, young people and families were effectively involved in meetings given that some children and young people experienced barriers to expressing their views.

As outlined throughout this Equality Impact Assessment, there are a number of workstreams addressing these areas, including:

- The Joint Children's Service Improvement Action Plan, covering improvement aims for children and young people at risk of harm in relation to individual children's needs reflected in planning for whole family groups, emerging risks in communities, with a specific focus on criminal exploitation, equity in access to advocacy for all children and young people, consistency of relationships and voice and participation influencing service improvement.
- Ongoing development of holistic and seamless support through policy and funding alignment (via the Public Sector Reform programme, taking into account the learning from the Whole Family Early Intervention Fund, Child Poverty Programme and No-one Left Behind employability resource), taking into account child care needs, employability support, and seamless pathways of support, including when families are 'stepping down' from more intensive support
- The Child Poverty Programme and demonstrations of change
- Community mental health supports
- Health and disability improvement work to better meet the range of families' needs
- Domestic abuse workstream focused on improving support and developing strengths-based approaches, including a new model of practice that seeks to reduce victim-blaming, increase accountability for those who are harming and improve outcomes for families
- Review of support for families impacted by addiction, moving beyond surveillance and monitoring, to provide trauma informed support, for example, Martha's Mammies. 'Martha's Mammies' was the project name chosen by the women involved in developing the approach. Martha's Mammies is also offering peer mentoring, which is providing good support for women, based on lived experience and strengthening voice, and is also improving employability outcomes.
- Development of community networks, for example, model developed for Parkhead Hub enhancing the connection between statutory health and social care services

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and community and third sector support and delivering community projects funded by the Whole Family Wellbeing Fund.

The engagement work to inform the new Children's Services Plan has included creative engagement with babies and young children, using their voice and participation to test the robustness of the priorities for all age groups. Work is ongoing to speak to wide range of children and young people, representing of the wider population of Glasgow City. Children and young people with protected characteristics will be targeted through specific community groups, in line with the advice from the HSCP Lead for Equalities and Fairer Scotland.

The PAC mental health survey included a targeted approach to capture the voice of care experienced young people, which led to the development of a range of community mental health supports (outlined above), and young people voice and participation is supported by the Promise Participation Workers across many aspects of HSCP Children's Services provision.

The Family Support Strategy refresh involved engaging with families to identify their priorities for continuing to develop effective family support services.

Possible negative impact and Additional Mitigating Action Required:

The culturally inclusive and sensitive workstream is continuing to develop an understanding of the broad needs of families, and is escalating issues to the Children's Services Core leadership team, as appropriate. The Joint Children's Services Inspection Improvement Action Plan includes an action to continue to develop culturally inclusive and sensitive practice and diversity of workforce, given shifting population and increasing number of young people in secure care from BME communities. Work is ongoing with local and national partners, including Scottish Government, to consider approaches for improving practice to effectively support BME young people.

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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. Please tick the relevant box:-

- 1) Remove discrimination, harassment and victimisation
- 2) Promote equality of opportunity
- 3) Foster good relations between protected characteristics
- 4) Not applicable

Service Evidence Provided:

N/A, as this is a programme of methodological support and therefore not building based.

Possible negative impact and additional mitigating action required:

6. How will the service change or policy development ensure it does not discriminate in the way it communicates with service users and staff?

Your evidence should show which of the 3 parts of the General Duty have been considered. Please tick the relevant box:-

- 1) Remove discrimination, harassment and victimisation
- 2) Promote equality of opportunity
- 3) Foster good relations between protected characteristics
- 4) Not applicable

Service Evidence Provided:

One of the key drivers for informing the direction of Children's Services is direct feedback from children, young people, families and practitioners. There are a number of workstreams underway to improve engagement approaches, some of which are covered above. The S22 survey has utilised text messaging to connect families to a questionnaire about the impact of direct payments, which has resulted in a higher response rate. The 'My Meeting My Plan' model is being rolled out to support young people to share their views in decision making meetings, and there is work planned to promote families' voices in these meetings, including peer mentoring (linked to the learning from Martha's Mammies and wider aspirations associated with the Whole Family Early Intervention Fund). The HSCP has sought support from partners to engage with children and young people, based on existing relationships with practitioners; this approach is working well in the engagement for the Children's Services Plan, which is being supported by education and third sector practitioners. Children's Services is seeking to increase its social media communication, with plans to develop the next iteration of the Children's Services Plan.

Staff and service users will have access to interpretation services as per HSCP / NHS GG&C Interpreting and Communication Support Policy. Staff have access to British Sign Language services via interpreting services. Written materials are available in a variety of languages.

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7. Protected Characteristic

(a) Age

Could the service design or policy content have a disproportionate impact on people due to differences in age?

Your evidence should show which of the 3 parts of the General Duty have been considered. Please tick the relevant box:-

- 1) Remove discrimination, harassment and victimisation
- 2) Promote equality of opportunity
- 3) Foster good relations between protected characteristics.
- 4) Not applicable

Service Evidence Provided:

Children's Services support children, young people and families entitled to support as defined under the Children and Young People (Scotland) Act 2014, therefore the suite of supports described in this EQIA are available to all families, on the basis of their needs. Additional supports are available to young people, carers and parents under the age of 26 who are care experienced, in line with legislation and guidance.

Section 22 payments are issued on a discretionary basis, in line with assessment of needs, and all children, young people and families are potential beneficiaries of the wider Public Sector Reform programme, based on the learning from policy and funding flexibilities across the Whole family Wellbeing, Child Poverty and No-one Left behind employability programmes.

Possible negative impact and additional mitigating action required:

The funding to date has delivered a number of positive changes, including specific equality activity, and it is recognised that removing this funding may reduce the pace that this change is being delivered, however a number of programmes are in place as outlined below to continue to advance this work and learning from staff will continue to be shared to embed this in practice.

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Workstreams offering mitigations in terms of continuing progress with the whole system change work in the absence of external methodological support include:

Ongoing delivery of Tier 1 and Tier 2 community mental health supports, anti-poverty work, family support services – both at locality and intensive level – are all aiming to address families’ holistic needs through working with families to find their own solutions, exploring family assets and strengths, and linking into other sources of support, where required.

The Public Sector Reform work, based on the learning from the policy and funding flexibility work across the Whole Family Wellbeing, Child Poverty and No-one Left behind employability programmes, will continue to drive developments in service delivery across the Children’s Services Planning Partnership.

(b) Disability

Could the service design or policy content have a disproportionate impact on people due to the protected characteristic of disability?

Your evidence should show which of the 3 parts of the General Duty have been considered. Please tick the relevant box:-

- 1) Remove discrimination, harassment and victimisation
- 2) Promote equality of opportunity
- 3) Foster good relations between protected characteristics.
- 4) Not applicable

Service Evidence Provided:

Families with children and young people with additional support needs will not be directly impacted by the hiatus in methodological support for the whole system transformational programme, though the speed of progress in achieving a seamless system of support potentially impacts all service users, including children and young people with disabilities, and their families. Maintaining the level of funding for Section 22 payments will protect all children and young people, including children with disabilities, in maintaining the same level of funding for discretionary payments.

The experience of families with children with disabilities over the pandemic suggested that the impact of social exclusion was exacerbated by the withdrawal of/ reduction in some services and the shift to more online forms of communication. This resulted in some additional support being commissioned to address gaps in services for families, and work is continuing to improve support for families with children and young people with disabilities, with an action plan, taking into account the learning from the pandemic. The Local Child Poverty Action Report has also identified engaging with families with a family member with a disability as a key priority for City planning related to child poverty. Findings from this work are helping to shape the direction of the HSCP's anti-poverty work, which is a key component of the transformation programme, building on the learning from the pandemic and the ongoing feedback from families (e.g. through the S22 direct payment survey).

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Parents with physical disabilities, mental health or addiction concerns will continue to be signposted to the appropriate services.

Staff and service users will have access to interpretation services as per HSCP / NHS GG&C Interpreting and Communication Support Policy. Staff have access to British Sign Language services via interpreting services. Written materials are available in a variety of languages.

Possible negative impact and additional mitigating action required:

The funding to date has delivered a number of positive changes, including specific equality activity, and it is recognised that removing this funding may reduce the pace that this change is being delivered, however a number of programmes are in place as outlined below to continue to advance this work and learning from staff will continue to be shared to embed this in practice.

Workstreams offering mitigations in terms of continuing progress with the whole system change work in the absence of external methodological support include:

Ongoing delivery of Tier 1 and Tier 2 community mental health supports, anti-poverty work, family support services – both at locality and intensive level – are all aiming to address families' holistic needs through working with families to find their own solutions, exploring family assets and strengths, and linking into other sources of support, where required.

The Public Sector Reform work, based on the learning from the policy and funding flexibility work across the Whole Family Wellbeing, Child Poverty and No-one Left behind employability programmes, will continue to drive developments in service delivery across the Children's Services Planning Partnership.

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(c) Gender Reassignment

Could the service change or policy have a disproportionate impact on people with the protected characteristic of Gender Reassignment?

Your evidence should show which of the 3 parts of the General Duty have been considered. Please tick the relevant box:-

- 1) Remove discrimination, harassment and victimisation
- 2) Promote equality of opportunity
- 3) Foster good relations between protected characteristics
- 4) Not applicable

Service Evidence Provided:

Services for children and young people with the protected characteristic of Gender Reassignment have been reviewed, based on emerging research and evidence. A previous needs analysis highlighted the need for group support, social and volunteering opportunities; one to one support, counselling and advice; signposting and advocacy to access wider mental health support services; support for Trans young people; and facilitated support for young people to leave the house and participate in outdoor activity. Targeted community mental health support is being provided to address children, young people and families' needs through a range of group work and individual support, with positive feedback received.

Possible negative impact and additional mitigating action required:

The funding to date has delivered a number of positive changes, including specific equality activity, and it is recognised that removing this funding may reduce the pace that this change is being delivered, however a number of programmes are in place as outlined below to continue to advance this work and learning from staff will continue to be shared to embed this in practice.

Workstreams offering mitigations in terms of continuing progress with the whole system change work in the absence of external methodological support include:

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Ongoing delivery of Tier 1 and Tier 2 community mental health supports, anti-poverty work, family support services – both at locality and intensive level – are all aiming to address families' holistic needs through working with families to find their own solutions, exploring family assets and strengths, and linking into other sources of support, where required.

The Public Sector Reform work, based on the learning from the policy and funding flexibility work across the Whole Family Wellbeing, Child Poverty and No-one Left behind employability programmes, will continue to drive developments in service delivery across the Children's Services Planning Partnership.

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(d) Marriage and Civil Partnership

Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Marriage and Civil Partnership?

Your evidence should show which of the 3 parts of the General Duty have been considered. Please tick the relevant box:-

- 1) Remove discrimination, harassment and victimisation
- 2) Promote equality of opportunity
- 3) Foster good relations between protected characteristics
- 4) Not applicable

Service Evidence Provided:

The only potential impact in a Children's Services context would be for the cohort of young people who are married or in a civil partnership and their needs will be assessed individually, in the same way as other families' needs, with the potential for additional support for families who need it (e.g. through the additional health visiting pathway, Family Nurse Partnership and the under 5s family support pathway). There are robust pathways into this support currently, and therefore the change being proposed will not directly impact this group. The maintenance of the Section 22 budget at the current level of funding will have a positive impact.

Possible negative impact and additional mitigating action required:

The funding to date has delivered a number of positive changes, including specific equality activity, and it is recognised that removing this funding may reduce the pace that this change is being delivered, however a number of programmes are in place as outlined below to continue to advance this work and learning from staff will continue to be shared to embed this in practice.

Workstreams offering mitigations in terms of continuing progress with the whole system change work in the absence of external methodological support include:

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Ongoing delivery of Tier 1 and Tier 2 community mental health supports, anti-poverty work, family support services – both at locality and intensive level – are all aiming to address families' holistic needs through working with families to find their own solutions, exploring family assets and strengths, and linking into other sources of support, where required.

The Public Sector Reform work, based on the learning from the policy and funding flexibility work across the Whole Family Wellbeing, Child Poverty and No-one Left behind employability programmes, will continue to drive developments in service delivery across the Children's Services Planning Partnership.

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(e) Pregnancy and Maternity

Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Pregnancy and Maternity?

Your evidence should show which of the 3 parts of the General Duty have been considered. Please tick the relevant box:-

- 1) Remove discrimination, harassment and victimisation
- 2) Promote equality of opportunity
- 3) Foster good relations between protected characteristics
- 4) Not applicable

Service Evidence Provided:

Pregnant young people and those with maternity rights will not be directly impacted by the hiatus in methodological support for the whole system transformational programme, though the speed of progress in achieving a seamless system of support potentially impacts all service users, including people with the protected characteristics of pregnancy and maternity. Maintaining the level of funding for Section 22 payments will protect all groups, in maintaining the same level of funding for discretionary payments.

There are robust pathways for supporting pregnant individuals via midwifery and health visiting, and care experienced pregnant individuals who meet the criteria for family Nurse Partnership are proactively contacted about the service and encouraged to participate given the level of support and outcomes achieved.

Parents with physical disabilities, mental health or addiction concerns will continue to be signposted to the appropriate services.

Staff and service users will have access to interpretation services as per HSCP / NHS GG&C Interpreting and Communication Support Policy. Staff have access to British Sign Language services via interpreting services. Written materials are available in a variety of languages.

Possible negative impact and additional mitigating action required:

All families with children under 5 receive a health visiting service, and families on the 'additional' pathway receive higher levels of support to meet their specific needs.

Postnatal visits and the first few visits early on the pathway will continue to be protected ensuring the opportunity for EPNDS to help identify postnatal depression.

Health visitors can refer directly into family support – to ensure non-stigmatised support at the earliest point it is required, and health visitors can also refer families for additional support via the Whole Family Wellbeing through primary Care initiative (pending Scottish Government funding decision, expected to be announced in March 2026).

Signposting and access to other services and supports will continue.

The funding to date has delivered a number of positive changes, including specific equality activity, and it is recognised that removing this funding may reduce the pace that this change is being delivered, however a number of programmes are in place as outlined below to continue to advance this work and learning from staff will continue to be shared to embed this in practice.

Workstreams offering mitigations in terms of continuing progress with the whole system change work in the absence of external methodological support include:

Ongoing delivery of Tier 1 and Tier 2 community mental health supports, anti-poverty work, family support services – both at locality and intensive level – are all aiming to address families' holistic needs through working with families to find their own solutions, exploring family assets and strengths, and linking into other sources of support, where required.

The Public Sector Reform work, based on the learning from the policy and funding flexibility work across the Whole Family Wellbeing, Child Poverty and No-one Left behind employability programmes, will continue to drive developments in service delivery across the Children's Services Planning Partnership.

(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. Please tick the relevant box:-

- 1) Remove discrimination, harassment and victimisation
- 2) Promote equality of opportunity
- 3) Foster good relations between protected characteristics
- 4) Not applicable

Service Evidence Provided:

Families with children and young people from different ethnic backgrounds will not be directly impacted by the hiatus in methodological support for the whole system transformational programme, though the speed of progress in achieving a seamless system of support potentially impacts all service users, including groups with the protected characteristic of race. Across the key Children's Services workstreams, projections relating to need and demand are taking into account the diverse needs of families, including those who have recently settled in the city. According to the latest demographic report, approximately a fifth of the population of Glasgow are born out with the UK, as compared to an average of 10.2% across the rest of Scotland. Estimates based on more recent data suggest that this may have increased in the past year. There are more than 160 languages spoken in Glasgow schools, which highlights the range of cultural needs in the city.

Children's Services practitioners and managers have been leading a cultural inclusivity and sensitivity workstream, which has included scoping practitioners' needs in relation to gaps in their knowledge and understanding in working with minority ethnic families in the community, reflections on their own practice/ team work/ service provision and the ways in which managers support minority ethnic staff members, as well as ideas for improvement and support required from the organisation. Feedback from staff suggested a lack of confidence; gaps in knowledge impacting assessment (e.g. cultural differences in parenting and understanding of neurodiversity etc.); and

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challenges in using interpreters. These elements are being addressed through an internal action plan.

Practitioners are also aware of the significant trauma often experienced by families who have recently settled in the city. In addition, poverty presents a significant challenge to families who have no recourse to public funds and are unable to access employment opportunities. Asylum-seeking families have access to S22 support, highlighting the need to maintain the budget at the current level. A range of workstreams are developing trauma informed and culturally sensitive approaches, including family support services, and the Community Connectors project set up in South using a peer mentoring approach to support Roma families to engage with a range of supports. This project has received longer term funding given its success in engaging families in a range of supports. The postholders were recruited directly from the community in order to better connect families who have been unable to access or engage with services. This has enhanced the accessibility of services, and supported learning in relation to cultural sensitivity, which has led to increased training opportunities and planned focus groups to capture practitioners' feedback on professional development needs.

In addition, a BME scoping report completed by the HSCP and published a few years ago, has resulted in the development of additional support for a range of families, linked to the changing demographic of families living in the City, and their specific needs. This has included training for practitioners on cultural sensitivity, including work with a trainer to develop understanding of the impact of racism on mental health, therapy and recovery across a range of counselling providers in Glasgow. Work has also been carried out with partners to deliver local events on anti-racism in youthwork and mental health services, drawing on a larger event in 2023 which allowed more focussed, local discussions and networking.

After the course, specific actions raised by participants were to:

'Actively reach out to more BME groups across the city, have more conversations and more action.'

'Sharing today conversations at my workplace.'

'Examination of the steps I can take in my daily life to address discrimination and racism.'

'Ensuring accessibility to services – looking at different ways this can be done.'

The recent Joint Children's Services Inspection report acknowledged the progress made and the work still to do in this area:

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“The number of children, young people and families migrating to Glasgow had increased the pressure already placed on services across the city. While this brought enhanced opportunities for staff and communities to learn together, it also placed a pressure on existing services to respond to levels of need... Differences in cultures and communities were addressed by staff who were culturally sensitive and mindful of the trauma which had often preceded families settling in Glasgow. However, there was further work to do to equip staff to understanding the wide variety of cultural backgrounds, to address language barriers and to build trust with specific communities.” (Care Inspectorate, 2025, p.19).

All HSCP services are accessible to families for whom English is not their first language through interpreting support and translated materials. Staff and service users have access to interpretation services as per HSCP / NHS GG&C Interpreting and Communication Support Policy. Staff have access to British Sign Language services via interpreting services. Written materials are available in a variety of languages.

Possible negative impact and additional mitigating action required:

The funding to date has delivered a number of positive changes, including specific equality activity, and it is recognised that removing this funding may reduce the pace that this change is being delivered, however a number of programmes are in place as outlined below to continue to advance this work and learning from staff will continue to be shared to embed this in practice.

Workstreams offering mitigations in terms of continuing progress with the whole system change work in the absence of external methodological support include:

Cultural inclusivity and sensitivity workstream, building learning on approaches that work well to support families settling into the city, ongoing delivery of Tier 1 and Tier 2 community mental health supports (including Saheliya), anti-poverty work, family support services – both at locality and intensive level – are all aiming to address families’ holistic needs through working with families to find their own solutions, exploring family assets and strengths, and linking into other sources of support, where required.

The Public Sector Reform work, based on the learning from the policy and funding flexibility work across the Whole Family Wellbeing, Child Poverty and No-one Left

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behind employability programmes, will continue to drive developments in service delivery across the Children's Services Planning Partnership.

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(g) Religion and Belief

Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Religion and Belief?

Your evidence should show which of the 3 parts of the General Duty have been considered. Please tick the relevant box:-

- 1) Remove discrimination, harassment and victimisation
- 2) Promote equality of opportunity
- 3) Foster good relations between protected characteristics.
- 4) Not applicable

Service Evidence Provided:

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.

Families from different religious backgrounds will not be directly impacted by the hiatus in methodological support for the whole system transformational programme, though the speed of progress in achieving a seamless system of support potentially impacts all service users, including groups with the protected characteristic of race.

All families, irrespective of their religious background, have access to S22 support, highlighting the need to maintain the budget at the current level.

Possible negative impact and additional mitigating action required:

The funding to date has delivered a number of positive changes, including specific equality activity, and it is recognised that removing this funding may reduce the pace that this change is being delivered, however a number of programmes are in place as outlined below to continue to advance this work and learning from staff will continue to be shared to embed this in practice.

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Workstreams offering mitigations in terms of continuing progress with the whole system change work in the absence of external methodological support include:

Ongoing delivery of Tier 1 and Tier 2 community mental health supports, anti-poverty work, family support services – both at locality and intensive level – are all aiming to address families’ holistic needs through working with families to find their own solutions, exploring family assets and strengths, and linking into other sources of support, where required.

The Public Sector Reform work, based on the learning from the policy and funding flexibility work across the Whole Family Wellbeing, Child Poverty and No-one Left behind employability programmes, will continue to drive developments in service delivery across the Children’s Services Planning Partnership.

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(h) Sex

Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sex?

Your evidence should show which of the 3 parts of the General Duty have been considered. Please tick the relevant box:-

- 1) Remove discrimination, harassment and victimisation
- 2) Promote equality of opportunity
- 3) Foster good relations between protected characteristics
- 4) Not applicable

Service Evidence Provided:

The Family Support Strategy and Children's Services Plan acknowledge the diversity of children, young people and families' needs in Glasgow. In seeking to keep children at home with their parents, and keep brothers and sisters together in line with the Promise, local strategic initiatives recognise that Glasgow has the highest proportion of lone parents in Scotland, with 40% of households across the City headed up by a lone parent, rising to as much as 70% in some neighbourhoods, with the vast majority of these lone parents being female.

Lone parent families are at additional risk of experiencing poverty, with mitigations requiring to acknowledge the additional barriers for lone parents. Maintaining the Section 22 budget at the current level is of direct importance to ensuring appropriate levels of financial support for lone parent families.

Children, young people and parents and carers of different sexes will not be disproportionately impacted by the hiatus in methodological support for the whole system transformational programme, though the speed of progress in achieving a seamless system of support potentially impacts all service users, including groups with the protected characteristic of sex.

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Families' needs will be assessed individually, in the same way as for all families' needs, with the potential for additional support for families who need it, and taking into account the specific circumstances of lone parent families.

In addition, the citywide review of approaches to addressing Domestic Abuse is recognising the impact of the burden of responsibility traditionally placed on women, and is seeking to enhance strengths-based support, and to more carefully consider effective approaches to supporting fathers. There is also a greater emphasis on understanding the learning from Family Group Conferencing and Family Group Decision Making to ensure that all family members, including fathers, are included in developing a plan to support the needs of children and young people as a shared responsibility by parents and carers.

The focus of the Family Support Strategy and Family Support Services are to work with whole families to improve outcomes, and to understand the needs of individual family members, irrespective of sex, or household circumstances/ living arrangements, to ensure that parents and carers can have appropriate involvement in caring for their children, and that the full range of family assets – including extended family networks - are fully explored in order to optimise support. These approaches will complement other workstreams aiming to provide consistent trauma informed and strengths-based support across the system, therefore addressing the needs of lone parent families, and families impacted by domestic abuse.

Possible negative impact and additional mitigating action required:

The funding to date has delivered a number of positive changes, including specific equality activity, and it is recognised that removing this funding may reduce the pace that this change is being delivered, however a number of programmes are in place as outlined below to continue to advance this work and learning from staff will continue to be shared to embed this in practice.

Workstreams offering mitigations in terms of continuing progress with the whole system change work in the absence of external methodological support include:

Ongoing delivery of Tier 1 and Tier 2 community mental health supports, anti-poverty work, family support services – both at locality and intensive level – are all aiming to address families' holistic needs through working with families to find their own solutions, exploring family assets and strengths, and linking into other sources of support, where required.

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The Public Sector Reform work, based on the learning from the policy and funding flexibility work across the Whole Family Wellbeing, Child Poverty and No-one Left behind employability programmes, will continue to drive developments in service delivery across the Children's Services Planning Partnership.

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(i) Sexual Orientation

Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sexual Orientation?

Your evidence should show which of the 3 parts of the General Duty have been considered. Please tick the relevant box:-

- 1) Remove discrimination, harassment and victimisation
- 2) Promote equality of opportunity
- 3) Foster good relations between protected characteristics.
- 4) Not applicable

Service Evidence Provided:

All Children's Services provide support to all children, young people and families, irrespective of their or their family members' sexual orientation, with targeted support via the LGBTQIA+ services, funded through the community mental health programme.

Children, young people and parents and carers of different sexual orientations will not be disproportionately impacted by the hiatus in methodological support for the whole system transformational programme, though the speed of progress in achieving a seamless system of support potentially impacts all service users, including groups with the protected characteristic of sexual orientation.

All families, irrespective of their sexual orientation, have access to S22 support, highlighting the need to maintain the budget at the current level.

Possible negative impact and additional mitigating action required:

The funding to date has delivered a number of positive changes, including specific equality activity, and it is recognised that removing this funding may reduce the pace that this change is being delivered, however a number of programmes are in place as outlined below to continue to advance this work and learning from staff will continue to be shared to embed this in practice.

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Workstreams offering mitigations in terms of continuing progress with the whole system change work in the absence of external methodological support include:

Ongoing delivery of Tier 1 and Tier 2 community mental health supports, anti-poverty work, family support services – both at locality and intensive level – are all aiming to address families’ holistic needs through working with families to find their own solutions, exploring family assets and strengths, and linking into other sources of support, where required.

The Public Sector Reform work, based on the learning from the policy and funding flexibility work across the Whole Family Wellbeing, Child Poverty and No-one Left behind employability programmes, will continue to drive developments in service delivery across the Children’s Services Planning Partnership.

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(j) Socio – Economic Status & Social Class

Could the proposed service change or policy have a disproportionate impact on people because of their social class or experience of poverty and what mitigating action have you taken/planned?

In addition to the above, if this constitutes a 'strategic decision' you should evidence below due regard to meeting the requirements of the Fairer Scotland Duty (2018). Public bodies in Scotland must actively consider how they can reduce inequalities of outcome caused by socioeconomic disadvantage when making strategic decisions and complete a separate assessment. Additional information available from the [Fairer Scotland Duty: guidance for public bodies - gov.scot](#)

Service Evidence Provided:

The Glasgow Child Poverty Action Report demonstrates the impact of poverty on children, young people and families living in the city. Glasgow City has the highest rate of deprivation, with 26% of children living in poverty, based on DWP data, as presented in the 2025 Child Poverty in Glasgow report. This equates to a total of 25,690 children.

As at March 2025, 84% of children on the Child Protection Register were living in SIMD 1 areas. This is a recurring pattern for the city, leading to exploration of the relationship between poverty and 'neglect' and development of non-judgemental and responsive support across the system, including family and financial support, including Section 22 payments. The level of poverty in the city highlights the need to maintain the Section 22 budget at its current level.

Children, young people and parents and carers from different socio-economic groups will not be disproportionately impacted by the hiatus in methodological support for the whole system transformational programme, though the speed of progress in achieving a seamless system of support potentially impacts all service users, including groups with the protected characteristic of SES and social class.

Possible negative impact and additional mitigating action required:

The funding to date has delivered a number of positive changes, including specific equality activity, and it is recognised that removing this funding may reduce the pace that this change is being delivered, however a number of programmes are in place as

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outlined below to continue to advance this work and learning from staff will continue to be shared to embed this in practice.

Specific work is underway to address the impact of poverty for families living in Glasgow City, with demonstrations of change in three areas of the city and data work to proactively identify families experiencing poverty, or on the cusp. This work will test approaches to helping families using non-judgemental and strengths-based approaches.

There are various examples of effective family support services and these, together with a number of other workstreams offer mitigations in terms of continuing progress with the whole system change work in the absence of external methodological support:

Tier 1 and Tier 2 community mental health supports, anti-poverty work, family support services – both at locality and intensive level – are all aiming to address families' holistic needs through working with families to find their own solutions, exploring family assets and strengths, and linking into other sources of support, where required.

The Public Sector Reform work, based on the learning from the policy and funding flexibility work across the Whole Family Wellbeing, Child Poverty and No-one Left behind employability programmes, will continue to drive developments in service delivery across the Children's Services Planning Partnership, with a specific focus on addressing the impact of poverty.

One of the four grand challenges underpinning the Glasgow City Council Strategic Plan 2022 – 2027 is to reduce poverty and inequality in communities, highlighting the level of priority across the Community Planning Partnership. The Children's Services Plan also includes poverty as one of the six key priorities for the Children's Services Planning partnership, with a number of actions to address the impact.

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(k) Other marginalised groups

How have you considered the specific impact on other groups including homeless people, prisoners and ex-offenders, ex-service personnel, people with addictions, people involved in prostitution, asylum seekers & refugees and travellers?

Service Evidence Provided:

Homeless Families

Homeless families will not be disproportionately impacted by the hiatus in methodological support for the whole system transformational programme, though the speed of progress in achieving a seamless system of support potentially impacts all service users, including homeless families.

Possible negative impact and additional mitigating action required:

The funding to date has delivered a number of positive changes, including specific equality activity, and it is recognised that removing this funding may reduce the pace that this change is being delivered, however a number of programmes are in place as outlined below to continue to advance this work and learning from staff will continue to be shared to embed this in practice.

Children's Services teams recently secured £240,000 of funding via the Ask and Act fund to pilot approaches to preventing homelessness. This is funding 2 support worker posts with the aim of moving homeless families into permanent tenancies through building relationships with RSLs. The work also involves proactive identification of the risk factors for homelessness in order to support development of effective prevention approaches. This work, together with a number of other workstreams offers mitigation in terms of continuing progress with the whole system change work in the absence of external methodological support:

Tier 1 and Tier 2 community mental health supports, anti-poverty work, family support services – both at locality and intensive level – are all aiming to address families' holistic needs through working with families to find their own solutions, exploring family assets and strengths, and linking into other sources of support, where required.

The Public Sector Reform work, based on the learning from the policy and funding flexibility work across the Whole Family Wellbeing, Child Poverty and No-one Left

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behind employability programmes, will continue to drive developments in service delivery across the Children's Services Planning Partnership.

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8. Does the service change or policy development include an element of cost savings? How have you managed this in a way that will not disproportionately impact on protected characteristic groups?

Your evidence should show which of the 3 parts of the General Duty have been considered. Please tick the relevant box:-

- 1) Remove discrimination, harassment and victimisation
- 2) Promote equality of opportunity
- 3) Foster good relations between protected characteristics
- 4) Not applicable

Service Evidence Provided:

This EQIA aligns with the IJB Financial Allocations and Budgets 2026-27 paper, being presented to IJB members in March 2026.

The costs savings are directly linked to decreasing the level of external methodological transformational change support in order to protect the current level of Section 22 funding, given the number of families impacted by poverty in the city. This will involve reprovisioning £150,000 of funding in 2026 -27 and 2027 – 28 to Section 22.

Possible negative impact and additional mitigating action required:

The transformational change work will continue via the workstreams referenced in this impact assessment, and integrating the learning from the transformational change programme to date. A number of officers have been trained and coached in the science and practice of implementation and will use this learning to inform future service development and improvement.

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 below recorded completion rates of statutory and mandatory learning programmes (or local equivalent) covering equality, diversity and human rights.

Service Evidence Provided:

All HSCP staff are encouraged to complete the Equality Training on GOLD (Council Staff) and Learnpro (NHS Staff) and there are also monthly emails promoting current equality training to all staff.

Possible negative impact and additional mitigating action required:

[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 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 proposal will not impact on human rights as support will continue to be provided in line with an assessment of families' needs, with a proportionate response to addressing needs, based on the principles of the Children (Scotland) Act 1995. This proposal protects the current level of Section 22 funding, therefore allowing HSCP staff to offer immediate, non-stigmatising support.

Please explain 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* (see below).

The [Children's Services Plan](#) provides a full outline of the actions across the HSCP (and wider partnership) to address the six key priorities underpinning the plan, incorporating safety and protection, health and wellbeing, poverty, family support,

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education, employment and life chances, and inclusion and influence. The Plan outlines the relationship between key priorities and actions and UNCRC principles, with a chapter dedicated to children's rights and UNCRC.

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*FAIR is an acronym for the following -

- **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.

[11.](#) 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. Go to the [full list of articles](#) to be considered for further information.

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

Children’s Services operates in line with legislation and guidance, including the Children (Scotland) Act 1995, which is focused on delivering support and interventions in the “best interest” of children and young people. This builds on the aspirations of GIRFEC to deliver the right health at the right time, and the Promise – an action plan to address the recommendations of the Independent Care Review – which prioritises voice and participation. These elements are built into our service delivery model to align with UNCRC principles, ensuring that we are prioritising children’s rights in all elements of our work as outlined in the Children’s Services Plan. A robust assessment of need and proportionate response to support families is also fundamental to a rights-based approach, and this underpins the proposal assessed in this EQIA. The evidence considered as part of this impact assessment demonstrated that the proposal does not disproportionately impact groups with protected characteristics, and in fact, that the maintenance of the Section 22 budget at its current level is likely to have a positive impact. A number of workstreams will continue to integrate the learning from the transformational change programme, with potential for support from partners across the Community Planning Partnership, in line with the Glasgow City Council and IJB Strategic Plans.

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 options considered need to be reframed against the best possible outcome for children.

Acting in the best interest of the child is the fundamental premise for all work with children, young people and families across the HSCP, with equality of access to support – based on a robust assessment of needs – a key driver for delivering

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proportionate support that meets families' needs. The proposal outlined in this paper is considered to have the least impact on families, and work will continue to administer Section 22 resource as equitably as possible, based on needs.

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

In circumstances where there are concerns about children's development, appropriate support and services will be offered, in line with needs, including financial support via Section 22, where appropriate.

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

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

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Having completed the EQIA template, please tick the relevant box that you, the 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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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 space 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.

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Actions.

From the additional mitigating action requirements sections completed above, please summarise the actions this service will be taking forward or tick the box next to 'No Actions Identified'

Monitor Care First data quality Ongoing KD

Monitor the impact of mitigation actions Ongoing KD

No actions identified

Date for completion

Who is responsible? (initials)

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

Lead Reviewer:

Name **Karen Dyball**

Job Title **Assistant Chief Officer, Children & Families & North East Operations**

Signature 

Date **03.03.2026**

Quality Assurance Sign Off:

Name **Dr Noreen Shields**

Job Title **Planning and Development Manager**

Signature 

Date **04.03.2026**

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 & 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

Action:

Status:

Completed
Date
Initials

Action:

Status:

Completed
Date
Initials

Action:

Status:

Completed
Date
Initials

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Action:

Status:

Completed

Date

Initials

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

Action:

Reason:

To be completed by

Date

Initials

Action:

Reason:

To be completed by

Date

Initials

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

Action:

Reason:

To be completed by

Date

Initials

Action:

Reason:

To be completed by

Date

Initials

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

Action:

Reason:

Action:

Reason:

Please write your next 6-month review date

Name of completing officer:

Date submitted:

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

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