

NHS Greater Glasgow & Clyde Equality Impact Assessment Tool

Equality Impact Assessment is a legal requirement as set out in the Equality Act 2010 (Specific Duties) (Scotland) regulations 2012 and may be used as evidence for cases referred for further investigation for compliance issues.

Evidence returned should also align to Specific Outcomes as stated in your local Equality Outcomes Report. Please note that prior to starting an EQIA all Lead Reviewers are required to attend a Lead Reviewer training session or arrange to meet with a member of the Equality and Human Rights Team to discuss the process.

Please contact ggc.equality.team@nhs.scot for further details or call 0141 201 4874.

Name of Policy/Service Review/Service Development/Service Redesign/New Service:
Glasgow's Promise 2024-2030

Please tick the relevant box:-

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

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

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

To meet the requirements of the Promise Scotland (#KeepthePromise), Glasgow HSCP has published its plan to meet [the Promise](#). Glasgow has its own challenges and unique demographic make-up, so the relevant partners published a '**Glasgow Promise Plan 2021-24**'. The 2021-24 Plan explained what the Promise meant for Glasgow and the actions that it would complete to support its vulnerable and care experienced children.

A Promise Keepers Group was established with the stated intention of influencing system change and keep the Promise in Glasgow. To do so 100 calls to action were assigned to each of the members. The 100 calls to action were each linked to the 5 foundations of The Promise: Voice, Family, People, Scaffolding and Care. The Delivering the Promise Board was also established to oversee the work of the Promise Keepers group. The Board includes representatives from the 3rd Sector, Education, Health, Police, Fire and Rescue, people with lived care experience. They have committed to keep the Promise and support system change within their own organisations.

Glasgow has reviewed its Promise Plan for the period of 21-24 (and included 2025) in order to move into the next iteration of planning, for 26-30. Looking at the hundred actions from the 2021-24 Glasgow promise, the Promise Board started a review of progress against the Promise by asking '**What's Working Well?**', '**What's not Working Well?**' and '**What do we need to do?**'. They consulted with professionals involved in completing the actions, the wider partnership and took on the views of children and young people who have been supported by the new practice and services brought in to keep the Promise and have drafted an update in Glasgow's Promise for 2026-30 that is appropriate to Glasgow today and raises our aims even higher than those from the 2021-25 Plan.

Building stronger connections with children, young people and their families is the shared responsibility of all key partners and agencies. The vision for the Plan is that all change and improvement will be driven by strengthening relationships. This ethos of improving relationships is wholly compatible with the HSCP vision of "[empowering] to support people to flourish and live healthier, more fulfilled lives, by having access to the right support, in the right place and at the right time" and the HSCP Values of "**Prevention and Early Intervention**", "**Stronger Communities**", "**Community-based Care**". Also, the [Glasgow Integrated Children's Services Plan](#) outlines six strategic priorities for supporting Glasgow's children, all of which are directly served and supported by the Promise Plan:

1. Keeping Children Safe in their Homes and Communities
2. Health and Wellbeing

3. Addressing Poverty
4. Support to Families
5. Education and Attainment
6. Children and young people are Involved and Included

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

Glasgow's 2026-30 Plan will affect many children and young people in Glasgow of all demographics and across all areas. As explained in the Promise, care experienced children and those at risk of becoming looked after away from home will be most affected by Glasgow's new Promise Plan. Service and practice improvements will impact on children in every area of life, and by extension the families of all our children. Practicing professionals across the breadth of Children's Services, including Social Work and NHS professionals (HSCP), third sector, Scottish Children's Reporter Authority and other statutory agencies will be impacted by the requirements of the new plan.

The Plan primarily meets the requirements of the Promise (as dictated by Scotland's Care Review) but it also is subject to a framework of statutory obligations as outlined in the Children and Young People (Scotland) Act 2014 and the UNCRC Incorporation Act (Scotland) 2024. It also aligns with the key policy areas governing children's services including GIRFEC, Curriculum for Excellence, and the Child Poverty (Scotland) Act 2017.

The wide-reaching impact and numerous legislative requirements necessitate an Equalities Impact Assessment process to ensure that no demographic is unfairly impacted by the Plan, by suffering discrimination, hampering opportunity or any other inequality that the Plan could (inadvertently) cause.

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: Vincent Henry

Date of Lead Reviewer Training: 07/05/2019

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)

Vincent Henry; Kate Tobin; Frances Maguire, Glasgow HSC

1. What equalities information is routinely collected from people currently using the service or affected by the policy?

If this is a new service proposal what data do you have on proposed service user groups. Please note below any barriers to collecting this data in your submitted evidence and an explanation for any protected characteristic data omitted.

Service Evidence Provided:

Equalities information is collected wherever possible on CareFirst and EMIS for children, young people and families supported by the HSCP to enable monitoring and to support planning for future service delivery. This ensures that groups of all demographics' needs are being met. This applies to locality Social Work services, children accommodated away from home (children's homes, kinship, foster, accommodated at home, secure, residential, etc.), children supported by universal and specialist children's services, Education services and some third sector supports.

Carefirst is currently being developed to provide equalities information on Family Support Health Visiting Pathway (pre-birth to 5 years), Locality Family Support (Pre-birth to 11 years) and Intensive Family Support (12+ years) within business object reporting and BI Dashboard. It is anticipated these dashboards will provide data in relation to equalities, family's needs, goals and outcomes within locality and ward areas. Thus, allowing for evidence-based planning to occur within the collaborative networks the strategy seeks to develop.

The categories of ND, MH, ASD, LD and PD can be recorded as a classification on carefirst. This will also be recorded within a child's written records, and you can clearly see the child has an LD /ASD.

Information regarding a child's disability or additional needs will be collected for the Scottish Government reporting (CP, CARM, CLAS and Aftercare) as core data along with ethnicity and religion. Disability information is recorded in classifications and usually cross referenced with the LD teams, S23 legislation and service agreements.

Possible negative impact and additional mitigating action required:

The equalities data collected by partner agencies are constantly being reviewed both through practice improvements and to meet legislative responsibilities. However, in meeting the Promise, partners are required to meet standards above and beyond the statutory requirements. The Keeping the Promise Board, IRO process and Children's Rights teams all ensure that every demographic represented within the care experienced community and beyond are properly represented.

Further, equalities data is not required as a matter of course for children under 12 years old. The process of recording their equalities data is offset by children's right not to be asked and the potential consequences of asking inappropriately sensitive questions of young children and possible stigma. The resulting absence of equalities information presents a risk of disproportionate affect not being tracked and thereby unaddressed. This risk is present in all children's services and will be offset by recording and analysing equalities data where possible (e.g. proxy data of locality, siblings and parents).

2. Please provide details of how data captured has been/will be used to inform policy content or service design.

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

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

Service Evidence Provided:

Promise Board chair and representatives solicited data and evidence from all partner agencies that would prove indicative of progress against the actions from Glasgow's Promise 2021-25. This capitalised on agencies' work to evaluate their own services and avoided duplication. Evidence includes quantitative and qualitative data and details methods of evidence gathering that focus on co-production with and engagement of children and young people supported by the services. The evidence is presented in the "Spotlight Case Examples" section of report.

The Promise Board hosted two sessions to gather opinion from professionals on how much progress had been made against the 2021-25 Plan. Through facilitated group discussion, they identified that there was significant progress achieved in the following important areas:

1. **Employing care-experienced Participation Workers**
2. **Working alongside families.**
3. **Encourage and facilitate strong brother, sister and sibling relationships**
4. **Glasgow Promise Keepers will meet regularly**
5. **Regular young people's meetings will be held in children's houses; and**
6. **Make sure all children and young people understand their rights**

Areas that are recognised as enduring priorities but where less progress were made included:

1. **Young People involved in decisions about supported carers**
2. **Care experienced young people involved in decision-making in care system**
3. **Review use of Glasgow Parenting Assessment**
4. **Reduce bureaucracy**

5. Communicate better with children through apps, IT

6. Improve housing options for care experienced young people.

All of these actions will be carried over into the 2026-2030 Plan to ensure we are focussing on the right areas to reduce inequality and promote opportunity for those of protected groups.

Possible negative impact and additional mitigating action required:

The focus on children and young people of care experience could obscure need of people with respect to their protected class. This includes the possibility of children, young people or their families who qualify as part of multiple protected group not having the totality of their needs addressed due to the over-riding focus of the Promise and Glasgow's Promise on the support of those in care experience.

The relationships focus of the Promise Plan 2021-25 will be carried over into the 2026-30 Plan. This overarching vision will be delivered through the key values of person-focussed and strengths-based support to children and families, now central pillars of Glasgow's social care system. As a matter of course, every service and worker work with children and families to evaluate their unique needs, then endeavour to deliver holistic support accordingly. This practice will continue to be embedded through the coming Children's Services Plan, the new Family Support Strategy for Glasgow and protecting children's rights through the implementation of the UNCRC.

The impact of the Promise work will be evaluated in part through the reports to the Scottish Government on progress against the UNCRC and the new Children's Services Plan as required by the [UNCRC Incorporation Act \(2024\)](#) and the [Children and Young People \(Scotland\) Act 2014](#). Both are due in April 2026 and will be the first opportunity to review impact of the new Promise Plan.

Thereafter, progress will continue to be monitored by the Promise Keepers and Delivering the Promise Board who have oversight of all work under the Promise. If any protected group is being underserved or any area for development identified, they will assign relevant actions to the most relevant partner.

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

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

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

Service Evidence Provided:

Looked After & Accommodated Statistics

The GCHSCP transformational change programme has been successful in keeping children and young people at home with their families and in their communities. There is a substantial overlap between care experience and those living in poverty. In 2024, 59% of care experienced children were born into the most deprived areas in Scotland, compared to 25% of children in the general population ([Scot Gov Attainment Scotland figures, 2024](#)), and were also more likely to experience disability than those not in care ([Coram Voice 2024](#) and [Glasgow University 2023](#)). In the past 5 years (since the Care Review) the total number of looked after and accommodated children and young people in Glasgow has reduced by 43% and continues to lower, improving outcomes for those overrepresented in protected groups.

Keeping children at home with their families whilst simultaneously investing in early intervention and prevention family support services will remain drivers for the Family Support Strategy, Children's Services Plan, Children's Rights Service and the HSCP more broadly.

Glasgow Intensive Family Service Support Data

452 families were supported by GIFSS from October 2021 to March 2024. There was a 92% engagement rate with families. 94% of families rated that they had made progress with the support of GIFSS. 86% of GIFSS total referrals were supported to remain within a family environment that they valued.

The work within GIFSS and other family support services across the city in relation to strength based, trauma informed practice informed the strategy in relation to practice and voice.

Possible negative impact and additional mitigating action required:

The commitment to keep children at home is tracked on an ongoing basis by children's services. From Planning team to Children's Services Executive Group and in reporting to the Glasgow IJB, the numbers of children subject to care and those Looked After and Accommodated, and within that the number in foster, children's houses, etc. are all constantly monitored. After 9 years of consistent downward trending, if the numbers were to reverse this trend, investigation into the context and reasons would be commissioned.

If other consequences were observed due to the change in the number of children subject to Looked After and Accommodated (LAAC) procedures this would be addressed. For example, an increase in child protection cases detected while LAAC cases reduce would require investigation into potential causal links.

Similarly, if any protected group were seen to be suffering negative impact due to the support offered by a universal or specialist service, the service would undergo re-design to accommodate (for example, as seen with the Health Visiting response to increase in ESOL and New Scot families within the Glasgow population).

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

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

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

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

Service Evidence Provided:

The Plan 26-30 is informed by ongoing and constant engagement with children and young people, especially those with care experience. The Children's Rights Service (CRS) have ongoing dialogue with Glasgow's care experienced children. The CRS were part of the design of the Promise Plan and fed children and young people's perspective into the plan, including from their annual report ("Stronger Together"). The main emergent theme of the 2023-24 report was that young people wanted to move on from being consulted in service formation into actual service delivery. The CRS have since involved young people successfully delivering training to over 40 colleagues. This successful exercise will be used as a model to inform service delivery across the partnership and actions for the 2026-30 Plan.

The Promise Plan has also been informed by the Children's Services Plan participation and engagement exercises for the last three plans. But most importantly Glasgow's Language Group work, the Virtual School, nurture provision, Children's Houses improvements and the work of the IRO team is focused on engaging with children and young people, hearing their views and improving individual and systemic provision of care in response.

Glasgow's work in the Promise has prioritised listening to care experienced young people and tailoring care in response to their views. The Promise Plan will continue to better these methods of communication and dialogue with children and young people of how we can continue to improve.

Glasgow also conducted multi-agency development sessions to collate and include the views of Social care, Health and third sector partners as to progress against the 100 actions.

Possible negative impact and Additional Mitigating Action Required:

The main risk of engagement with equality groups is the marginalisation of quieter or hard-to-reach groups. Children and families of intersectional backgrounds and those less capable of expressing themselves through more typical media, such as disabled children or those for whom English is not their first language, are at risk of marginalisation and not having their voices heard. The 2026-30 Plan will see the specific actions regarding young people's preferred communication methods, involvement in care and carer recruitment decisions, and service implementation carried forward from 2021-25. Progress was made against all of these actions but they will be redrafted to be apt to the 2026-30 context.

5. Is your service physically accessible to everyone? If this is a policy that impacts on movement of service users through areas are there potential barriers that need to be addressed?

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

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

Service Evidence Provided:

The work to meet the requirements of the Promise is delivered across a variety of services including: third sector agency partners, Glasgow Life, Education, Social Work Service, Police Scotland and NHS GGC. These agencies further provide a breadth of universal and specialist services which provide different supports to groups of children and families based on parameters and qualifying criteria. While it may be the case that not every physical location will be accessible to every child, young person or family, adaptations will be put in place to facilitate access as necessary, i.e. home visits/ meeting at other locations, in compliance with current disability discrimination legislation ([Equality Act 2010](#)), GIRFEC, UNCRC and Children and Young People Scotland Act 2014.

Possible negative impact and additional mitigating action required:

Each service will have their own internal monitoring procedures to comply with disabled access requirements. Also, where necessary the Promise Keepers Board can advise where further consideration may be necessary where supporting care experienced children and young people.

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

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

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

Service Evidence Provided:

Communication of the Promise Plan's message will be ensured by meeting and exceeding HSCP Communications standards. An easy read version will be produced and we have a plan for child-friendly content, co-produced with children and young people to communicate the network to their peers. We have also arranged Graphics Team support to present the Plan appropriately and to ensure that all publications meet accessibility and communications standards. The Promise Plan will also be produced in other languages on request (as per HSCP policy).

The dissemination and communication schedule for the Plan is intended to share the content with children and young people to whom it is relevant and meaningful. The lessons from Glasgow's Language Group will be used to guide the use of child-friendly language wherever possible. This will make the content accessible, primarily, to care experienced children and young people. The Plan will also be promoted across the city to social care, education and health teams and workers so they can bring it to the attention of the children whom they support.

Possible negative impact and additional mitigating action required :

The Plan will meet HSCP and Council accessibility standards, with translation and ESOL support on request. The simplified/child-friendly version of the Plan will further increase accessibility. If any child or young person highlights accessibility issues or problems they will be supported individually by social work, who will then be asked to report back on the highlighted problem and how it was addressed.

7. Protected Characteristic

(a) Age

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

If this decision is likely to impact on children and young people (below the age of 18) you will need to evidence how you have considered the General Principles of the United Nations Convention on the Rights of the Child. Please include this in Section 10 of the form.

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

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

Service Evidence Provided:

The Promise is explicitly intended to improve how care is provided to children and young people in Scotland. Any service or strategic decisions made to support care experienced children and young people or deliver the Promise will be targeted towards younger citizens and will often have explicit age parameters. The age parameters for care experienced children and young people are set by the [Children and Young People Scotland Act 2014](#) and has raised the level of support to age of 26 to reduce the impact of transitions into adult services. Consequently, the drivers and decisions of the Promise Plan 2026-2030 have been made considering the transition experience and care experience now lasting until 26. The entire strategy is built around care experience lasting until 26 and supporting young people into successful adulthood. Further, third sector and statutory service decisions (including [Glasgow's new Family Support](#) model) are informed and tailor services with these age considerations in mind.

Possible negative impact and additional mitigating action required:

Despite all efforts to reduce the impact of disproportionate age discrimination, barriers to equitable provision can still potentially occur. Since the care review was completed in 2021, the new generation of care experienced adults aged 21-30 are the first group to have their care experienced status ended post-Promise. Their moves to adult life and social care support will have to be examined to understand whether their support has been constructive, helpful and effective.

(b) Disability

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

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

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

Service Evidence Provided:

Within the Glasgow Promise Plan, the needs of care-experienced children and young people with disabilities are considered and responded to through inclusive, person-centred approaches. This aligns with Glasgow's wider strategic commitments, including the Family Support Strategy 2024-2030 and the Children's Services Plan 2023-2026, both of which highlight the importance of long-term, specialist support for children with disabilities and additional support needs.

National evidence indicates that disability can be under-recorded in children's services. CELCIS analysis "Are Disabled Children Visible in Scotland's Children's Statistics?" (2024) identifies significant variation in how disability and additional support needs are defined and captured, leading to gaps in visibility and limiting accurate assessment of prevalence.

Locally, the Glasgow Family Support Strategy 2024–2030 recognises that many families require consistent, long-term, person-centred support where children have disabilities or additional support needs, including neurodivergence, and notes that this support is not always available evenly across the city.

Disability is a key equalities consideration within the Glasgow's Promise Plan, and ongoing attention to identification, data quality, and tailored support will help ensure that disabled care-experienced children and young people benefit equitably from Promise-related work.

Possible negative impact and additional mitigating action required:

The Promise Plan 2021-25 contained a number of actions intended to make services more accessible to those with sensory impairment, neurodivergence and physical

disability. These actions have been progressed but will be continued into the next plan (26-30). As understanding of disability and difference develops we will continue to make more and better accommodations for those who form part of these groups.

This will be overseen by Health and Social Care partners and services including Health Visiting, Social Work (Children's Services), Specialist Children's Services (GGCNHS). The Promise Keepers Board will also supervise the relevant actions directly through their regular 6-weekly meeting schedule.

(c) Gender Reassignment

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

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

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

Service Evidence Provided:

The Promise Plan is designed to respond to the needs of all children and young people, and to shape services which address the full range of children and young people's needs. The priorities are specifically seeking to improve the available range of supports and services and keep all children and young people safe.

The 2022 census was the first time the population was asked to provide information on whether they identify as transgender. 0.44% of the population of Scotland identified as transgender, 26% of those who identified as transgender are aged 16-24 years old. Glasgow has 0.77% of its population that identify as transgender¹. There is a growing body of evidence that indicates a higher proportion of LGBTQ+ status within the care experienced community ([Cossar & Belderson, 2024](#)), requiring sensitivity and consideration wherever a policy or service decision is taken.

All services supporting care experienced children and young people will be developed and implemented with sensitivity to young people who identify as transgender or who are undergoing gender reassignment. Key actions in the current Plan to continue to develop supports and services for LGBTQIA+ children and young people include language sensitivity, better engagement with all children and young people of care experience, promotion of children's rights and tailored health and wellbeing support. For example, the Glasgow Youth Health Service has achieved LGBTQIA+ Gold Status for their provision of effective, inclusive and holistic support to all young people in their care.

¹ [Scottish Government \(2022\) Scotland Census Sexual Orientation and Trans Status or history.](#)

Possible negative impact and additional mitigating action required:

Through the Youth Health Service, CAMHS, and tier 1 and 2 mental health services, support is being improved to meet the range of needs of LGBTQIA+ children and young people. The biannual Scottish Government reporting on community mental health services includes direct feedback from children and young people and supports learning across the partnership in relation to good practice.

The Children's Rights Service is also in constant contact with care experienced children and young people in relation to issues that are important to them. Therefore, wherever a young person highlights a challenge or something with which they need help, the CRS help them and note the prevalence of these types of issue. In their 2024 report, under "General Rights" and "Health" issues, they highlighted young people's rights to use whatever name they choose, have privacy respected, be treated with dignity, respect and have safety respected and have health needs met in due time. The CRS highlight and promote all issues that young people emphasise as a means of ensuring they do not suffer inequality by their own standards.

(d) Marriage and Civil Partnership

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

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

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

Service Evidence Provided:

No, the Promise Plan 2026-30 will not have disproportionate effect or impact on anyone because of their married, unmarried or civil partnership status.

Possible negative impact and additional mitigating action required:

(e) Pregnancy and Maternity

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

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

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

Service Evidence Provided:

Yes. The Promise Plan's focus is on supporting care experienced young people. A [2022 Scottish study](#) indicates that care experienced young women are twice as likely to have young and teenage pregnancies as the general population. Therefore, the likelihood of a care experienced young person requiring pregnancy and maternity support is increased proportionally.

Further, while the Promise Plan predominantly supports care experienced children and young people, it also has considerable focus for those at risk of coming into care. This includes pre-birth children and those up to 18 years old. The recent expansion of the Family Nurse Partnership service now provides a targeted service for pregnant young women with care experience up to the age of 25. They are supported with sensitivity to their care experience through use of supportive and safe language, and training for midwives into the particular needs of care experienced mothers. Also, NHSGGC now provides a multidisciplinary perinatal mental health service to new mothers with inpatient support located within the City. This extra support to young care experienced women could risk disproportionately impacting young expectant mothers aged 18 to 25 who have not experienced care but may present with other extra needs and requirements.

Possible negative impact and additional mitigating action required:

In 2020 research was published by the Centre for Population Health (with NHSGGC and NHSAA) on the [Cost of Pregnancy Pathway](#). It details some of the cost-related barriers for women on low incomes to accessing ante- and post-natal appointments.

The statutory duty on the Health Board to support income maximisation for new and expectant mothers – reported in the Local Child Poverty Action Report (LCPAR) has provided baseline measures against which we can measure any impact of Promise Plan actions. The efforts across the system to raise income and protect families from poverty should offset any negative impact from actions to deliver the Promise, and they will continue to be tracked by the LCPAR.

(f) Race

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

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

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

Service Evidence Provided:

Yes, this strategy (policy) may have a disproportionate and positive impact on people due to the protected characteristic of Race.

Research to inform the Promise Plan highlighted Glasgow is the most ethnically diverse city in Scotland. The 2021 census data indicating that 1 in 5 Glaswegians have a BME background, representing a 75% increase since 2011, largely due to the changes in the under-18 population (32.6% of Glasgow's under 18's now come from a BME background²).

White minority ethnic groups i.e. white Irish, Polish and traveller heritage have also grown since the last census in Scotland (2011). They now make up 5.8% of the population³.

Accompanying the increase in the levels of diversity across the city is an increase in demand for ESOL classes to support families for whom English is not their first language. It is anticipated that children's support services would support families to access ESOL classes/other support services to aid them in accessing community-based family support services and universal services.

With Glasgow's changing demographic makeup, it is possible that disproportionate impact, both positive and negative could be a consequence of action taken under the Promise Plan.

² [Scotland's Census 2022: What do the latest statistics tell us about minority ethnic groups in Scotland? — CRER](#)

³ [Scotland's Census 2022: What do the latest statistics tell us about minority ethnic groups in Scotland? — CRER](#)

Possible negative impact and additional mitigating action required:

Where families require translation or ESOL support to access services, it will primarily fall on the social workers, or those referring the families, to encourage the extra support that they would require to access them. Language and cultural barriers could undermine the intention to support minority children and families. As is standard, interpreter and translation services will be on offer as necessary to facilitate support and service provision (consistent with person-centred and strengths based support provision). However, the Plan includes actions that all reporting and communication will be done in a language that the children can understand. This would extend to ESOL and cultural needs as part of our ongoing inclusion and adaptation to our care experienced population's requirements.

Where universal services are offered it will be necessary to track demographics of service users to ensure they reflect the overall changing demographics of the city. Or where the service is aimed at a specific client group, that the children and families supported are reflective of that new demographic profile of that group, e.g. services for care experienced children support approximately one-in-three children and young people of BME backgrounds, reflective of the under-18 population.

This will be tracked at individual service levels, analysed to better understand the support to all protected groups and service responses tailored accordingly. They will report to the Children's Services Planning and Children's Services Executive Groups on quarterly and annual bases. (This monitoring and reporting will be completed as far as possible with the caveat that services for children under 12 are not compelled to track equalities data, consistent with their rights under UNCRC.)

(g) Religion and Belief

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

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

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

Service Evidence Provided:

In line with the HSCP code of conduct, and the code of conduct of partner agencies, all services and supports are designed and delivered to respect the beliefs of individuals and groups of children and young people, with an inclusive, flexible and responsive approach to meeting the individual – including religious – needs of children, young people and families.

The actions in the 2021-25 Promise Plan and those for the 2026-2030 Plan all explicitly state that all children will be included, and specify the need to respect children's rights: "Children's Hearings will respect the rights of children and promote the UNCRC", "We will make sure that the UNCRC are included in all plans and services that support our children and young people with care experience" & "We will make sure everyone who helps children and young people that we care for, know about the Children's Rights Service, the rights that children and young people have and how we can help children and young people". The right to freedom of religion, culture and belief are explicit in UNCRC and the Promise. Glasgow's express commitment to children's rights allows for children to express religion and belief as they see fit and make accommodations to facilitate service participation wherever necessary.

Possible negative impact and additional mitigating action required:

Equal access to religious celebration and expression of belief is most clearly ensured by guaranteeing and delivering children's rights. The UNCRC Incorporation Act makes Article 14 ("freedom of thought, belief, and religion") part of Scots Law.

Glasgow children's services partnership is working with Scottish Government and Promise Partnership to produce its first Children' Rights report, due in March 2026. The report will detail how we have progressed since the UNCRC Incorporation Act in 2024 on all articles including Art 14. The report will include reporting from all sectors of social care (including children's, adult, older people's services, etc.) comprehensively detailing how we deliver children's rights, and any areas in which we have been lacking. The reporting will also include an extensive participation and engagement programme in which children and young people will be asked if any of their rights are compromised or threatened, including that of religion or belief.

Where any failings or imbalance of provision is found, CSEG, Children's Services partnership and Scottish Government can support process to remedy.

(h) Sex

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

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

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

Service Evidence Provided:

Yes, the Promise Plan could have a disproportionate and positive impact on people due to the protected characteristic of Sex.

Glasgow has the highest proportion of lone parents in Scotland, with 40% of households across the City headed up by a lone parent, and some neighborhoods rising to as much as 72%, with a vast majority of these lone parents being female.

Domestic Abuse is also highlighted as an ongoing need of families across the city. Glasgow had 141 incidents of recorded domestic abuse per 10,000 population in 2022/23, which is 23.6% above the national Scottish average (114 per 10,000 population)⁴. Domestic Abuse is a key indicator of child protection registrations in Glasgow with 71% of children and young people being registered on the child protection register with domestic abuse recorded as a risk factor⁵. Research used to inform the strategy highlighted the impact of those who are harmed (predominately women) by domestic abuse.

Glasgow's child protection register data (2015-2024) indicates that domestic abuse is becoming less common among children first registered under child protection measures. This reflects positively on the strategic implementation of the policy but does not reduce the disproportionate effect on women over men.

Possible negative impact and additional mitigating action required:

⁴ [Scottish Government \(2023\) Domestic Abuse Statistics Police Scotland](#)

⁵ Glasgow City HSCP Child Protection Register (2024) Children & Young People with a domestic abuse risk indicator.

The repercussions of the Plan should ameliorate circumstances that lead to domestic abuse and thereby have a positive impact within households where domestic abuse is more likely. As outlined in [Glasgow's Domestic Abuse Strategy 2023/28](#), where strength-based, tailored and trauma-informed support is provided, the likelihood and impact of domestic abuse can be reduced. The Promise Plan will help put more of these supports in place to maintain family homes as positive environments and reduce the frequency of children in care. These positive effects are more likely to be felt by women as caregivers and likely victims of the consequences of family breakdown.

A review of the Domestic Abuse work is ongoing and will inform the future direction of the work. This is bolstered by the greater emphasis on using Family Group Conferencing and Family Group Decision Making approaches within family support to ensure that all family members, including fathers, are included in developing a care plan which aims to prevent accommodation, and keep brothers and sisters together.

The Adult Protection Committee reports biennially on their provision of services for those affected by gender-based violence. Theirs is the responsibility for overseeing and assigning actions that will ameliorate domestic abuse.

(i) Sexual Orientation

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

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

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

Service Evidence Provided:

The Promise Plan is designed to respond to the needs of all children and young people, and to shape services which address the full range of children and young people's needs. The priorities are specifically seeking to improve the available range of supports and services and keep all children and young people safe.

Almost 184,000 people in Scotland identified as LGBT+ in the 2022 Scottish Census, which is 4% of the population. Of these individuals 43.6% identified as bisexual with a further 43.6% identifying as gay/lesbian. Of those individuals that identified as bisexual half of them were aged between 16-24 years old, of those who identified as gay/lesbian 23.1% were aged between 16 to 24 years old. [7.6% of Glasgow's population identified as LBG+](#). Further, there is a growing body of evidence that indicates a higher proportion of LGBTQ+ status within the care experienced community ([Cossar & Belderson, 2024](#)), thereby necessitating sensitivity and consideration wherever a policy or service decision is taken.

Key actions in the current Plan to continue to develop supports and services for LGBTQIA+ children and young people include language sensitivity, better engagement with all children and young people of care experience, promotion of children's rights and tailored health and wellbeing support. For example, the Glasgow Youth Health Service has achieved LGBTQIA+ Gold Status for their provision of effective, inclusive and holistic support to all young people in their care.

Possible negative impact and additional mitigating action required:

Through the Youth Health Service, CAMHS, and tier 1 and 2 mental health services, support is being improved to meet the range of needs of LGBTQIA+ children and young people. The biannual Scottish Government reporting on community mental health services includes direct feedback from children and young people and supports learning across the partnership in relation to good practice.

The Children's Rights Service is also in constant contact with care experienced children and young people in relation to issues that are important to them. Therefore, wherever a young person highlights a challenge or something with which they need help, the CRS help them and note the prevalence of these types of issue. In their 2024 report, under "General Rights" and "Health" issues, they highlighted young people's rights to have privacy respected, be treated with dignity, respect, have safety respected and have sexual health needs met in due time. The CRS highlight and promote all issues that young people emphasise as a means of ensuring they do not suffer inequality by their own standards.

(j) Socio – Economic Status & Social Class

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

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

Service Evidence Provided:

Yes. It is anticipated the Promise Plan will have a positive impact on children, young people and families who are experiencing poverty in Glasgow. The strategy follows the work of the 2024 Glasgow Family Support Strategy, which aims to work alongside families offering financial and digital inclusion, childcare and employability support.

Research indicates that Glasgow is the largest and most deprived local authority in Scotland⁶ Child poverty rates see an estimated 24,252 children living in poverty in Glasgow in 2023, with Glasgow's Children living a total of £1,551,427 below the poverty line per week and £80,674,182 below the poverty line per year⁷. 14,837 Children live in persistent poverty in Glasgow and have done so for the past 3 years. 10% of the overall children's population and 41% of the children living in poverty in Glasgow live in deep poverty, whereby the household income is under 40% less than the median income⁸.

The current cost of living crisis, which has seen rising food, energy and housing costs coupled with no increase in household income has resulted in decreased levels of expendable income for families. Our families are struggling to pay for basic daily items, which would allow them to feel safe and secure within their homes. For some families this will have resulted in homelessness due to ever increasing costs.

Glasgow faces a challenge in how we support our families through this cost-of-living crisis, provide suitable, safe, and secure homes for them whilst performing against a backdrop of every increasing cost, budget savings and cuts to services.

⁶ [Understanding Glasgow: The Glasgow Indicators Project Overview; 2023; Glasgow Population for Health](#)

⁷ [Child Poverty in Glasgow Report \(2023\) Glasgow City Council, Centre for Civic Innovation.](#)

⁸ [Child Poverty in Glasgow Report \(2023\) Glasgow City Council, Centre for Civic Innovation.](#)

Glasgow's Promise Partnership Third Sector Survey highlighted food and fuel poverty, in work poverty and cost of living as key issues faced by families⁹. This research also identified that a lack of disposable income was placing additional pressures and stressors on families within the home. In work poverty meant our families were working long hours and still unable to afford essentials¹⁰.

Possible negative impact and additional mitigating action required:

Aligning the Child Poverty Pathfinder, Whole Family Wellbeing Fund and the work to deliver the Promise will provide more accessible services and create opportunities to share learning about approaches that are effective in addressing poverty.

The [Local Child Poverty Action Report](#) provides an annual update on approaches to tackling child poverty across the Local Authority and Health Board, with poverty a focus of several workstreams, and embedded within the approach to supporting children and young people, especially those on the edge of care, across the Council and Health and Social Care Services. It includes [a number of actions](#) by which progress in the area of poverty are tracked and reported.

⁹ [Third Sector Family Support Mapping \(2023\) Glasgow's Promise Partnership, GCVS](#)

¹⁰ [Third Sector Family Support Mapping \(2023\) Glasgow's Promise Partnership, GCVS](#)

(k) Other marginalised groups

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

Service Evidence Provided:

Young people transitioning from children's services into aftercare services and adult services require extra support and assistance in securing accommodation to reduce their risk of homelessness. The Promise Plan outlines work to continue to improve the range of accommodation options in partnership with Registered Social Landlords as part of the 16+ review, to develop suitable housing options for young people with complex needs, and to appropriately support young people leaving care, moving into Aftercare and at other transition points.

Possible negative impact and additional mitigating action required:

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

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

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

Service Evidence Provided:

The Glasgow Promise Plan for 2026-2030 aligns with the aims of the Promise, the UNCRC Incorporation Act and Getting It Right for Every Child by aiming to deliver the right support by the right person at the right time to meet children, young people's and families' needs. The mission of the Promise Plan is to develop relationships and relation-based practice to provide appropriate early, strengths-based support to children, young people and families, especially those with care experience. Improved relationships will build trust and facilitate working together between children and those who support them to identify need at the earliest opportunity, prevent escalation of need, and to support families to live together within their homes and communities.

The continued development of services for care experienced children and young people will follow the established model of re-investing savings in earlier intervention supports. The Promise Plan will drive where and how money will be re-invested but at this time there is no anticipated financial saving from developing a strategy for Glasgow to Keep the Promise. However, any potential saving will be managed through existing HSCP governance protocols.

Possible negative impact and additional mitigating action required:

The Promise Keepers Board report to the Children's Services Executive Board, the Glasgow Integrated Joint Board and the Promise Scotland on a national level. All of these agencies take a supervisory role of Glasgow's Promise work and therefore any financial ramification of the Promise work, or any restrictions that will have to be imposed in the future, will be overseen by CSEG (quarterly), the IJB (as required) and the Promise Scotland (annual) on ongoing bases.

9. What investment in learning has been made to prevent discrimination, promote equality of opportunity and foster good relations between protected characteristic groups?

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

Service Evidence Provided:

- Promise awareness and training has been extensive across the HSCP and Promise partnership, which is focussed on promoting equality of opportunity and reducing discrimination against children and young people in care.
- EQIA training
- GOLD – Child Protection, Public Safety and Fairness training as well as extensive Equality & Diversity programme of training including:
 - Neurodiversity
 - Age,
 - Gender Reassignment
 - Sexual Orientation
 - Race
 - Religion
 - Sex
 - Disability
 - LGBT
 - Carers.

Possible negative impact and additional mitigating action required:

GOLD (GCHSCP online training programme) includes specific programmes aimed at promoting awareness of protected classes of people and how their circumstances can lead to difference and discrimination. In the implementation of the Promise Plan, if there are any classes of people (protected by statute or otherwise) who are found to suffer difference or discrimination, compulsory and supplementary training can be provided.

This can be bolstered for care experienced children and young people with care experienced training.

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

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

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

The Promise Plan includes references to the UNCRC, UNCRC Incorporation Act, the Promise and the European Convention of the Rights of the Child. This strategy will uphold the right to respect for private and family life and the right to protection from discrimination.

Please explain below any human rights based approaches undertaken to better understand rights and responsibilities resulting from the service or policy development and what measures have been taken as a result e.g. applying the PANEL Principles to maximise Participation, Accountability, Non-discrimination and Equality, Empowerment and Legality or FAIR* (see below).

Glasgow's Promise partnership has an underpinning ethos of ensuring children and young people's rights. As well as the Children's Rights Service, Glasgow's Virtual School, the Family Nurse partnership and IRO teams who explicitly promote and protect children's rights, every agency in the Promise partnership meet their

responsibilities to the UNCRC Incorporation, Equalities and Human Rights Acts and strive to deliver a higher standard still as explicit in the Promise. Care experienced children and young people require support beyond the requirements of the human rights legislation and Glasgow provides a coordinated and structured approach to do so. Further, the development of the Promise Plan has had a focus on engagement with children, families and professionals that has shaped the content and principles of services that support care experienced children and young people to feel loved, supported and to develop into thriving adults.

*FAIR is an acronym for the following -

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

[11.](#) The United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Act 2024 came into force on the 16th July 2024. All public bodies may choose to evidence consideration of the possible impact of decisions on the rights of children (up to the age of 18). Evidence should be included below in relation to the General Principles of the Act. Go to the [full list of articles](#) to be considered for further information.

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

The Promise Plan 2026-30 is committed to delivering on the requirements of the Promise, UNCRC and GIRFEC. The entire Plan is children’s rights-aware, including the removal of discrimination and barriers to all our children and young people, with specific focus on care experienced children and young people. Both wider research and internal evidence shows that people with care experience are disproportionately represented across the breadth of protected classes, and therefore all of the support and inclusion work coordinated and supported by the Plan is concerned with the reduction and redress of discrimination against young people.

Specific measures to reduce discrimination include:

- Improved cultural sensitivity to those of BME backgrounds and new Scots;
- Reduction in criminalisation of children and young people with care experience;
- Improved mental and physical health supports to children and young people of care experience; and
- Improvement of ASD and ASN education and social care supports.

The Promise Plan emphasizes relational practice and relationship-building. Strengthening relationships with children and young people and other partners in the provision of children’s services provides a level of scrutiny and accountability to our practice and protection of children’s rights. Partners provide review of practice but development and maintenance of relationships with children offer them the opportunity to interrogate us and our practice, thereby ensuring we deliver in the areas we promised, or explain how and why we were unable to do so.

Best Interests of the child: Where the decision may have an impact, explain how the EQIA has evaluated possible negative, positive or neutral impacts on children. You may find that options considered need to be reframed against the best possible outcome for children.

Children and young people in care have long felt alienated and disenfranchised by the care system. They felt that their care was inadequate and often services were done “to” them rather than “for” or “with” them. The Promise Plan 26-30, its antecedent Promise Plan 21-25 and the Promise itself are fully focused on enfranchising care experienced children and young people and their families. From the inception of the care review, the intention to build care and the care system around children and young people, not only have their best interests been sought, children and young people have been brought more into the system to be listened to about what should constitute their care. Engaging with children and young people, hearing their views and earnestly responding to them is effective and efficient in realising their rights. As well as making them feel included, fully engaging with children and young people helps reduce inefficiency. Using their insight as experts on their own lives and care helps us understand what will serve their best interests, allowing for us to design services to suit these needs and reduce the chances of ineffective attempts at care and support. This in turn builds relationships and trust, and where there is greater investment in their care from young people their enfranchisement increases along with the chances of their care working.

The main actions in the Promise Plan relating to improving children’s enfranchisement and realising their best interests are around:

1. Inviting young people in care to help make strategy and service decisions
2. Continue to listen to and engage better with our care experienced young people.
3. Keep working with and listening to young people to make sure they are happy with the language we use with and about them.

These actions will be assigned to Promise Keepers who will report to the Promise Keepers group on 8-weekly basis, who in turn report to the Delivering the Promise Group and CSEG. They will also be monitored by their own services who are responsible for delivering the actions as well as their responsibility to keep the Promise.

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

See above (Best interests and Human Rights approach)

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

The Children’s Rights Service (CRS) have ongoing dialogue with Glasgow’s care experienced children. The CRS were part of the design of the Promise Plan and fed children and young people’s perspective into the plan, including from their annual report (“Stronger Together”). The Promise Plan has also been informed by the

Children's Services Plan participation and engagement exercises for the last three plans. But most importantly Glasgow's Language Group work, the Virtual School, nurture provision, Children's Houses improvements and all of the work of the IRO team is focused on engaging with children and young people, hearing their views and improving individual and systemic provision of care in response. Glasgow's work in the Promise has prioritised listening to care experienced young people and tailoring care in response to their views. The Promise Plan will continue to better these methods of communication and dialogue with children and young people of how we can continue to improve.

Having completed the EQIA template, please tick the relevant box that you, the Lead Reviewer, perceive best reflects the [findings of the assessment](#). This can be cross-checked via the Quality Assurance process:

Option 1: No major change (where no impact or potential for improvement is found, no action is required)

Option 2: Adjust (where a potential or actual negative impact or potential for a more positive impact is found, make changes to mitigate risks or make improvements)

Option 3: Continue (where a potential or actual negative impact or potential for a more positive impact is found but a decision not to make a change can be objectively justified, continue without making changes)

Option 4: Full mitigation of identified risk not made, decision to continue without objective justification (Lead Reviewer to provide explanatory note here)

Option 5: Stop and remove (where a serious risk of negative impact is found, the plans, policies etc. being assessed should be halted until these issues can be addressed)

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

Glasgow HSCP consultation and engagement with children and young people has been developing in both method and scope since the care review. Glasgow has been highlighted as a national example of good practice in consultation and engagement that have informed our last two Children’s Services Plans. Moreover, our work to encourage and listen to care experienced young people has become increasingly sensitive and child-focused. The Promise Plan 26-30 is informed by ongoing and constant engagement with children and young people, especially those with care experience. The Children’s Rights Service (CRS) have ongoing dialogue with Glasgow’s care experienced children (see their annual report “Stronger Together”), and the Plan has also been informed by the aforementioned Children’s Services Plan consultations. The Glasgow’s Language Group’s work, Virtual School, Children’s House design and operation and the IRO team are all focused on engaging with children and young people, hearing their views and improving individual and systemic provision of care in response. This sincere commitment to listening to children and working with them to improve services and their care provide a model for including children in strategy and service development.

Actions.

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

No Actions Identified

No actions identified

Date for completion

Who is responsible? (initials)

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

Lead Reviewer:

Name Vincent Henry/Frances Maguire

Job Title Service Manager

Signature

Date 26/11/25

Quality Assurance Sign Off:

Name Alastair Low

Job Title

Signature A Low

Date 02/12/25

Where unmitigated risk has been identified in this assessment, responsibility for appropriate follow-up actions sits with the Lead Reviewer and the associated delivery partner.

NHS Greater Glasgow & Clyde Equality Impact Assessment Tool
Meeting the Needs of Diverse Communities
[6 monthly review sheet](#)

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

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

Action:

Status:

Completed
Date
Initials

Action:

Status:

Completed
Date
Initials

Action:

Status:

Completed
Date
Initials

Action:

Status:

Completed

Date

Initials

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

Action:

Reason:

To be completed by

Date

Initials

Action:

Reason:

To be completed by

Date

Initials

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

Action:

Reason:

To be completed by

Date

Initials

Action:

Reason:

To be completed by

Date

Initials

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

Action:

Reason:

Action:

Reason:

Please write your next 6-month review date

Name of completing officer:

Date submitted:

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