

OFFICIAL - Operational 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:

Therapeutic Services for Children and Families

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).

For the last two years NHS Greater Glasgow & Clyde Specialist Children's Services in partnership with Glasgow City Council (GCC) Education and Social Work Services have commissioned a third sector organisation to provide therapeutic services to improve the mental health, relationships, functioning and well-being of children and families. From June 2025 this service will not be renewed. The service is board-wide for Specialist Children's Services (CAMHS) and city wide for Social Work and Education.

This change was made to enable financial saving to be made and to invest in inhouse services and commissioned pathways that integrate more closely with each agencies longer term plan.

The current service provider has been given 3 months notice to complete work or to discuss a forward plan with the original referring agency (Social Work, Education or Health). Each agency has already developed pathways to provide therapeutic support for children and families and across 25-26 will reinvest savings from the commissioned service into their pathways. Existing cases referred to the commissioned service fall into three categories:

1. Those who were referred and have never been offered a service. These cases have already been returned to the referrer to make an alternative plan with the family.
2. Those families who are being seen and will complete an intervention with the commissioned services. These cases will be unaffected by the changes.
3. Those families who have been seen but will need additional support following the end of the commissioned service. Each agency has set up monitoring meetings with the commissioned service to identify these families and agree a follow-up appointment with the family to make a forward plan.

All three services, CAMHS, Education and Social Services, have scheduled a fortnightly meeting to discuss this process and to ensure that no child or family who was seen by the commissioned service is disadvantaged.

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)

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Name: Andrew Dawson	Date of Lead Reviewer Training: N/A
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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):

Dr Andrew Dawson, Professional Lead for Child Psychotherapy
 Janet McCullough, Head of Children's Services, South, Glasgow Health and Social Care Partnership
 Barry Syme, Principal Educational Psychologist, Education Services. Lead Officer for Counselling and Mental Health Strategy in Schools.
 Natasha McNaught, Service Manager (Commissioning), Glasgow Health and Social Care Partnership

	<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> Data in relation to the 9 protected characteristics are collected from routinely by all three agencies. This information is held securely in the EMIS electronic record in CAMHS and Social Work and Education's respective systems. Barriers for this group are experience of trauma which can intersect with other protected characteristics and reduce the quality of opportunity available for children and families.	All three agencies routinely provide services for young people with protected characteristics. The commissioned service received referrals from the agencies, therefore there will be no change in the process for gathering information.

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		<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
2.	<p>Please provide details of how data captured has been/will be used to inform policy content or service design.</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p><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 monitoring of uptake. (Due regard promoting equality of opportunity)</i></p>	<p>The commissioned project was in a north Glasgow postcode and while close to a train station it was not easily accessed from areas across the health board. An audit of GGC referrals showed that some areas made no use of the service or if they did it was only families with access to private transport who were able to attend. A similar pattern was found across Glasgow city where the location of the service disadvantaged families on low income as there was a lack of facility to provide fares to compensate.</p>	<p>In the future, services will be offered through local CAMHS teams or through Joint Support Teams attached to each child's school. This will ensure that services are accessible for young people and families in areas closer to where they live and in venues that are more likely to be part of their local community.</p>
		<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
3.	<p>How have you applied learning from research evidence about the experience of equality groups to the service or</p>	<p><i>Looked after and accommodated care services reviewed a range of research evidence to help promote</i></p>	<p>The change to the service was decided by senior managers from health, education and social work. They reviewed the monitoring reports from the regular commissioning meetings, the demographics of who was attending and reviewed the financial costs compared to alternatives.</p>	<p>All three services, CAMHS, Education and Social Services, have scheduled a fortnightly meeting of senior managers to take an overview</p>

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	<p>Policy?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p><i>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></p>	<p>Over the past two years there has been additional development in each agency workforce or enhanced provision of services directly accountable to Joint Support Teams (JSTs). The decision for the change was based on; the need for better equality of access for families to be seen nearer to their local community; for financial reasons with better value being available by investing in in-house provision or enhancing the provision through pathways more accountable to JSTs; and a move toward more integrated service to provide for Tier 3 mental health within multi-disciplinary CAMHS, allowing for greater reach of the CAMHS service to young people in need, providing equality of opportunity for them.</p>	<p>of this process and to ensure that no child or family who has to transition from the commissioned service back to the referring agency will be disadvantaged by the change.</p>
		Example	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
4.	<p>Can you give details of how you have engaged with equality groups with regard to the service review or policy development? What did this engagement tell you about user experience and how was this information used? The Patient Experience and Public Involvement team (PEPI)</p>	<p><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</i></p>	<p>Engagement with Families For Specialist Children's Services CAMHS, each individual child/family is being offered a one-to-one planning session to make sure they have access to therapeutic support using the Realistic Medicine Principles, which puts the patient's voice at the centre of care planning. About – Realistic Medicine For Social Work and Education pathways, each child/family will have a plan based on the GIRFEC 5 questions and make use of the extensive resources available through education and commissioned pathways. GIRFEC Practice guidance 19 April 2017.pdf</p>	<p>All three services, CAMHS, Education and Social Services, have scheduled a fortnightly meeting of senior managers to take an overview of this process and to ensure that no child or family who has to transition from the commissioned service back to the referring agency will be is</p>

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	<p>support NHSGGC to listen and understand what matters to people and can offer support.</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p><i>service introduced a home visit and telephone service which significantly increased uptake.</i></p> <p><i>(Due regard to promoting equality of opportunity)</i></p> <p><i>* The Child Poverty (Scotland) Act 2017 requires organisations to take actions to reduce poverty for children in households at risk of low incomes.</i></p>	<p>Each of the three agencies contacted families who would now no longer be receiving a service from the commissioned service. For families who were attending the service, a plan was made with each agency once it was known if the work would be complete or if the family would need additional support from CAMHS, Education or Social Services.</p> <p>From the regular monitoring reports as part of the commission we know that families were happy with the service that they received at the commissioned service and thought it was of a high quality. The families who have been re-directed have also expressed appreciation for the alternatives offered and while they may have preferred not to move from the commissioned service, they were content with the alternatives provided. Some families who had previously received a service contacted the referring agencies to voice their concern and dissatisfaction with the change, noting the positive impact that the service had on their family life. Each of these was responded to individually by a senior manager.</p> <p>Engagement with the Commissioned Service</p> <p>On behalf of all three agencies, the Head of Specialist Children's Services offered a briefing meeting via MS Teams to the director of the commissioned service and discussed the plan to provide an additional three months funding to enable the commissioned work to come to an end. The Director of the commissioned project then took responsibility for communicating with their staff.</p> <p>Engagement with staff groups</p> <p>All three agencies have worked together to share information and communicate with the staff in our services. For Specialist Children's Services, a briefing from the Head of Services was sent to all staff. For Education and Social Work, the briefing was sent to all Learning Community- Joint Support Teams (JST)</p>	<p>disadvantaged by the change.</p>
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			where referral decisions are met. Senior managers in all agencies were available to meet with or respond to staff who had additional questions about the change or who required further information about a child who had been referred to the service. The commissioned service has re-directed any inquiries from staff to the appropriate senior manager in each agency.	
		Example	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
5.	<p>Is your service physically accessible to everyone? If this is a policy that impacts on movement of service users through areas are there potential barriers that need to be addressed?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p><i>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></p>	<p>All Specialist Children's Services clinics, and education and social work venues are fully accessible.</p> <p>The commissioned project was in a north Glasgow postcode and while close to a train station it was not easily accessed from areas across the health board. An audit of GGC referrals showed that some areas made no use of the service or if they did it was only families with access to private transport who were able to attend. A similar pattern was found across Glasgow city. For families affected by low income or poverty the cost of travel, alongside accessibility, created barriers to accessibility.</p> <p>The service was provided within term times which did not support parents are carers during school holidays which are times of acute stress for some families</p>	<p>All three services, CAMHS, Education and Social Services, have scheduled a fortnightly meeting of senior managers to take an overview of this process and to ensure that no child or family who has to transition from the commissioned service back to the referring agency will be disadvantaged by the change.</p> <p>In the future, services will be offered through local CAMHS teams or through Joint Support Teams attached to each child's school. This will ensure that services are accessible for young people and families in areas closer to where they live and in venues that are more likely to be part of their local community.</p> <p>Future services will be provided 52</p>

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				weeks per year, supporting the individualised needs of families, in local bases to the child.
		Example	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
6.	<p>How will the service change or policy development ensure it does not discriminate in the way it communicates with service users and staff?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p> <p>The British Sign Language (Scotland) Act 2017 aims to raise awareness of British</p>	<p><i>Following a service review, an information video to explain new procedures was hosted on the organisation's YouTube site. This was accompanied by a BSL signer to explain service changes to Deaf service users.</i></p> <p><i>Written materials were offered in other languages and formats.</i></p> <p><i>(Due regard to remove discrimination, harassment and victimisation and promote equality of opportunity).</i></p>	<p>All three agencies have worked together to share information and communicate with the staff in our services. Senior managers from health met with the director of the de-commissioned service in advance of formal notice being given about the contract not being renewed. The director of the decommissioned service was responsible for managing the communication with their own staff.</p> <p>Each of the three agencies contacted families who would now no longer be receiving a service from the commissioned service. For families who were attending the service, a plan was made with each agency once it was known if the work would be complete or if the family would need additional support from CAMHS, Education or Social Services. Individual plans are then made with each family as detailed in question 4. (For Specialist Children's Services CAMHS, each individual child/family is being offered a one-to-one planning session to make sure they have access to therapeutic support using the Realistic Medicine Principles, which puts the patient's voice at the centre of care planning.</p> <p>For Social Work and Education pathways, each child/family will have a plan based on the GIRFEC 5 questions and make use of the extensive resources available through education and commissioned pathways.) Children with an allocated social worker are additionally being supported by them as services end, or the child is transferred to alternative supports. Within CAMHS, as part of the health service, they have access to alternative formats, languages and interpreters in line with business as usual. For commissioned services this is included in their contracts. Education and Health information can also be</p>	

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	<p>Sign Language and improve access to services for those using the language. Specific attention should be paid in your evidence to show how the service review or policy has taken note of this.</p>		<p>provided in a language relevant to the family.</p>	
7	Protected Characteristic	Service Evidence Provided		Possible negative impact and Additional Mitigating Action Required
(a)	<p>Age</p> <p>Could the service design or policy content have a disproportionate impact on people due to differences in age? (Consider any age cut-offs that exist in the service design or policy content. You will need to objectively justify in the evidence section any segregation on the grounds of age promoted by the policy or included in the service design).</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>CAMHS already provides therapeutic services for complex/moderate to severe mental health problems for 0-18 year olds. Referrals to the commissioned service from CAMHS were only for under children aged under 12s who did not need a multi-disciplinary intervention at the time of referral, though some children remained on a waiting list for a neurodevelopmental assessment at a later date. With the change to the service these children will be directed through a CAMHS pathway offering specialist therapeutic support, multi-disciplinary team work and have access to CAMHS pathways including those for complex trauma.</p> <p>For social work and education, referrals were for any school age child. Over the past two years additional investment has been made in commissioning therapeutic services which offer inclusive and anti-discriminatory resources. The commissioned service has not provided for referrals over the age of 18 and there is no change to this. Newer services provide a very broad range of service offers to respond to the diverse needs of individual young people and to offer tailored care within the local community.</p>		<p>All three services, CAMHS, Education and Social Services, have scheduled a fortnightly meeting of senior managers to take an overview of this process and to ensure that no child or family who has to transition from the commissioned service back to the referring agency will be disadvantaged by the change. Therapeutic pathways in health are in-house and sustainable, within social work and education the pathways are already commissioned and will have additional investment to ensure that they can continue to provide for the families in the future.</p> <p>Each of the three agencies contacted families who would now no longer be receiving a service from the</p>

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		<p>For Health, those who age-out of the service will be referred to adult mental health if this is indicated at the time, in line with ordinary practice.</p> <p>For social work and education additional support for over 18s will be planned as indicated by the young person's plan at the time, in line with established practice.</p>	<p>commissioned service. For families who were attending the service, a plan was made with each agency once it was known if the work would be complete or if the family would need additional support from CAMHS, Education or Social Services. Individual plans are then made with each family as detailed in question 4. (For Specialist Children's Services CAMHS, each individual child/family is being offered a one-to-one planning session to make sure they have access to therapeutic support using the Realistic Medicine Principles, which puts the patient's voice at the centre of care planning. For Social Work and Education pathways, each child/family will have a plan based on the GIRFEC 5 questions and make use of the extensive resources available through education and commissioned pathways.)</p>
(b)	<p>Disability</p> <p>Could the service design or policy content have a disproportionate impact on people due to the protected characteristic of disability?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and</p>	<p>All alternative therapeutic supports will be provided in accessible buildings and by staff who have professional training in work with children and families living with disabilities.</p> <p>The referrals from CAMHS, as opposed to the social work and education referrals, indicate that there is a mental health difficulty relating to the experience of neglect or trauma and that this is having an impact on the child's emotional development, relational development and mental health.</p> <p>The existing service was able to provide a sensitive and</p>	<p>Children and young people referred from education and social work have not come through the mental health referral route and may not have the same level of vulnerability but it is possible that when making a forward plan the mental health issues become clearer. Likewise CAMHS cases may not have moderate to severe difficulties and would</p>

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	<p>victimisation</p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>appropriate intervention for these young people but occasionally would also use CAMHS support for additional assessment or longer term involvement.</p> <p>The change will involve those children receiving equivalent services within CAMHS from a multi-disciplinary workforce who will be able to provide a formulation and plan that specifically specialises in mental health, emotional development and improving relationships.</p> <p>Children and young people referred from education and social work have not come through the mental health referral route and may not have the same level of vulnerability.</p>	<p>therefore be more suited to health or social work pathways. Therefore all three agencies, CAMHS, Education and Social Services, meet regularly to ensure that no child or family who was seen by the commissioned service is disadvantaged and that the best and most appropriate pathways are available to all the children involved.</p>
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(c)	<p>Gender Reassignment</p> <p>Could the service change or policy have a disproportionate impact on people with the protected characteristic of Gender Reassignment?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>This is a service for under 18s. There may be children who have gender dysphoria but no gender reassignment. All alternative therapeutic services are able to provide an inclusive and sensitive service where this is important to the child. There is therefore unlikely to be any negative impact related to this protected characteristic.</p>	<p>All three agencies, CAMHS, Education and Social Services, meet regularly to ensure that no child or family who was seen by the commissioned service is disadvantaged.</p>
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action

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(d)	<p>Marriage and Civil Partnership</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Marriage and Civil Partnership?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>This is a service for children under the age of 18. There is therefore unlikely to be any negative impact related to this protected characteristic.</p>	<p>All three services, CAMHS, Education and Social Services, have scheduled a fortnightly meeting of senior managers to take an overview of this process and to ensure that no child or family who has to transition from the commissioned service back to the referring agency will be disadvantaged by the change.</p>
(e)	<p>Pregnancy and Maternity</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Pregnancy and Maternity?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p>	<p>From our records there are no children or young people receiving the current service that are pregnant. There is therefore unlikely to be any negative impact related to this protected characteristic.</p>	<p>All three services, CAMHS, Education and Social Services, have scheduled a fortnightly meeting of senior managers to take an overview of this process and to ensure that no child or family who has to transition from the</p>

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	<p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>		commissioned service back to the referring agency will be disadvantaged by the change.
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(f)	<p>Race</p> <p>Could the service change or policy have a disproportionate impact on people with the protected characteristics of Race?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	There is no specific evidence to suggest the change of the service has a disproportionate impact on people in relation to race. All communication needs for people who do not have English as their first language will be met including the requirement to provide interpreting and translation support to advocates and family members. All additional communication and support needs will be met through mainstream provision in line with the Equality Act (2010), NHSGGC policy, GCHSP policy and Education Services Included, Nurtured and Supported Policy (2025)	All three services, CAMHS, Education and Social Services, have scheduled a fortnightly meeting of senior managers to take an overview of this process and to ensure that no child or family who has to transition from the commissioned service back to the referring agency will be disadvantaged by the change.
(g)	<p>Religion and Belief</p> <p>Could the service change or policy have a</p>	This is a therapeutic service for children and young people. The alternatives provided are equivalent but more closely integrated to their local community. It is therefore unlikely that this will have	All three services, CAMHS, Education and Social Services, have scheduled a

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	<p>disproportionate impact on the people with the protected characteristic of Religion and Belief?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>an impact on people with the protected characteristic of religion and belief.</p>	<p>fortnightly meeting of senior managers to take an overview of this process and to ensure that no child or family who has to transition from the commissioned service back to the referring agency will be disadvantaged by the change.</p>
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(h)	<p>Sex</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sex?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected <input type="checkbox"/></p>	<p>This is a therapeutic service for children and young people. The alternatives provided are equivalent but more closely integrated to their local community. Some children and parent/carers may have been subject to gender based violence and as with all trauma work this may lead to anxiety at times of change or meeting new people in roles of authority.</p> <p>Within CAMHS and the commissioned services staff are trained in trauma informed approaches and within CAMHS we have trauma specialist teams. In this case all families have existing relationships with the three referring agencies and this should moderate the impact of this.</p> <p>Trauma informed and nurture based approaches also underpin the approaches supporting children and young people in schools and from social work services to ensure that services are sensitive to the needs of children and young people and are adaptive to ensure inclusion.</p>	<p>All three services, CAMHS, Education and Social Services, have scheduled a fortnightly meeting of senior managers to take an overview of this process and to ensure that no child or family who has to transition from the commissioned service back to the referring agency will be disadvantaged by the change.</p>

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	<p>characteristics.</p> <p>4) Not applicable <input type="checkbox"/></p>		
(i)	<p>Sexual Orientation</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sexual Orientation?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>There may be children who have experienced discrimination, harassment and victimisation in relation to sexual orientation and this may be part of the reason for referral. All alternative therapeutic services are able to provide an inclusive and sensitive service where this is important to the child and family. There is therefore unlikely to be any negative impact related to this protected characteristic.</p>	<p>All three services, CAMHS, Education and Social Services, have scheduled a fortnightly meeting of senior managers to take an overview of this process and to ensure that no child or family who has to transition from the commissioned service back to the referring agency will be disadvantaged by the change.</p>
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(j)	<p>Socio – Economic Status & Social Class</p> <p>Could the proposed service change or policy have a disproportionate impact on people because of their social class or experience of poverty and what mitigating action have you taken/planned?</p> <p>The Fairer Scotland Duty (2018) places a duty on public bodies in Scotland to actively consider how they can</p>	<p>The decommissioned service is geographically hard to reach for many of the families who are referred. This means that preference has been given to those who are able to travel to the centre independently. For those further afield in the health board this has restricted access to those families who have their own transport and are able to drive to appointments. The change to services, where they will be delivered locally to the families will help to improve access and remove discrimination. For health appointments, where indicated,</p>	<p>All three services, CAMHS, Education and Social Services, have scheduled a fortnightly meeting of senior managers to take an overview of this process and to ensure that no child or family who has to transition from the</p>

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<p>reduce inequalities of outcome caused by socioeconomic disadvantage when making <u>strategic</u> decisions. If relevant, you should evidence here what 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)</p> <p>Seven useful questions to consider when seeking to demonstrate ‘due regard’ in relation to the Duty:</p> <ol style="list-style-type: none"> 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 	<p>families are able to claim for travel costs to attend appointments, again reducing discrimination based on economic status.</p> <p>Education and social work service -based referrals do not routinely receive additional financial support to attend appointments so a geographically inaccessible service creates additional barriers of cost, and of time for families on low income.</p> <p>Where families have multiple dependent children or are from a lone parent family, a service delivered from a fixed point creates an additional barrier to access.</p>	<p>commissioned service back to the referring agency will be is disadvantaged by the change.</p> <p>The new service offers through CAMHS and through Education and Social Work services, commissioned via Education will provide geographically local services, delivered in local schools or community hubs that are accessible to families, and remove some of the barriers associated with a geographically fixed service.</p>
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	<p>disadvantage? ‘Making Fair Financial Decisions’ (EHRC, 2019)²¹ provides useful information about the ‘Brown Principles’ which can be used to determine whether due regard has been given. When engaging with communities the National Standards for Community Engagement²² should be followed. Those engaged with should also be advised subsequently on how their contributions were factored into the final decision.</p>		
(k)	<p>Other marginalised groups</p> <p>How have you considered the specific impact on other groups including homeless people, prisoners and ex-offenders, ex-service personnel, people with addictions, people involved in prostitution, asylum seekers & refugees and travellers?</p>	<p>The children’s families will and do include marginalised individuals and groups. Providing this service locally allows a plan to be made using the Realistic Medicine Principles which takes account of family needs and view to make a joint plan about what will be possible for families. In Education and Social work services, decisions will be made in liaison with Joint Assessment Teams in local schools, where issues of marginalisation can be more easily identified and an appropriate plan put in place using the GIRFEC planning approach. This should improve the accessibility of services for children from these marginalised groups or where these issues are relevant to their family members.</p> <p>A small proportion of the families impacted are from asylum seeking/ refugee families. However, due to the geographical location and cost involved in attending the commissioned service this has excluded most referrals from these marginalised groups. Providing a service locally to the children’s school or local CAMHS area will result in the service being more accessible to marginalised groups.</p> <p>In the previous service a proportion of referrals from social work were prioritised to meet the needs of children and young people in adoptive or kinship care placements. Whilst not specifically ring fenced, the same prioritisation of need will be available for children who are looked after, adopted or in kinship care within the new service offers.</p>	<p>All three services, CAMHS, Education and Social Services, have scheduled a fortnightly meeting of senior managers to take an overview of this process and to ensure that no child or family who has to transition from the commissioned service back to the referring agency will be disadvantaged by the change.</p>

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8.	<p>Does the service change or policy development include an element of cost savings? How have you managed this in a way that will not disproportionately impact on protected characteristic groups?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>Yes. There has been a reinvestment into in-house and pathways commissioned to work more closely with schools and in communities. This will make the local services more accessible for children and families, delivered across times of need relevant to each family, across the calendar year.</p>	
		Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
9.	<p>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.</p>	<p>All three agencies have an on-going programme of staff training and mandatory trainings that address human rights and inequalities sensitive practice. All services are committed to regularly training and empowering staff on equality issues to prevent discrimination, promote equality of opportunity and foster good relationships between characteristic groups.</p>	

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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.

None.

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* .

CAMHS are offering each child and family a one-to-one planning session in CAMHS. This session will use the Realistic Medicine Principles for planning with the patient and family voice playing a central role in planning. For Social Work and Education Services each child will have a GIRFEC plan based on the 5 GIRFEC questions again placing the child voice at the centre of the plan. All referrals to Joint Support Teams must include the views of the child/ young person as well as those of parent /carer. This is in accordance with UNCRC requirements.

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- **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 10/12/2025	Who is responsible?(initials) AD
Andrew Dawson – Professional Lead for Child Psychotherapy, SCS CAMHS Barry Syme – Principal Educational Psychologist Paul McGeough SW Service Manager Janet McCullough SW HoS	


All three services, CAMHS, Education and Social Services meet fortnightly to take an overview of the change process and to ensure that no child or family who has to transition from the commissioned service back to the referring agency will be disadvantaged by the change. This will continue fortnightly until the end of the commission on 30th June 2025 and monthly thereafter for 6 months.


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

10th December 2025

Lead Reviewer:

EQIA Sign Off:

Name Andrew Dawson
Job Title Professional Lead for Child Psychotherapy, NHS GGC
Signature 
Date 18/06/2025

Name Andrea Blair
Job Title General Manager – NHS GGC Specialist Children's Services
Signature 
Date 19/06/25

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Name Janet McCullough
Job Title Head of Children's Services – South Glasgow

Signature 

Date 24/06/25

Name Barry Syme
Job Title Principal Educational Psychologist, GCC Education Services

Signature



Date 25/06/25

Quality Assurance Sign Off:

Name Dr Noreen Shields
Job Title Planning and Development Manager

Signature 

Date 27/6/25

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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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