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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 201 4560.

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

Locality and Intensive Family Support Service

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)

Glasgow City Health and Social Care Partnership (GCHSCP) has approved the decision to award a contract by open competitive tender for the Locality and Intensive Family Support Service (the Service).

GCHSCP will invite tenders from Providers who will deliver the Service within Glasgow city across GCHSCP localities; North East, North West and South, and citywide for the Intensive element of the Service.

Those who will be receiving a service are children, young people, and families, including parent(s) and carer(s), brothers and sisters, grandparents, and other people who are important in the families' lives. The Service will play a key role in Glasgow's response to delivering an environment where every child and young person will be supported to achieve their full potential, and to contribute positively to their communities throughout their lives. The service will be delivered within families' homes or within communities.

The aims and objectives of the Service are to support families to remain together by identifying needs as early as possible. The Service aims to improve the outcomes for children, young people, and their families by adopting a strengths-based, holistic approach to family support. This will be achieved by providing a timely, responsive, and flexible support service that can prevent needs escalating and reduce the need for statutory interventions, including admissions into Local Authority care.

Families are experts in their own lives. Reflecting the Promise, all partners will be committed to listening to children, young people, and families and using their views to continue to build on the improvement and transformation of services in Glasgow. Through the provision of strengths-based support, focussing on individual and family assets and building on both individual and family community networks, the Service will promote and support families to gain long-term resilience, and deliver positive, lasting outcomes for families that will allow them to confidently move on from the service.

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A key focus of the Service is to work with families to mitigate the effects of poverty and reduce social inequalities by helping families to connect with supports within their neighbourhoods, including assisting them to access practical and financial supports they are entitled to, which national and local research shows is an issue disproportionately experienced by this group. This aligns with needs identified in 'the Promise', with Glasgow City's Integrated Children's Services Plan 2020-23, and underpinned by the provisions in the Children and Young People (Scotland) Act 2014. Families requiring support from the Service are disproportionately affected by poverty, with 55% residing in areas that are amongst the top 10% most deprived in the country, compared to the Glasgow average of 30%. Poverty mitigation and income maximisation will remain high priorities for this Service.

Many of the legislative provisions, national policies and strategies relating to children and young people in Scotland implement the rights contained within the United Nations Convention on the Rights of the Child (UNCRC), which includes, amongst others, the child's right to be free from discrimination on the basis of any protected characteristic.

Children, young people, and their families accessing the Service may have experienced or be experiencing any of the following:

- Addiction
- Adverse Childhood Experiences
- Care Experienced or children who may be at risk of being accommodated
- Caring responsibilities
- Affected by disability
- Experience of or exposure to domestic, sexual or gender-based violence
- Barriers to participation in education
- Exposure to or engaging in risky or criminal behaviour
- Housing issues, including homelessness, poor quality housing, overcrowding, or challenges in maintaining a household
- Mental Health (child or parental)
- Neurodiversity and / or Additional Support Needs
- Require support in parenting skills
- Physical health challenges (child or parental)
- Poverty and other inequalities
- Exploitation (or at risk of exploitation)
- Supporting families as they navigate the asylum / refugee system

Care should be anticipatory to meet the needs of those with protected characteristics (defined within the Equality Act 2010) rather than reactive.

Those in receipt of the service delivered on behalf of GCHSCP will have equal access to the service, regardless of protected characteristic, based solely on their ability to benefit from the support on offer by the Service.

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

Name: Natasha McNaught, Commissioning Manager, Children and Families and Women's Services	Date of Lead Reviewer Training:
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Please list the staff involved in carrying out this EQIA

Fiona Roberts, Senior Officer, Children and Families and Women's Services Commissioning Team
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	<i>Example</i>	Service Evidence Provided	Possible negative impact and additional mitigating action required
1.	<p>What equality 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.</p>	<p>Information on the following protected characteristics is routinely recorded in CareFirst (SWS) or EMIS (Health) for those children and young people and families supported into the Service to enable equalities monitoring:</p> <ul style="list-style-type: none"> • Age • Disability • Race • Religion and Belief • Sex <p>Information on the following protected characteristics is not routinely recorded:</p> <ul style="list-style-type: none"> • Gender Reassignment • Marriage and Civil Partnership • Pregnancy and Maternity • Sexual Orientation <p>The Scottish Government does not recommend the routine recording of information on Gender Reassignment and Sexual Orientation for children and young people under the age of 16. This age group accounts for 89.4% of those within the Family Support Service as of August 2023.</p> <p>Where the Professional Lead feels that any of the protected characteristics not routinely gathered are relevant considerations in regard to the child / young person's care and support, they may record them as narrative information.</p> <p>The following information may also be recorded in</p>	<p>No negative impact.</p> <p>Recording of Race, Disability and Religion and Belief to be addressed to ensure this is carried out at the point of a case being created, and updated as appropriate.</p> <p>Provider(s) must evidence in their tender submission how they will deliver the service to meet the needs of children, young people, and families, which will include neurodiversity / additional support needs, physical, sensory, or learning disabilities, and those for whom English is not their first language (and may therefore require provision of interpreting services when required).</p> <p>Providers must also evidence their awareness of their responsibilities in respect of Equality considerations and will be committed to delivering a Service that is fair and equitable. They must recognise the need for cultural awareness and sensitivity from their workers, particularly as the service is delivered in families' homes, and have an ethos that shows</p>

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			<p>CareFirst or EMIS and / or by Providers of the Service, to ensure targeted support is available to those in priority groups:</p> <ul style="list-style-type: none"> • Postcode (cross-referenced with SIMD) • Single parent family • Family with disabled child/ren • Families with child/ren aged <1 year • Larger families (3+ children) • Younger parents (aged <25 years) • Carer status 	<p>understanding of and empathises with, the circumstances and experiences of children, young people, and families.</p>
		<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 three parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment, and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected</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>Protected characteristics data can be recorded in CareFirst or EMIS when a person's file is created. Information specific to this Service is collected by GCHSCP and Providers, including whether the child, young person, or family belongs to any priority groups identified as being in particular need:</p> <ul style="list-style-type: none"> • Single parent family • Someone in the family is pregnant • Family with disabled child/ren • Families with child/ren aged <1 year • Larger families (3+ children) • Younger parents (aged <25 years) • Carers <p>Information relating to families' circumstances, outcomes, signposting, and destinations will be required to be collected by the Provider, and aggregate data presented to GCHSCP on a quarterly / six-monthly basis as part of the Contract Management Framework responsibilities.</p> <p>This information is used to monitor access to the Service by those with protected characteristics and those who fall</p>	<p>No negative impact.</p> <p>Provider(s) must evidence in their tender submission how they will gather and collate outcomes and equalities data.</p> <p>Providers must also evidence their awareness of their responsibilities in respect of Equality considerations and will be committed to delivering a Service that is fair and equitable.</p> <p>They must recognise the need for cultural awareness and sensitivity from their workers, particularly as the service is delivered in families' homes, and have an ethos that shows understanding of and empathises with, the circumstances and experiences of children, young</p>

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	<p>characteristics <input checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>		<p>into any of the priority groups above, and to identify any areas of emerging need by particular communities that are not being fully met.</p>	<p>people, and families.</p> <p>Through regular contract monitoring and feedback from Providers, any changes requiring to be made to the service, including processes, modes of delivery or targeting of resources, can be evidenced.</p> <p>Specific needs due to protected characteristics will be identified by the Provider and they will be required to make appropriate adjustments to the delivery of the Service. This will include developing strategies to engage specific groups. Monitoring of the access of specific groups accessing the Service will be in line with the requirements of the Equality Act 2010.</p>
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	<i>Example</i>	Service Evidence Provided	Possible negative impact and additional mitigating action required
<p>3. How have you applied learning from research evidence about the experience of equality groups to the service or Policy?</p> <p>Your evidence should show which of the three parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment, and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p><i>Looked after and accommodated care services reviewed a range of research evidence to help promote a more inclusive care environment. Research suggested that young LGBT+ people had a disproportionately difficult time through exposure to bullying and harassment. As a result staff were trained in LGBT+ issues and were more confident in asking related questions to young people. (Due regard to removing discrimination, harassment and victimisation and fostering good relations)</i></p>	<p>The following legislative and policy drivers contain relevant equality and welfare considerations that have informed the design and delivery of the Service.</p> <p>Children (Scotland) Act 1995 Human Rights Act 1998 Equality Act 2010 Children and Young People (Scotland) Act 2014 Community Empowerment (Scotland) Act 2015 Carers (Scotland) Act 2016 Child Poverty (Scotland) Act 2017 United Nations Convention on the Rights of the Child Glasgow City Family Support Strategy 2020 - 2023 Glasgow City Integrated Children's Services Plan 2020-2023 (updated version in progress) Getting It Right for Every Child (GIRFEC) The Independent Care Review's report, 'The Promise' Glasgow's Promise Every Child, Every Chance – Tackling Child Poverty Delivery Plan 2018-2022 The Christie Commission (2011)</p> <p>The Service will play a key role in Glasgow's response to delivering an environment where every child and young person will be supported to achieve their full potential, and to contribute positively to their communities throughout their lives.</p> <p>GCHSCP is committed to a cycle of continued service development and improvement.</p>	<p>No negative impact.</p> <p>No equality group-specific research has been undertaken in the development of the Service, and this may be considered for the future.</p>

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	<i>Example</i>	Service Evidence Provided	Possible negative impact and additional mitigating action required
<p>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?</p> <p>Your evidence should show which of the three parts of the General Duty have been considered (tick relevant boxes)</p> <p>1) Remove discrimination, harassment, and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></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 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>Development of the Family Support Strategy (2020–2023) had at its core, engagement with children, young people, and families.</p> <p>The citywide Third Sector Forum led an engagement process on behalf of its partners which provided feedback from service users about their needs, how they would like services to be shaped and delivered, and the key qualities of family support workers that mattered most to them. This information informed the design the Family Support tender and helped providers consider how they recruit workers with the necessary value-base and skillset.</p> <p>GCHSCP, reflecting the aspirations of The Promise, is committed to listening to children, young people, and families, and using their views to continue to build on the improvement and transformation of services in Glasgow. Participation groups, events, consultations, and activities have been designed by GCHSCP to involve children, young people, and families in decision making. This facilitates GCHSCP’s ability to develop services that families want and as a result, are better able to meet their needs.</p> <p>As part of their Glasgow Promise Project, Glasgow Council for the Voluntary Sector (GCVS) interviewed children, young people, and families who had accessed family support services, and their feedback has informed the development of this tender. Specifically, the need to have the right support at the right time, for as long as it is needed; for support to be joined-up, reducing the problem of poor communication between agencies, and for the support to be holistic, with all family members’ needs catered for.</p>	<p>No negative impact.</p> <p>This area will require continued monitoring and amendment to ensure appropriate balance, and different communication methods to suit the audience considered.</p> <p>The Service Specification and ITT, along with the scoring process will require Providers to consult and engage and to seek views and feedback from partners, children, young people, and families.</p> <p>Providers will use a Move-On survey for those children, young people, and families exiting the Service. This provides an opportunity to speak candidly about their experiences and to give recommendations on improvements that can be made.</p>

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			GCHSCP expects a similar level of commitment to involvement and consultation from Providers of the Service.	
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	<i>Example</i>	Service Evidence Provided	Possible negative impact and additional mitigating action required
<p>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?</p> <p>Your evidence should show which of the three parts of the General Duty have been considered (tick relevant boxes)</p> <p>1) Remove discrimination, harassment, and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input checked="" type="checkbox"/></p>	<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>The Service will be delivered predominantly in families' homes, therefore physical access is not an area over which Service Providers or GCHSCP have any control. However, an assessment carried out by GCHSCP will seek to clarify any issues around disabilities and the Child's Plan will identify any need around disability and accessibility.</p>	<p>No negative impact.</p> <p>Provider(s) must evidence in their tender submission how they will deliver the service to meet the needs of children, young people, and families including those with neurodiversity / additional support needs, physical, sensory, or learning disabilities, and for those whom English is not their first language (which may require provision of interpreting services when required).</p>

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	<i>Example</i>	Service Evidence Provided	Possible negative impact and additional mitigating action required
<p>6. 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 three parts of the General Duty have been considered (tick relevant boxes)</p> <p>1) Remove discrimination, harassment, and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p> <p>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</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>Staff who will be directly supporting children, young people, and families in the delivery of the service will require to have a minimum qualification level.</p> <p>The Service being delivered will take account of the needs of those with additional support needs, including neurodiversity, physical, sensory, or learning disabilities and service users who do not speak or read English.</p> <p>GCHSCP will support Providers to access interpreting and translation services, including BSL. In addition, different ways of communicating can be used i.e. use of Technology Enabled Care or use of Microsoft Teams where appropriate.</p>	<p>No negative impact.</p> <p>The Service Specification will outline the need for clear communication between the various stakeholders / partners involved.</p> <p>Provider(s) must evidence in their tender submission how they will work with partners to continuously develop the service and how they will gather the views and feedback from children, young people, and families.</p> <p>Providers will require to recruit people who are skilled, experienced, trained, qualified and knowledgeable to deliver the Service and directly support children, young people, and families.</p>

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attention should be paid in your evidence to show how the service review or policy has taken note of this.			
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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 three 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 checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>Children and Young People in scope for the Service are from pre-birth stage up to 18th birthday as follows.</p> <ul style="list-style-type: none"> • The Locality Family Support element of the Service will be from pre-birth up to their 12th birthday; • The Intensive Family Support element will be from the age of 12 up to their 18th birthday. <p>As a whole-family support model, parents and carers are also supported by the Service, so beneficiaries have no upper age limit.</p> <p>Age data for the Service to date is as follows:</p> <table border="0"> <tr> <td>Age < 1 year</td> <td>4%</td> </tr> <tr> <td>Age 1 – 4 years</td> <td>18%</td> </tr> <tr> <td>Age 5 – 9 years</td> <td>22%</td> </tr> <tr> <td>Age 10 – 14 years</td> <td>33%</td> </tr> <tr> <td>Age 15 – 19 years</td> <td>23%</td> </tr> <tr> <td colspan="2"> </td> </tr> <tr> <td>Aged <16 years</td> <td>84%</td> </tr> <tr> <td>Aged 16 and over</td> <td>16%</td> </tr> </table> <p>Most common age at start of service: 16 years</p> <p>There will be no automatic transfer of children, young people, and families from one strand of the service to another, based solely on age. This allows for the continuity of care and consistency of staff working with</p>	Age < 1 year	4%	Age 1 – 4 years	18%	Age 5 – 9 years	22%	Age 10 – 14 years	33%	Age 15 – 19 years	23%			Aged <16 years	84%	Aged 16 and over	16%	<p>No negative impact.</p> <p>Provider(s) must evidence in their tender submission how they will deliver the service to meet the needs of children, young people, and families</p> <p>Providers will require to recruit people who are skilled, experienced, trained, qualified and knowledgeable to deliver the Service and directly support children, young people, and families.</p>
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Aged <16 years	84%																		
Aged 16 and over	16%																		

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		families, wherever possible.	
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	Protected Characteristic	Service Evidence Provided	Possible negative impact and additional mitigating action required
(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 three parts of the General Duty have been considered (tick relevant boxes)</p> <p>1) Remove discrimination, harassment, and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>Disability data is recorded in CareFirst, and Providers will be requested to gather data on this too. This aggregated data is provided on a quarterly basis as part of the contract management process.</p> <p>CareFirst data analysed for the period October 2021 to March 2023 showed:</p> <ul style="list-style-type: none"> Disability information (including Not Affected by Disability (NAD)) was included in 26% of children / young people's records. Of those whose records included disability information of any type (including NAD), 24% have direct, personal experience of disability, while 43% say they do not have a disability but are affected by disability. The most common disability or health issue experienced by children and young people personally, is autism, indicated in 22% of records where some disability information is recorded. It is a requirement of this tender that Providers are able to effectively support all children and young people, including families with children or young people who may have additional support and neuro-developmental needs. <p>The Service has been designed to meet the needs of all, regardless of disability status. Providers will be made aware of any disabilities and specific requirements to consider at the point the family is introduced to them.</p> <p>While the Service is predominantly delivered to families in their own homes, Providers should consider the impact of</p>	<p>No negative impact.</p> <p>A significant majority of children and young people (74%) in receipt of the service have no disability data recorded in CareFirst.</p> <p>This indicates a need for improved recording of disability information, including Not Affected by Disability, where appropriate.</p> <p>While the numbers are relatively small, the proportion of children and young people who do not have a disability but are affected by disability would indicate that there is a continued need to monitor this data to identify those with caring responsibilities (particularly young carers) to ensure this group is adequately supported.</p> <p>Providers will be required to evidence, as part of the tender process, that they have the requisite Health and Safety policies and insurances in place</p>

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		<p>disability when arranging for any family members to participate in activities and community events. They should also be mindful of the need for alternative communication methods for those with sensory limitations.</p>	<p>to protect those accessing the service and their organisation.</p> <p>Provider(s) must evidence in their tender submission how they will deliver the service to meet the needs of all children, young people, and families.</p> <p>Providers will require to recruit people who are skilled, experienced, trained, qualified and knowledgeable to deliver the Service and directly support children, young people, and families.</p>
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	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 three 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>Data for this protected characteristic is not recorded, nor will it be requested from Providers to collect or monitor this as part of their contract management obligations.</p> <p>This aligns with Scottish Government guidance that this question should only be asked of those aged 16 and over (10.6% of young people who had accessed the current Family Support Service as of August 2023).</p> <p>Where, in the view of GCHSCP or the Provider, this characteristic is a relevant consideration in regard to a child or young person's care and support, they may record this information with the child or young person's consent.</p>	<p>No negative impact.</p> <p>Providers must evidence in their tender submission how they will deliver the service to meet the needs of children, young people, and families.</p> <p>Providers will require to recruit people who are skilled, experienced, trained, qualified and knowledgeable to deliver the Service and directly support children, young people, and families.</p>

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	4) Not applicable <input checked="" type="checkbox"/>		
	Protected Characteristic	Service Evidence Provided	Possible negative impact and additional mitigating action required
(d)	<p>Marriage and Civil Partnership</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Marriage and Civil Partnership?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes)</p> <p>1) Remove discrimination, harassment, and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input checked="" type="checkbox"/></p>	<p>This information is not routinely collected or by Providers as part of their contract management obligations.</p> <p>It is not anticipated that the policy will disproportionately impact those with this protected characteristic.</p> <p>Provider(s) must recognise all protected characteristics of children, young people and families, staff, and third parties.</p>	<p>No negative impact.</p> <p>Providers must evidence in their tender submission how they will deliver the service to meet the needs of children, young people, and families.</p> <p>Providers will require to recruit people who are skilled, experienced, trained, qualified and knowledgeable to deliver the Service and directly support children, young people, and families.</p>

	Protected Characteristic	Service Evidence Provided	Possible negative impact and additional mitigating action required
(e)	<p>Pregnancy and Maternity</p> <p>Could the service change or policy have a disproportionate impact on the people with the</p>	<p>This information is not routinely collected. Providers will be asked to record the numbers of families supported where a family member is pregnant, which has been identified as a priority group requiring support.</p>	<p>No negative impact.</p> <p>Provider(s) must evidence in their tender submission how they</p>

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<p>protected characteristics of Pregnancy and Maternity?</p> <p>Your evidence should show which of the three parts of the General Duty have been considered (tick relevant boxes)</p> <p>1) Remove discrimination, harassment, and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>Families supported into the Service by Health Visitors / Family Nurse Practitioners and those supported into it by SWS can access the Locality Family Support Service during pregnancy and beyond.</p> <p>The Service is designed to meet the needs identified by health colleagues as those most frequently cited by pregnant women and families with very young children include:</p> <ul style="list-style-type: none">• Low parental mood / those requiring practical parenting advice. <p>Often experiencing multiple deprivation and complex challenges, including poverty, poor housing, lack of positive role models, health inequalities and poor relationships.</p> <p>These families may present during pregnancy, but are less likely to attend ante-natal groups. Support services that help families to prepare for the baby's arrival by focusing on the needs of the child (bonding, feeding, health and hygiene) and parents (coping mechanisms, relaxation, maintaining relationships) are critical in ensuring that families experiencing difficulties are encouraged to develop their own strengths and skills that reduces the likelihood of engagement with statutory services in the future.</p> <ul style="list-style-type: none">• Families with child/ren / young people affected by neurodiversity, including Autism Spectrum Disorders, Learning Disability, poor mental health, and physical disability. <p>These children or young people may have, or be waiting for, formal diagnosis and may often present with significant behavioural issues that parents find difficult to manage. Parents frequently experience lack</p>	<p>will deliver the service to meet the needs of children, young people, and families</p> <p>Providers will require to recruit people who are skilled, experienced, trained, qualified and knowledgeable to deliver the Service and directly support children, young people, and families.</p>
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		<p>of sleep, stress, few or no family supports and are reluctant to access community resources or nursery due to child's behaviours, leading to increased parental isolation.</p> <p>Families typically benefit from befriending services and support in accessing community resources, being given advice on routines and coping strategies.</p>	
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	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 three parts of the General Duty have been considered (tick relevant boxes)</p> <p>1) Remove discrimination, harassment, and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>This service will be available to people of all racial and national identities.</p> <p>80% of children and young people accessing the current Family Support Service between October 2021 and March 2023 had a race / ethnicity indicator recorded on their CareFirst record. Of those, 67% were recorded as White Scottish, and 10% were from mixed/non-white ethnicities, which is slightly lower than the Glasgow average of 11.5%.</p> <p>There is a need for cultural awareness and sensitivity on the part of the Provider, particularly as the Service is delivered predominantly in families' homes. Consideration should also be given to any communication barriers, for example, the provision of interpreting services for families whose first language is not English.</p> <p>There is no evidence that any policy in respect of the Service will have a disproportionate impact on those with this protected characteristic.</p>	<p>Measures to ensure that this data is routinely recorded will ensure equitable access to and uptake of the service can be evidenced.</p> <p>Provider(s) must evidence in their tender submission how they will deliver the service to meet the needs of children, young people, and families</p> <p>Providers will require to recruit people who are skilled, experienced, trained, qualified and knowledgeable to deliver the Service and directly support children, young people, and families.</p>

	Protected Characteristic	Service Evidence Provided	Possible negative impact and
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			additional mitigating action required
(g)	<p>Religion and Belief</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Religion and Belief?</p> <p>Your evidence should show which of the three parts of the General Duty have been considered (tick relevant boxes)</p> <p>1) Remove discrimination, harassment, and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>This Service has been designed to meet the needs of all, regardless of faith and / or belief, or lack thereof. It is not anticipated that the policy will disproportionately impact those with this protected characteristic.</p> <p>While 46% of children and young people accessing the current service between October 2021 and March 2023 had a religion and belief indicator recorded on their CareFirst record, 84% of those records had the religion / belief recorded as unknown. As an overall completion rate for the Service as a whole, only 8% had a religious belief recorded.</p> <p>Provider(s) must recognise all protected characteristics of children, young people, families, staff, and third parties.</p> <p>Particular care should be taken by Providers who are made aware of a child, young person or family's religious beliefs and their observance. This could include how visits are scheduled during religious festivals or respecting certain practices while visiting the family home.</p>	<p>Improved recording of this protected characteristic in CareFirst may be required.</p> <p>Measures to ensure that this data is routinely recorded will ensure equitable access to and uptake of the service can be evidenced.</p> <p>Provider(s) must evidence in their tender submission how they will deliver the service to meet the needs of children, young people, and families</p> <p>Providers will require to recruit people who are skilled, experienced, trained, qualified and knowledgeable to deliver the Service and directly support children, young people, and families.</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 three parts of the General Duty have been considered (tick relevant</p>	<p>This information is automatically recorded at the point of the client record being added to CareFirst.</p> <p>Data analysed to date has shown that the breakdown of children and young people within the Service, by sex, fluctuates between 47% - 50% female and 50% - 53% male.</p> <p>There is no evidence that any policy in respect of the Service has a disproportionate impact on those with this</p>	<p>No negative impact.</p> <p>Provider(s) must evidence in their tender submission how they will deliver the service to meet the needs of children, young people, and families</p> <p>Providers will require to recruit people who are skilled,</p>

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<p>boxes)</p> <p>1) Remove discrimination, harassment, and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input checked="" type="checkbox"/></p>	<p>protected characteristic.</p>	<p>experienced, trained, qualified and knowledgeable to deliver the Service and directly support children, young people, and families.</p>
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	Protected Characteristic	Service Evidence Provided	Possible negative impact and additional mitigating action required
(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 three parts of the General Duty have been considered (tick relevant boxes)</p> <p>1) Remove discrimination, harassment, and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input checked="" type="checkbox"/></p>	<p>Data for this protected characteristic is not recorded nor will it be requested that Providers collect or monitor this as part of their contract management obligations.</p> <p>This aligns with Scottish Government guidance that this question should only be asked of those aged 16 and over (10.6% of young people supported within the Family Support Service as of August 2023).</p> <p>Where, in the view of GCHSCP or the Provider, this characteristic is a relevant consideration in regard to a child or young person's care and support, they may record this as narrative information with the child or young person's consent.</p>	<p>No negative impact.</p> <p>Provider(s) must evidence in their tender submission how they will deliver the service to meet the needs of children, young people, and families</p> <p>Providers will require to recruit people who are skilled, experienced, trained, qualified and knowledgeable to deliver the Service and directly support children, young people, and families.</p>

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		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 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 	<p>Research shows that there is evidence that those families who require support are disproportionately affected by poverty. Families’ postcode data has been cross-referenced with SIMD data, to show that:</p> <ul style="list-style-type: none"> • Nearly 10% live in the top centile (1%) of the most deprived areas in Scotland • More than half (55%) live in areas within the top decile (10%) • More than 80% live in areas within the top quintile (20%) of the most deprived areas in Scotland, compared with the Glasgow average for those aged 0-17 years, of 51%. <p>A key focus of the Service is to work with families to mitigate the effects of poverty and reduce social inequalities by helping families to connect with supports within their neighbourhoods, including assisting them to access practical and financial supports they are entitled to, which national and local research shows is an issue disproportionately experienced by this group. This aligns with needs identified in ‘the Promise’, with Glasgow City’s Integrated Children’s Services Plan 2020-23, and is underpinned by the provisions in the Children and Young People (Scotland) Act 2014. Families requiring support from the Service are disproportionately affected by poverty, with 55% residing in areas that are amongst the top 10% most deprived in the country, compared to the Glasgow average of 30%.</p> <p>Poverty mitigation remains a high priority for those who access the Service, and measures to tackle poverty and maximise income for families is a frequently cited area of intervention</p>	<p>No negative impacts are identified. In the current financial climate, it will be important to closely monitor the effectiveness of the interventions put in place by Providers of the Service in respect of poverty mitigation and income maximisation.</p> <p>It is acknowledged that the Third and independent sectors are skilled and experienced in identifying sources of financial and material support and advice for families, and supporting them to access additional funds and resources. GCHSCP values this expertise, and expects Providers to use their understanding of poverty mitigation and social inclusion measures to support families to maximise income through the provision of providing advice, signposting, or linking families to relevant sources of help.</p>

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<p>place more affected by disadvantage in this case than others?</p> <p>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?</p> <p>6. How has the evidence been weighed up in reaching our final decision?</p> <p>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) 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 Engagement should be followed. Those engaged with should also be advised subsequently on how their contributions were factored into the final decision.</p>		
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		Service Evidence Provided	Possible negative impact and additional mitigating action required
(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>This service is open to all marginalised groups.</p> <p>In gathering evidence to support the expansion of the Service to include requests for support from Health colleagues, information was provided about the increasing number of asylum seekers and refugees who were presenting to health services requiring a wide range of support. Many were experiencing poverty and multiple deprivation and living in poor quality, temporary housing, or B&B accommodation.</p> <p>While families in the asylum system have access to other</p>	<p>Where Providers of the Service require support with individual families' circumstances, including presenting issues that they may not be experienced in supporting, they will be fully supported by GCHSCP who will be able to access expertise from colleagues across the wider Partnership, if necessary.</p> <p>The Invitation To Tender</p>

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		<p>services for assistance with legal status and queries on entitlements, there is less support available to facilitate families' integration within communities, which can lead to social isolation.</p> <p>Families with this profile may benefit from advocacy and assistance in accessing universal services, including health and education, and having emotional and practical parenting support.</p> <p>Glasgow's Roma population is based predominantly in the South of the city, and GCHSCP has a Roma Children and Families team who are experienced in supporting this group. They can deliver training and support to Providers to assist them in understanding issues like language barriers, cultural norms, religious considerations, and best practice in delivering support that is informed and anti-oppressive.</p> <p>There will be a number of presenting issues experienced by children, young people, and families that Providers of the Service are expected to support with.</p>	<p>documentation will reflect the need for those Providers providing the service to actively address equalities issues, have an ethos that shows understanding of and empathises with, the circumstances and experiences of those requiring the service.</p>
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		Service Evidence Provided	Possible negative impact and additional mitigating action required
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 three parts of the General Duty have been considered (tick relevant boxes)</p> <p>1) Remove discrimination, harassment, and</p>	<p>The aims and objectives of the Service are to support families to remain together by identifying needs as early as possible. We aim to improve the outcomes of children, young people, and their families by adopting a strengths-based, holistic approach to family support. This will be achieved by providing a timely, responsive, and flexible support service that can prevent needs escalating and reduce the need for statutory interventions, including admissions into Local Authority care.</p>	<p>None.</p>

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	<p>victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>		
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		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 GCHSCP staff must undertake mandatory Equality and Diversity training.</p>	<p>None identified.</p> <p>The Provider's staff will have suitable experience and the appropriate knowledge, training, skills, and competencies to provide direct support to children, young people, and families.</p> <p>As part of the tender process, Providers bidding for this contract will be required to provide a written response to a question about their approach to equalities. These responses will be evaluated and form part of the overall score that determines whether a Provider is successful in their bid.</p> <p>Providers will be required to submit a copy of their policies in relation to Equalities.</p>

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.

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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.

The strengths-based, rights-enabled approach to support delivered to children, young people, and families as part of the Locality and Intensive Family Support Service is underpinned by [United Nations Convention on the Rights of the Child \(UNCRC\)](#), the [Independent Care Review 2020 \('The Promise'\)](#), and [Getting It Right For Every Child \(GIRFEC\)](#). There are no identified risks in relation to the service design or policy which could adversely impact on the human rights of anyone accessing or working within the Service.

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*.

Children's Rights and Human Rights are central to the delivery of the Service. They are considered throughout, from identification of need, screening, planning, and measuring outcomes. Building strong relationships focused on the needs of children, young people, and their families helps us to focus on respecting and promoting their rights.

- 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.

The 'Move On' survey that is completed when families are ready to conclude the support they receive from the Intensive Family Support Service, is one example of good practice. Families and workers complete the survey and the information provided helps shape our continuous development of the service. As a result of positive feedback and the improvement in quality and quantity of data captured, we will extend the survey to include the Locality Family Support Service.

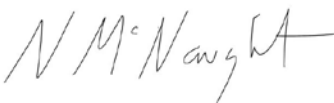
Actions – from the additional mitigating action requirements boxes completed above, please summarise the actions this service will be taking forward.

Date for completion	Who is responsible? (initials)
30/11/2023	Fiona Roberts

1. Tender quality scoring reflects to actively address equalities issues, have an ethos that shows understanding of and empathises with, the circumstances and experiences of service users.
2. Requirement that the provider staff recruitment and training reflect an understanding of and a commitment to the above.
3. The service specification and ITT, along with the scoring process will require providers to evidence how equality issues are addressed for those with protected characteristics.

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

Lead Reviewer: Name Natasha McNaught
EQIA Sign Off: Job Title Service Manager, Children and Families and Women’s Services

Signature 
Date 21st August 2023

Quality Assurance Sign Off: Name Alastair Low
Job Title Planning Manager
Signature Alastair Low
Date 22/08/2023

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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:

Locality and Intensive Family Support Service

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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