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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:

Service Redesign for Halt and Family Support Project

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

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

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

Proposal

The Halt and the Family Support Project both sit under the principal officer for child protection. Halt work with children and young people who are involved in sexually harmful behaviour. Family Support Service primary function is to complete risk assessments with non-offending parents to establish parental protectiveness and work with survivors of sexual abuse. There is evidence that both teams are not utilised to their full capacity and area team staff are not always utilising the services.

The proposal would be to reduce the staffing complement across the two teams, and amalgamating both teams into one. This proposal will have an impact on services available to area teams and to children and families. However the aim would be to review the service specification and prioritise the key areas of service delivery. Potential review areas include; reverting to initial aim of Family Support Services, which focusses on children and young people. Adults would be referred to alternative provision, including historical sexual abuse service at Sandyford Services. Support hand over of training provision to Public Protection Training Team.

The Halt Service

The Halt Service works with children and young people up to age 18 years who have engaged in problematic and harmful sexual behaviour. This is defined as;

“Sexual behaviours expressed by children and young people under the age of 18 years old that are developmentally inappropriate,

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may be harmful towards self or others, or be abusive towards another child, young person or adult". (Hackett 2014)¹

The Halt Service offer intervention and consultations where children and young people present with complex needs and risk profiles, including mental health concerns and learning difficulties/disabilities. The sexual behaviours that require this level of service are likely to be those which Hackett (2010) describes as Problematic and Abusive. Children and young people tend to attend the project weekly and sessions last 1 hour.

Since the January 2024 the team have had 41 referrals and are currently working with 29 active cases.

Given the diversity of the children and young people the team work with, alongside additional considerations such as implications of ongoing legal processes, it is necessary that the Service offers a flexible approach that is individualised to children and young people's needs and risk depending on their circumstances.

For example direct work can include;

- Work with the systems offering advice / guidance on risk management / increasing risk awareness
- Aim Checklists (initial assessments) / Risk Management : consultation to teams / completing Aim Checklist reports
- Consultation to Team (Social Worker or Staff within Children's House) to complete short pieces of work with young person
- Delivering training. It contributes to enhanced risk management and increased risk awareness.

All of the staff team at Halt are trained in the application of Aim 3 assessment framework, and have completed their reapproval with Aim, where applicable.

Family Support Service

Family Support Service provide support, understanding and information to people affected by childhood sexual abuse. Main work streams include;

- Individual work with children, young people, adults and carers affected by childhood sexual abuse
- Initial assessments are completed with young people, carers and adult survivors
- Co-working risk assessments with locality team colleagues in child protection cases (Non-Offending Carers Risk Assessment)
- Co-working parenting and risk assessments with locality team colleagues and colleagues from the Family Assessment and Contact Service in permanence cases (FACS NOCRA)

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- Providing support and consultation to locality team colleagues, children's house workers and foster carers to support children and young people at home and in placements
- Provide direct input, support and consultation in relation to therapeutic life story work
- Provide core training throughout the year in Glasgow in a range of topics related to childhood sexual abuse (detailed below)

The service has the following caseload (January 2024 to September 2024):

Young people	44 61% are accommodated
Adults	28 22% were accommodated
Carers	3
NOCRAs	14
FACS NOCRA's	3
Consultations	12
Total	104

This proposal will have an impact on services available to area teams and to children and families. However the aim would be to meet these needs elsewhere within Children and Families services. Potential review areas include; reverting to initial aim of Family Support Services, which focusses on children and young people. Adults affected by sexual abuse can be referred to other appropriate services such as Sandyford Service or trauma counselling service via their GP.

Staffing Impacts

This proposal includes a reduction of 6 FTE. Potential equality impacts would relate to the workforce profile. Glasgow City HSCP NHS staff are predominantly; Female (81%), 47% are aged 50 – 64 years and 38% are aged 31 – 49 years.

It is anticipated that the reduction will aim to be achieved through natural attrition and redeployment. A staff impact assessment is required to further consider what impacts there would be on staff, if any, and mitigate where possible. An assessment will be undertaken when plans for

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implementation are more fully developed. If this proposal is approved, there will be consultation as appropriate with Trade Unions and staff as proposals are developed and implemented. Any appropriate workplace supports for any changes in roles or responsibilities and to support staff working in areas affected by the reduction will be identified and given further consideration where required.

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

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

Name: Lynsey Smith, Head of Service - Justice Services and Health and Social Care Connect	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):

Afton Hill, Glasgow HSCP - Lead for Equalities and Fairer Scotland

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		<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
1.	What equalities information is routinely collected from people currently using the service or affected by the policy? If this is a new service proposal what data do you have on proposed service user groups. Please note any barriers to collecting this data in your submitted evidence and an explanation for any protected characteristic data omitted.	<i>A sexual health service collects service user data covering all 9 protected characteristics to enable them to monitor patterns of use.</i>	<u>The Halt Service</u> Age Disability Sex Race <u>Family Support Service</u> No data is currently available for those accessing the Family Support Service	Equality data is not currently captured for Family Support Service, this will be taken forward as an area for improvement as part of the amalgamation of the teams.
		<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
2.	Please provide details of how data captured has been/will be used to inform 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 ☐	<i>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</i>	<u>The Halt Service</u> Data was collected from profile form which were designed and informed by relevant literature, professional experience and consultation with colleagues (see table 1). The data collected was fully anonymised and safeguards were taken to protect the safety of the data, ensuring that no individuals can be identified, ensure that no distress is caused to individuals, and that processing is not used to take decisions about any individuals or use the data in a manner that is not congruent with the reasons why it was collected. The data processed will only be used to increase understanding about child protection and public safety in relation to harmful sexual behaviour. <u>Family Support Service</u>	Equality data is not currently captured for Family Support Service, this will be taken forward as an area for improvement as part of the amalgamation of the teams.

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	2) Promote equality of opportunity ☐ 3) Foster good relations between protected characteristics. ☐ 4) Not applicable ☐	<i>monitoring of uptake. (Due regard promoting equality of opportunity)</i>	No data is currently available for those accessing the Family Support Service	
	Example	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required	
3.	How have you applied learning from research evidence about the experience of equality groups to the service or Policy? Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes). 1) Remove discrimination, harassment and victimisation ☐ 2) Promote equality of opportunity ☐ 3) Foster good relations between protected characteristics ☐ ☐	<i>Looked after and accommodated care services reviewed a range of research evidence to help promote a more inclusive care environment. Research suggested that young LGBT+ people had a disproportionately difficult time through exposure to bullying and harassment. As a result staff were trained in LGBT+ issues and were more confident in asking related questions to young people. (Due regard to removing discrimination, harassment and victimisation and fostering good relations).</i>	An initial review of the teams has been undertaken, with evidence that both teams are not utilised to their full capacity Research informs the approach of the service, some examples are below. There is also engagement and shared learning via National groups including; Expert Group on Preventing Sexual Offending Involving Children and Young People. The Expert Group was established following Scottish Government research highlighting a growth in online-enabled sexual crimes affecting younger female victims, with younger male perpetrators. Hackett, S. (2014) Children and young people with harmful sexual behaviours: Research Review. <i>Research in Practice</i> Hackett, S, Holmes, D and Branigan, P (2016) Operational framework for children and young people displaying harmful sexual behaviours, London, NSPCC.	

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	4) Not applicable			
		<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
4.	Can you give details of how you have engaged with equality groups with regard to the service review or policy development? What did this engagement tell you about user experience and how was this information used? The Patient Experience and Public Involvement team (PEPI) support NHSGGC to listen and understand what matters to people and can offer support. Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes). 1) Remove discrimination, harassment and victimisation ☐ 2) Promote equality of opportunity ☐ 3) Foster good relations between protected characteristics ☐	<i>A money advice service spoke to lone parents (predominantly women) to better understand barriers to accessing the service. Feedback included concerns about waiting times at the drop in service, made more difficult due to child care issues. As a result the service introduced a home visit and telephone service which significantly increased uptake.</i> <i>(Due regard to promoting equality of opportunity)</i> <i>* The Child Poverty (Scotland) Act 2017 requires organisations to take actions to reduce poverty for children in households at risk of low incomes.</i>	Due to the sensitivity of the proposal, consultation and engagement has not taken place, as yet. Services will continue to be delivered under the proposed revised structure and with some other areas being met by wider Children and Families Service. Engagement will be undertaken with groups to inform the redesign and the priority areas for service users. Key engagement groups include; • Service users • Service users family and support network • Staff • Trade Unions, as appropriate. • Staff who refer to the service • Service areas that may be impacted be a redesign of service eg historical sexual abuse service at Sandyford Services and the Public Protection Training Team Initial engagement is underway, including discussions with Service Managers and Team Leaders. Following engagement and where specific service redesign proposals emerge from the programme, a more tailored EQIA will be produced.	

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	4) Not applicable ☐			
		<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
5.	Is your service physically accessible to everyone? If this is a policy that impacts on movement of service users through areas are there potential barriers that need to be addressed? Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes). 1) Remove discrimination, harassment and victimisation ☐ 2) Promote equality of opportunity ☐ 3) Foster good relations between protected characteristics. ☐ 4) Not applicable ☐	<i>An access audit of an outpatient physiotherapy department found that users were required to negotiate 2 sets of heavy manual pull doors to access the service. A request was placed to have the doors retained by magnets that could deactivate in the event of a fire. (Due regard to remove discrimination, harassment and victimisation).</i>	The services are delivered in homes, Social Work buildings and in community settings to support physical accessibility. Ladywell has adaptations in place for those who have physical adaptation needs. It is not anticipated that the Redesign will impact on the locations and physical adaptations available.	
		<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
6.	How will the service change	<i>Following a service</i>	It is not anticipated that the redesign will impact existing service	

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	or policy development ensure it does not discriminate in the way it communicates with service users and staff? Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes). 1) Remove discrimination, harassment and victimisation ☐ 2) Promote equality of opportunity ☐ 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	<i>review, an information video to explain new procedures was hosted on the organisation's YouTube site. This was accompanied by a BSL signer to explain service changes to Deaf service users.</i> <i>Written materials were offered in other languages and formats.</i> <i>(Due regard to remove discrimination, harassment and victimisation and promote equality of opportunity).</i>	users. If any adjustments were required then, due to the numbers involved, any change will be discussed with service users on an individual basis. There will be access to interpreters, translations, alternative formats and advocacy support, in line with business as usual.	
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	note of this.					
7	Protected Characteristic	Service Evidence Provided		Possible negative impact and Additional Mitigating Action Required		
(a)	Age Could the service design or policy content have a disproportionate impact on people due to differences in age? (Consider any age cut-offs that exist in the service design or policy content. You will need to objectively justify in the evidence section any segregation on the grounds of age promoted by the policy or included in the service design). 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 ☐	<u>The Halt Service</u> The Service works with children and young people across the full range of ages with the average age being 14.13 years. The majority of young people referred were between 14-17 years this corresponds with research that suggests adolescence is the peak time for the occurrence of harmful sexual behaviour Hackett et al 2013², Vizard et al 2007³). 30% of referrals related to children 13 or under. This sits within the general parameters reflected in the literature (Hackett et al 2013, Omrod and Chaffin 2009). <u>Family Support Service</u> Currently the service is available to adults and children and young people, as outlined below. If the proposal is approved then the service would no longer be available to adults, to realign with original objective. Adults affected by sexual abuse can be referred to other appropriate services such as Sandyford Service or trauma counselling service via their GP. The service has the following caseload (January 2024 to September 2024: <table><tr><td>Young people</td><td>44 61% are accommodated</td></tr></table>		Young people	44 61% are accommodated	This proposal will have an impact on services available to area teams and to children and families. However the aim would be to continue delivering the core team functions within the revised model. Potential review areas include; reverting to initial aim of Family Support Services, which focusses on children and young people. Adults affected by sexual abuse can be referred to other appropriate services such as Sandyford Service or trauma counselling service via their GP. Given the stage of this programme of work, this EQIA can only provide a general overview. Where specific service redesign proposals emerge from the programme, a more tailored EQIA will be produced.
Young people	44 61% are accommodated					

² Hackett, S et al (2013) Individual, Family and abuse characteristics of 700 British child and adolescent sexual abusers. Child Abuse Review, 22(4): 232- 245

³ Vizard, E., Hickey, N., French, L., & Mccrory, E. (2007). Children and adolescents who present with sexually abusive behaviour: A UK descriptive study. Journal of Forensic Psychiatry & Psychology, 18(1), 59-73.

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		<table><tr><td>Adults</td><td>28 22% were accommodated</td><td></td></tr><tr><td>Carers</td><td>3</td><td></td></tr><tr><td>NOCRA's</td><td>14</td><td></td></tr><tr><td>FACS NOCRA's</td><td>3</td><td></td></tr><tr><td>Consultations</td><td>12</td><td></td></tr><tr><td>Total</td><td>104</td><td></td></tr><tr><td colspan="2"></td><td></td></tr></table>	Adults	28 22% were accommodated		Carers	3		NOCRA's	14		FACS NOCRA's	3		Consultations	12		Total	104				
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Carers	3																						
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FACS NOCRA's	3																						
Consultations	12																						
Total	104																						
(b)	Disability Could the service design or policy content have a disproportionate impact on people due to the protected characteristic of disability? Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes). 1) Remove discrimination, harassment and victimisation ☐ 2) Promote equality of opportunity ☐ 3) Foster good relations between protected characteristics. ☐ 4) Not applicable ☐	<u>The Halt Service</u> The Halt Service offer intervention and consultations where children and young people present with complex needs and risk profiles, including mental health concerns and learning difficulties/disabilities. The sexual behaviours that require this level of service are likely to be those which Hackett (2010)⁴ describes as Problematic and Abusive Disability is highly represented in the data. A significant number (56.5%) of referrals had a mental health issue, learning disability or neurodevelopmental issues. See Graph 2 for a breakdown, some young people will have more than one issue. This reflects wider research which highlights an over-representation of young people with ID (intellectual disabilities) engaging in harmful sexual behaviours. Hackett et al in 2013, studied 700 children and young people referred to nine UK services over a nine year period as a result of sexually abusive behaviours, showed that 38% of the sample had an ID compared with 1-2% of the general population.	This proposal will have an impact on services available to area teams and to children and families. However the aim would be to continue delivering the core team functions within the revised model. Potential review areas include; reverting to initial aim of Family Support Services, which focusses on children and young people. Adults affected by sexual abuse can be referred to other appropriate services such as Sandyford Service or trauma counselling service via their GP. Given the stage of this programme of work, this EQIA can only provide a general overview. Where specific service redesign proposals emerge from the programme, a more tailored EQIA will be produced.																				

⁴ Hackett, S. (2010) Children and young people with harmful sexual behaviours. In Barter, C. and Berridge, D. (eds.) Children Behaving Badly? Peer Violence between Children and Young People. Chichester: Wiley-Blackwell.

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		Neurodevelopmental conditions such as ASD, ADHD are highly represented with 30.4% of young people either having a diagnosis or being assessed. This representation was higher (40.7%) of those referrals that received an on going service. 4 out of 5 of the females experienced neurodevelopmental issues. There is limited research regarding stats for young people who experience neurodevelopmental issues and harmful sexual behaviours. In Scotland, the 2018 Secure Care Census (Gibson 2020)⁵ identified a range of mental health needs in the 87 young people who were in secure care on the census date. Of these, 23% had a diagnosis of ASD (compared with approximately 1% of the general population), and 16% were identified as having Social Learning and Communication Needs. <u>Family Support Service</u> There is some data available, but the project could better demonstrate the outcome for people they have worked with. There will be access to interpreters, translations, alternative formats and advocacy support, in line with business as usual.	Equality data is not currently captured for Family Support Service, this will be taken forward as an area for improvement as part of the amalgamation of the teams.
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(c)	Gender Reassignment Could the service change or policy have a disproportionate impact on people with the protected characteristic of Gender Reassignment? Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant	No specific impacts identified at this time.	

⁵ Gibson, R (2020), ACES, Places and Status: Results of the 2018 Scottish Secure Care Census. CYCJ

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	boxes). 1) Remove discrimination, harassment and victimisation ☐ 2) Promote equality of opportunity ☐ 3) Foster good relations between protected characteristics ☐ 4) Not applicable ☐		
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(d)	Marriage and Civil Partnership Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Marriage and Civil Partnership? Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes). 1) Remove discrimination, harassment and victimisation ☐ 2) Promote equality of opportunity ☐ 3) Foster good relations between protected characteristics ☐ 4) Not applicable ☐	No specific impacts identified at this time.	

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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 (tick relevant boxes). 1) Remove discrimination, harassment ☒ victimisation 2) Promote equality of opportunity ☐ 3) Foster good relations between protected characteristics. ☐ 4) Not applicable ☐	No specific impacts identified at this time.	
	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 ☐	<u>The Halt Service</u> Ethnicity was identified on 78% of the forms and within the vast majority of referrals were for children who were White Scottish (83%). <u>Family Support Service</u> No data is currently available for those accessing the Family Support Service There will be access to interpreters, translations, alternative formats and advocacy support, in line with business as usual.	This proposal will have an impact on services available to area teams and to children and families. However the aim would be to continue delivering the core team functions within the revised model. Potential review areas include; reverting to initial aim of Family Support Services, which focusses on children and young people. Adults affected by sexual abuse can be referred to other appropriate services such as Sandyford Service or trauma

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	2) Promote equality of opportunity ☐ 3) Foster good relations between protected characteristics ☐ 4) Not applicable ☐		counselling service via their GP. Given the stage of this programme of work, this EQIA can only provide a general overview. Where specific service redesign proposals emerge from the programme, a more tailored EQIA will be produced. Equality data is not currently captured for Family Support Service, this will be taken forward as an area for improvement as part of the amalgamation of the teams.
(g)	Religion and Belief Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Religion and Belief? Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes). 1) Remove discrimination, harassment and victimisation ☐ 2) Promote equality of opportunity ☐ 3) Foster good relations between protected characteristics. ☐ 4) Not applicable ☐	No specific impacts identified at this time.	
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action

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			Required
(h)	Sex Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sex? Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes). 1) Remove discrimination, harassment and victimisation ☐ 2) Promote equality of opportunity ☐ 3) Foster good relations between protected characteristics. ☐ 4) Not applicable ☐	<u>The Halt Service</u> Of the young people being referred 11% were female and 89% were male. All of the females referred to Halt sit within the 14- 17 age group making up 16%. This seems a higher average than would be expected Taylor 2003, Vizard et al 2007, Hackett et al 2013). <u>Family Support Service</u> There is some data available, but the project could better demonstrate the outcome for people they have worked with.	This proposal will have an impact on services available to area teams and to children and families. However the aim would be to continue delivering the core team functions within the revised model. Potential review areas include; reverting to initial aim of Family Support Services, which focusses on children and young people. Adults affected by sexual abuse can be referred to other appropriate services such as Sandyford Service or trauma counselling service via their GP. Given the stage of this programme of work, this EQIA can only provide a general overview. Where specific service redesign proposals emerge from the programme, a more tailored EQIA will be produced. Equality data is not currently captured for Family Support Service, this will be taken forward as an area for improvement as part of the amalgamation of the teams.
(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	The young person's sexual orientation was known for 10 individuals (22%). Of these young people around 9 identified as heterosexual and 1 as bisexual. This may reflect the stage level of involvement with young people as well as the stage of development. No specific impacts identified at this time.	This proposal will have an impact on services available to area teams and to children and families. However the aim would be to continue delivering the core team functions within the revised model. Potential review areas include; reverting to initial aim of

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	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 ☐		Family Support Services, which focusses on children and young people. Adults affected by sexual abuse can be referred to other appropriate services such as Sandyford Service or trauma counselling service via their GP. Given the stage of this programme of work, this EQIA can only provide a general overview. Where specific service redesign proposals emerge from the programme, a more tailored EQIA will be produced. Equality data is not currently captured for Family Support Service, this will be taken forward as an area for improvement as part of the amalgamation of the teams.
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(j)	Socio – Economic Status & Social Class Could the proposed service change or policy have a disproportionate impact on people because of their social class or experience of poverty and what mitigating action have you taken/planned? 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 <u>strategic</u> decisions. If relevant, you should evidence here what	There is some data available, but the project could better demonstrate the outcome for people they have worked with. It is recognised that the services users will have the same profile as children open to Children and Families and are therefore likely to be significantly impacted by poverty. The service will continue to be delivered from existing location options, including in homes, Social Work Buildings and community settings, no costs associated with location change.	This proposal will have an impact on services available to area teams and to children and families. However the aim would be to continue delivering the core team functions within the revised model. Potential review areas include; reverting to initial aim of Family Support Services, which focusses on children and young people. Adults affected by sexual abuse can be referred to other appropriate services such as

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steps have been taken to assess and mitigate risk of exacerbating inequality on the ground of socio-economic 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? 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		Sandyford Service or trauma counselling service via their GP. Given the stage of this programme of work, this EQIA can only provide a general overview. Where specific service redesign proposals emerge from the programme, a more tailored EQIA will be produced. Poverty data is not currently captured for Family Support Service, this will be taken forward as an area for improvement as part of the amalgamation of the teams.
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	their contributions were factored into the final decision.		
(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?	Research says the majority of children who display harmful sexual behaviour have themselves experienced trauma, including abuse and neglect (NSPCC 2021) Some children and young people displaying harmful sexual behaviour have been sexually abused themselves, but most victims of sexual abuse do not go on to abuse others. It is a history of child maltreatment, rather than sexual abuse specifically, that is most strongly associated with later sexual offending. This is reflected in the data with 85 % (39 children and young people) having experienced multiple adversities. There are also potential impact for other marginalised groups, it has been identified that homelessness, difficulties with substance misuse and involvement in the criminal justice system are factors for a number of service users.	This proposal will have an impact on services available to area teams and to children and families. Potential review areas include; reverting to initial aim of Family Support Services, which focusses on children and young people. Adults affected by sexual abuse can be referred to other appropriate services such as Sandyford Service or trauma counselling service via their GP.. Support hand over of training provision to Public Protection Training Team. Given the stage of this programme of work, this EQIA can only provide a general overview. Where specific service redesign proposals emerge from the programme, a more tailored EQIA will be produced.
8.	Does the service change or policy development include an element of cost savings? How have you managed this in a way that will not disproportionately impact on protected characteristic groups? Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).	This EQIA aligns with the IJB Financial Allocations and Budgets paper, being presented to IJB members in November 2024. The proposal would be to reduce the staffing complement across the two teams and, redefine the role of the new service. This proposal will have an impact on services available to area teams and to children and families. However the aim would be to meet these needs elsewhere within Children and Families services.	

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	1) Remove discrimination, harassment and victimisation ☐ 2) Promote equality of opportunity ☐ 3) Foster good relations between protected characteristics. ☐ 4) Not applicable ☐	This proposal includes a reduction of 6 FTE.	
	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required	
9.	What investment in learning has been made to prevent discrimination, promote equality of opportunity and foster good relations between protected characteristic groups? As a minimum include recorded completion rates of statutory and mandatory learning programmes (or local equivalent) covering equality, diversity and human rights.	All HSCP staff are encouraged to complete the Equality Training on GOLD (Council Staff) and there are also monthly emails promoting current equality training to all staff.	

10. In addition to understanding and responding to legal responsibilities set out in Equality Act (2010), services must pay due regard to ensure a person's human rights are protected in all aspects of health and social care provision. This may be more obvious in some areas than others. For instance, mental health inpatient care or older people's residential care may be considered higher risk in terms of potential human rights breach due to potential removal of liberty, seclusion or application of restraint. However risk may also involve fundamental gaps like not providing access to communication support, not involving patients/service users in decisions relating to their care, making decisions that infringe the rights of carers to participate in society or not respecting someone's right to dignity or privacy.

The Human Rights Act sets out rights in a series of articles – right to Life, right to freedom from torture and inhumane and degrading treatment, freedom from slavery and forced labour, right to liberty and security, right to a fair trial, no punishment without law, right to respect for private and family life, right to freedom of thought, belief and religion, right to freedom of expression, right to freedom of assembly and association, right to marry, right to protection from discrimination.

Please explain in the field below if any risks in relation to the service design or policy were identified which could impact on the human rights of patients, service users or staff.

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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* .

*

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

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

- ☐ Option 1: No major change (where no impact or potential for improvement is found, no action is required)
- ☐ Option 2: Adjust (where a potential or actual negative impact or potential for a more positive impact is found, make changes to mitigate risks or make improvements)
- ☒ Option 3: Continue (where a potential or actual negative impact or potential for a more positive impact is found but a decision not to make a change can be objectively justified, continue without making changes)
- ☐ Option 4: Stop and remove (where a serious risk of negative impact is found, the plans, policies etc. being assessed should be halted until these issues can be addressed)

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

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Actions – from the additional mitigating action requirements boxes completed above, please summarise the actions this service will be taking forward.	Date for completion	Who is responsible?(initials)
Undertake engagement activity with groups to inform the redesign and the priority areas for service users.	March 2025	Lynsey Smith
Undertake engagement activity with service areas that may be impacted by a redesign of service	March 2025	Lynsey Smith
Equality data is not currently captured for Family Support Service, this will be taken forward as an area for improvement as part of the amalgamation of the teams.	March 2025	Lynsey Smith
Following engagement and where specific service redesign proposals emerge from the programme, produce a more tailored EQIA.	March 2025	Lynsey Smith

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

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Lead Reviewer:	Name	Lynsey Smith
EQIA Sign Off:	Job Title	Head of Service - Justice Services and Health and Social Care Connect
	Signature	
	Date	07/11/24

Quality Assurance Sign Off:	Name	Dr Noreen Shields
	Job Title	Planning and Development Manager
	Signature	

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Date 8/11/24

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

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

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

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

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

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

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

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

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

Action:	
Reason:	
Action:	
Reason:	

Please write your next 6-month review date

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Name of completing officer:

Date submitted:

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

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