

NHS Greater Glasgow and Clyde Equality Impact Assessment Tool

Equality Impact Assessment is a legal requirement as set out in the Equality Act (2010) and the Equality Act 2010 (Specific Duties)(Scotland) regulations 2012 and may be used as evidence for cases referred for further investigation for compliance issues. Evidence returned should also align to Specific Outcomes as stated in your local Equality Outcomes Report. Please note that prior to starting an EQIA all Lead Reviewers are required to attend a Lead Reviewer training session or arrange to meet with a member of the Equality and Human Rights Team to discuss the process. Please contact Equality@ggc.scot.nhs.uk for further details or call 0141 2014560.

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

iCare respite 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).

iCare is a service that provides respite care at home for children with exceptionally complex health needs it is a service based in Glasgow . This respite Care is provided by a band 3 Health Care Support worker. Clinical support /oversight is currently provided by a Band 7 team lead. In 2008 the service provide respite care for 80 children and families, currently iCare provides respite care for 3 children and families. One of the reasons suggested for the reduction in the caseload is the implementation of self-directed payments for children with complex health needs coupled with the rigidity of iCares medical model of service provision. The self-directed payments system enables families to have more choice and flexibility with regard to the respite service provided. A service review in July 2017 concluded with the service being closed to new referrals and transition arrangement to support the small number of children's care packages that were already in place with the service gradually winding down when the all children on the caseload transitioned to Adult services by 2032. The level of staffing both registered and unregistered within the service has decreased markedly over the past few years in response to the diminishing demand for the service. The recruitment of staff both registered and unregistered staff has been problematic in particular there has been a high turnover of registered staff. A further review of the service in 2020 by Glasgow City HSCP and Specialised Children services concluded that the current iCare model of service delivery to a small cohort of families and children with exceptional health care needs, was inequitable and did not align with the model of integrated provisions. This review concluded that iCare should no longer continue in its current format. A number of recommendations were presented and Specialised Children Services and Glasgow City HSCP agreed that a model of respite care was required that facilitated individualised child and family -centered respite for the children and families on the caseload. This care would be facilitated through models currently adopted / accessed across the HSCPs thereby meeting the needs of children and families with exceptional health care needs with existing locality providers.

The initial proposed date for transition of the service was February 2023 communication was sent to staff and families regarding the planned transition of the service from Specialised Children Services to Glasgow City HSCP. Prior to completion of the transition of the service a decision was taken by Head of Service Specialist Children services to extend the service until June 2024 for children on the iCare who were currently receiving respite care provided by an iCare Health Care Support Worker. In February 2024 the decision was again take to extent the service until June 2025. Support worker will retire from the service at the end of May 2025

The decisions to continue the service was in consideration of the crises within Social care, to ensure that there was no detriment to children and families while they sought alternative respite care to replace their iCare provision. The extended time period therefore enabled families in partnerships with the

child's Social Work Team to source other respite care providers. To ensure that the closure of iCare presented no detriment to the child and family. During the review process it was agreed both by Specialist Children Services and Glasow HSCP that the equivalent hours of respite provided by iCare per week would be matched by an increase in the families care budget. All decisions made in regard to changes in the service provision were communicated to the family through telephone calls, meetings both with iCare team lead and the Childs Social work team. These were then followed by letters outlining discussions and decisions and agreements. Throughout the process iCare has worked in partnership with the child and family as well as Social work colleagues to ensure that families were supported at all stages of the process. During the course of the service transition What matters to the child and family have been taken into consideration and there was ongoing two way engagement throughout. This included opportunities for the families to feedback their thoughts and preferences which was also fed back to management.

When considering the impact of the service closure on iCare staff partnership colleagues have been kept informed, Human resources have been involved and the redeployment process has been followed as per Greater Glasgow and Clyde policy. iCare staff received ongoing support for, partnership colleague, Human Resources and the iCare team lead. iCare currently has 3 families on the caseload who receive respite care at home . This care is provided by a band 3 Health care support worker she will retire from the service on Friday the 23rd of May. She commences her phased retirement on the 1st of March as per NHS Greater Glasgow and Clyde retirement policy. The health Care support workers last working day with iCare will be Wednesday the 23rd of April in light of her phased retirement hours and her annual leave entitlement. The families have all been informed of the health care support phased retirement and the reduction in respite hours. They have also been informed of her retirement date and the last date that in which she will provide respite care for their child.

Social work team leads have also been informed of the last date that iCare will provide a service for the children on their caseload. All families have had an increase in their respite care budget since 2023 to ensure that could have alternative respite care arrangement in place prior to the closure of the service.

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

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| Name: | Date of Lead Reviewer Training: |
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Please list the staff involved in carrying out this EQIA

(Where non-NHS staff are involved e.g. third sector reps or patients, please record their organisation or reason for inclusion):

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| Kim Brown Service Manger Specialists Children's Services Elizabeth Gillespie Team Lead Community Childrens Nursing Team/ iCare respite service |
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| | | Example | Service Evidence Provided | Possible negative impact and Additional Mitigating Action Required |
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| 1. | <p>What equalities information is routinely collected from people currently using the service or affected by the policy? If this is a new service proposal what data do you have on proposed service user groups. Please note any barriers to collecting this data in your submitted evidence and an explanation for any protected characteristic data omitted.</p> | <p>A sexual health service collects service user data covering all 9 protected characteristics to enable them to monitor patterns of use.</p> | <p>All the children on the iCare caseload have a health care assessment in place which outlines their health diagnosis and health care needs.</p> <p>This documentation also outlines the child's gender and age.</p> <p>The documentation collects information on the child and families religious beliefs. We also collect information on and the child and family's ethnicity and the language the family speaks to consider the need for interpreters if required.</p> <p>All children will have an individualized care plan, A risk assessment for the family home. CPURA to assess their vulnerability to pressure ulcer and a SKINNS (pressure ulcer care plan if required. This information is gathered on EMIS</p> <p>The Service collect information on all protected characteristics as part of the assessment process.</p> | |
| | | Example | Service Evidence Provided | Possible negative impact and Additional Mitigating Action Required |
| 2. | <p>Please provide details of how data captured has been/will be used to inform policy content or service design.</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> | <p>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</p> | <p>The data captured on Emis ensure the child has high quality safe and effective care.</p> <p>It outlines the needs of the child the care required .It also outlines the needs of the family for respite care for their child with health needs.</p> <p>The data will also highlight the religious and cultural needs of the family, determine if an interpreter is required for family's whos first language is not english and enable care to be planed that consider the family's cultural and religious needs.</p> <p>Data is audited yearly as part of the CAAT documentation audit</p> | <p>All existing iCare care plans will be available to share with the families on request.</p> |

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| | 1) Remove discrimination, harassment and victimisation <input type="checkbox"/> 2) Promote equality of opportunity <input type="checkbox"/> 3) Foster good relations between protected characteristics. <input type="checkbox"/> 4) Not applicable <input type="checkbox"/> | representative. As a result an adapted range of materials were introduced with ongoing monitoring of uptake. (Due regard promoting equality of opportunity) | To ensure that the documentation meets the required standards. | |
| | | Example | Service Evidence Provided | Possible negative impact and Additional Mitigating Action Required |
| 3. | <p>How have you applied learning from research evidence about the experience of equality groups to the service or Policy?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> 1) Remove discrimination, harassment and victimisation <input type="checkbox"/> 2) Promote equality of opportunity <input type="checkbox"/> 3) Foster good relations between protected | <p>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</p> | <p>We acknowledge the importance of respite care for families who have a child with complex health needs with consideration given to Scottish Government policy and relevant research.</p> <p>The Scottish Government Supporting disabled children, young people and their families: guidance 8 November 2023. Directorate Children and Families Directorate</p> <p>This guidance is to help improve the experiences of disabled children, young people, and their families. It advises that enabling unpaid carers time away from their caring role is important to support them with their own health and wellbeing</p> <p>There is a wealth of literature that outline the challenges that families who have a child with complex health needs encounter. Central to this literature is the need for respite care.</p> <p>Challenges and recommendations for advancing respite care for families of children and youth with special health care needs: A qualitative exploration Health Expectations; Oxford Vol. 27, Issue 1 (Feb 2024).Woodgate,R. L.; Isaak, C A; Kipling, A.; Kirk, S</p> | |

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| | characteristics 4) Not applicable <input type="checkbox"/> | victimisation and fostering good relations). | <p>Respite Care for Children with Complex Care Needs: A Literature Review Comprehensive Child and Adolescent Nursing Volume 45, 2022 - Issue 2. Murphy, M.; Hill,,K,; Begley,T; Brenner, M., &Carmel Doyle, C.</p> <p>iCare has provide this Respite care for quite a number of years. The service reviews highlighted that iCare was no longer an equitable service as it delivered respite care to a small cohort children with exceptional health care needs. The format of iCare did not align with the model of integrated provisions. The future model agreed by Specialised Children Services was implementation of individualised child and family —centered respite care that aligned to through models currently adopted / accessed across the HSCPs. Thereby facilitating the respite care needs of this cohort of children and their family.</p> <p>The model of respite care has been changed to ensure it is equitable to children with exceptional care needs across Greater Glasgow and meets the individualised respite care needs of the child and family supporting the wellbeing of the child and family.</p> | |
| | | Example | Service Evidence Provided | Possible negative impact and Additional Mitigating Action Required |
| 4. | Can you give details of how you have engaged with equality groups with regard to the service review or policy development? What did this engagement tell you about user experience and how was this information used? The Patient Experience and Public Involvement team (PEPI) support NHSGGC to listen | 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 | <p>iCare has currently 3 families on the caseload.</p> <p>Through the process of the iCare review families were kept fully informed of the process through joint meetings with the iCare Team lead and the child's Social work team Individual meetings with the iCare team lead and the child Social work team. Telephone contact was maintained with families by the iCare team lead and follow up letters were sent .Throughout the process families were advised that the team lead was available for contact via face to face meetings, Microsoft team meeting telephone consultation or email.</p> <p>Communication with the family were open and transparent</p> | |

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| | <p>and understand what matters to people and can offer support.</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p> | <p>home visit and telephone service which significantly increased uptake.</p> <p>(Due regard to promoting equality of opportunity)</p> <p>* The Child Poverty (Scotland) Act 2017 requires organisations to take actions to reduce poverty for children in households at risk of low incomes.</p> | <p>sharing clear and relevant information in a timely honest and respectful manner. Feedback for the family was sought and encouraged.</p> <p>Initial feedback from the families was around sourcing other respite support due to the timing and it was after the Covid 19 pandemic.</p> <p>The feedback from the families influenced the decision to continue and extend the service. Initial feedback from the family expressed their concerns with regards to the initial time frame for closure of iCare respite service and the difficulties that the family would encounter in securing high quality safe, and effective respite care for their child to replace the service. Families were also concerned that the iCare respite care worker would have to go into the redeployment process 12 months prior to her retirement.</p> <p>The service was extended by 25 months to ensure that the family could source respite care from a different provider to safeguard respite care provision for the child and family.</p> <p>With regards to support of staff who provide the Service.</p> <p>Regular meetings were held with staff and the iCare team lead. Meetings were also held with iCare team lead, HR and Staff side colleagues. Staff were encouraged to seek support from their staff side representative. Throughout the process staff were advised that the team lead was available for contact via face to face meetings, Microsoft team meeting telephone consultation or email.</p> <p>We recognise the importance of engagement and involving children in changes in care and service provision however iCare provide care with exceptionally complex disability including significant cognitive impairment.</p> <p>On admission to the service assessment was carried out in conjunction with parents regarding patterns of communication for their child. The respite care worker also worked with the parents for a number of shifts in to become familiar with the child's care needs and the methods of communication the child used to</p> | |
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| | | | <p>convey their emotional status./needs</p> <p>The children on the caseload communication through facial expressions (smiling, grimacing) vocalisation,(laughing crying , vocal sounds) changes in their behaviour . This enables the respite care worker to ensure the care and comfort needs of the child.</p> <p>The main stakeholders in iCare apart from the families were Social work who were partners in the process of closure of the service</p> <p>All families have identified alternative respite provision .Most recent engagement with families they have advised that the alternative respite arrangements made for their child meets the care needs for child and family. Contact with families has suggested positive feedback for the iCare staff member who is currently providing respite care for their child</p> | |
| | | Example | Service Evidence Provided | Possible negative impact and Additional Mitigating Action Required |
| 5. | <p>Is your service physically accessible to everyone? If this is a policy that impacts on movement of service users through areas are there potential barriers that need to be addressed?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and</p> | <p>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).</p> | <p>iCare is a service that provides respite care for children with exceptionally complex health needs in their own home therefore iCare respite service was physically accessible to the children on the caseload .</p> <p>However review of the model of care provided by iCare was found to be no longer an equitable for all Children with exceptionally complex health care needs and their families. The review also conclude that the medical model of care employed by iCare was restrictive and did not fully meet the respite care needs of the child and family.</p> <p>Therefore changes in service provision were considered to ensure an equitable service that could meet the needs of children with complex health care needs and their families in Glasgow.</p> | <p>The children and families on the iCare caseload have made alternative arrangement for the respite care previously provided by iCare</p> <p>They continuing to receive respite from alternative providers, in their own home. This respite care is tailored to the individual needs of the child and family. This care is provided either by a Personal assistant in the child own home or by a third service respite care provider. The respite care provided is therefore accessible to the child and family</p> |

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| | <p>victimisation</p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p> | | | |
| | | Example | Service Evidence Provided | Possible negative impact and Additional Mitigating Action Required |
| 6. | <p>How will the service change or policy development ensure it does not discriminate in the way it communicates with service users and staff?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> | <p>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.</p> <p>Written materials were offered in other languages and formats.</p> <p>(Due regard to remove discrimination, harassment and victimisation and promote equality of opportunity).</p> | <p>During this process communication with the families staff, Child's Social worker and Social Work team lead is paramount. All parties are Communicated with through a variety of mediums, telephone contact, meetings in person and via Microsoft teams/zoom, letter and emails, iCare was also on the agenda and discussed in partnership meeting throughout the process.</p> <p>All Families have been spoken to individually by the team Lead of iCare, Access to Interpreters was ensured and they were used as required. Families were given the option of joint meetings with their child's Social worker and the iCare team lead.</p> <p>Throughout the process families were advised that the team lead was available for contact via face to face meetings, Microsoft team meeting telephone consultation or email.</p> <p>We recognise the importance of engagement and involving children in changes in care and service provision however iCare provide care with exceptionally complex disability including significant cognitive impairment. On admission to the service assessment was carried out in conjunction with parents regarding patterns of communication for their child. The respite</p> | |

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| | <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 attention should be paid in your evidence to show how the service review or policy has taken note of this.</p> | <p>care worker also worked with the parents for a number of shifts in to become familiar with the child's care needs and the methods of communication the child used to convey their emotional status. /needs. The children on the caseload do communication through facial expressions (smiling, grimacing) vocalisation, (laughing crying, and vocal sounds expressions of pain or discomfort) changes in behaviour. This enables the respite care worker to ensure the care and comfort needs of the child.</p> | |
| 7 | Protected Characteristic | Service Evidence Provided | Possible negative impact and Additional Mitigating Action Required |
| (a) | <p>Age</p> <p>Could the service design or policy content have a disproportionate impact on people due to differences in age? (Consider any age cut-offs that exist in the service design or policy content. You will need to objectively justify in the evidence section any segregation on the grounds of age promoted by the policy or included in the service design).</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> | <p>iCare provides respite care for children 0-18 with exceptionally complex health care needs .</p> <p>When the decision was taken by Specialised Childrens Services and Glasgow HSCP to close iCare it was agreed that there would be no detriment to the child and family as Social work would match the 4 hours of respite per week provided by iCare. For the families involved this has been achieved by increasing their respite care funding.</p> <p>Specialised children services has delayed the closure of the service to ensure that families have the time to make other respite care provision for their child</p> | <p>The families on the iCare caseload have sourced alternative respite care provision.</p> <p>The feedback given by the families with regard to the closure of iCare was taken in to consideration by Specialised Children service and the service was extended to ensure that families had time to source alternative respite care provision for their child</p> <p>The respite care budget for children on the iCare caseload has been increased to ensure that there is no detriment to the child and family with the closure of iCare.</p> |

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| | <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p> | | <p>This increase in the child's respite care budget to reflect the iCare respite hours can now facilitate individualised respite care that best meet the needs of the child and family.</p> <p>Care plans can be made available on request by the families.</p> |
| (b) | <p>Disability</p> <p>Could the service design or policy content have a disproportionate impact on people due to the protected characteristic of disability?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p> | <p>It is recognised that all the young people in this service have exceptionally complex disabilities with two or more disabilities. All of the children currently on the iCare caseload meet the CEN (Children with complex and exceptional healthcare needs in Scotland.)</p> <p>iCare provided respite care for children with exceptional complex health needs .iCare model of service provision was inequitable. iCare worked within a medical model that was restrictive in the care provided .</p> <p>The model agreed for these children and families is to increase their current respite package to take cognisance of the 4 hours of respite care per week provided by icare ensures that there is no detriment to the child and family and that families have more choice of respite care to meet their child's and families individual needs .</p> | <p>As above</p> <p>For the children on the iCare caseload it is recognised that generalised respite care will not meet their care needs. Family have sourced specialised respite care to meets the needs of their child this respite care has been sourced by the family.</p> |
| | Protected Characteristic | Service Evidence Provided | Possible negative impact and Additional Mitigating Action Required |
| (c) | <p>Gender Reassignment</p> <p>Could the service change or policy have a disproportionate impact on people with the protected</p> | No direct impact identified | As above |

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| | <p>characteristic of Gender Reassignment?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p> | | |
| | 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> | No direct impact identified | As above |

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| | 3) Foster good relations between protected characteristics <input type="checkbox"/> 4) Not applicable <input type="checkbox"/> | | |
| (e) | Pregnancy and Maternity Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Pregnancy and Maternity? Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes). 1) Remove discrimination, harassment <input type="checkbox"/> d victimisation 2) Promote equality of opportunity <input type="checkbox"/> 3) Foster good relations between protected characteristics. <input type="checkbox"/> 4) Not applicable <input type="checkbox"/> | No direct impact identified | As above |
| | Protected Characteristic | Service Evidence Provided | Possible negative impact and Additional Mitigating Action Required |
| (f) | Race Could the service change or policy have a disproportionate impact on people with the protected characteristics of Race? Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant | No impact anticipated. iCare provided respite care for children with exceptional complex health needs this cohort of children included children with different ethnicity. Language barriers were address by using interpreters as required. Access to the service was determined by the child's health needs. | As above |

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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 type="checkbox"/></p> | | |
| (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 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p> | <p>No impact anticipated.</p> <p>iCare provided respite care for children with exceptional complex health needs with different religious beliefs . Access to the service was determined by the child's health needs</p> | <p>As above</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</p> | <p>Finding from research on children with complex health needs advise that the majority of care for a child with complex needs within the family unit will mainly be carried by the child's mother</p> | <p>As above</p> |

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| | <p>disproportionate impact on the people with the protected characteristic of Sex?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p> | <p>these findings were reflected in the iCare caseload. Therefore change in respite care could have an impact the mother. However the new respite model present no detriment to the child and family. It enables the respite care to be tailored to the child and family's needs.</p> <p>Supporting families and carers is a key part of the Social work assessment and this will continue to be in place.</p> | |
| (i) | <p>Sexual Orientation</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sexual Orientation?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p> | No direct impact identified | As above |

| | Protected Characteristic | Service Evidence Provided | Possible negative impact and Additional Mitigating Action Required |
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| (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 place more affected by disadvantage in this case | <p>Research clearly identifies that the family of a child with complex disability are economically and socially disadvantaged in comparison to families whose children are well. It is well documented that there are increased cost implications for families who have a having a child with complex health needs. A higher percentage of families who have a child with complex health needs will live in poverty.</p> <p>iCare was provided through Specialised Children Services NHS Greater Glasgow and Clyde . The new service will be provided by Glasgow HSCP.</p> <p>The personal budget for respite has been increased to counter balance the reduction in care provided by closure of the iCare service therefore it is not anticipated to impact in the level of poverty for the child and family</p> | As above |

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| | <p>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)²¹ provides useful information about the ‘Brown Principles’ which can be used to determine whether due regard has been given. When engaging with communities the National Standards for Community Engagement²² should be followed. Those engaged with should also be advised subsequently on how their contributions were factored into the final decision.</p> | | |
| (k) | <p>Other marginalised groups</p> <p>How have you considered the specific impact on other groups including homeless people, prisoners and ex-offenders, ex-service personnel, people with addictions, people involved in prostitution, asylum seekers & refugees and travellers?</p> | No direct impact identified | |
| 8. | <p>Does the service change or policy development include an element of cost savings? How have you managed this in a way that will not disproportionately impact on protected characteristic groups?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> | <p>Although the proposal has generated savings this was not the aim of the review.</p> <p>The aim of the review was to consider the current model of respite care provide by iCare and to ascertain if it met the needs of the child and family.</p> <p>The new model of respite care will ensure an equitable respite service is available to children with complex health needs and their family across Glasgow. It will facilitate flexible individualised</p> | |

| | | | |
|----|--|--|---|
| | <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p> | <p>child and family -centered respite service that meet the respite care needs of the child and family. This care will be facilitated through models currently adopted / accessed across the HSCPs thereby meeting the needs of children and families with exceptional health care needs with existing locality providers.</p> | |
| | | Service Evidence Provided | Possible negative impact and Additional Mitigating Action Required |
| 9. | <p>What investment in learning has been made to prevent discrimination, promote equality of opportunity and foster good relations between protected characteristic groups? As a minimum include recorded completion rates of statutory and mandatory learning programmes (or local equivalent) covering equality, diversity and human rights.</p> | <p>This information with regard to training is recorded and reported on via Learn Pro for healthcare staff which included equality training . All iCare staff undertake mandatory training. The also undertake Individualised enhanced training pertaining to the individual child's health needs to enable them to provide the complex care required by the child is also undertaken with yearly updated.</p> <p>Under the new respite care provision Glasgow HSCP has increased the families respite budget. Training pertaining to the child care needs will be carried out by the new respite care provider or by the parents if they have employed respite care workers with their respite care budget.</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.

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.

All families complete a Consent form outlining their consent for the individualised care their child requires from the health care support worker during the respite care episode. Consent is also obtained from parents with regard to the individualised training the health care worker may require to be safe in the care of the child .

(nb Individualised training is usually carried out at home by registered nursing staff)

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* .

The family of a child with exceptionally complex health needs require respite care for their child to enable them to maintain their caring responsibilities. Respite services should be flexible and appropriate to the family's needs.

The respite care going forward from the closure of iCare will ensure that the care is flexible and tailored to the child and family's needs.

*

- **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.

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)

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.

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) |
|---------------------|-------------------------------|
|---------------------|-------------------------------|


iCare will close on the 23rd of May at which point respite care for the 3 children on the caseload will transfer to Glasgow HSCP. The 3 children on the caseload already have had their respite care budgets increased and their families have sourced other respite care providers.

| | |
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| 23/05/2025 | KB |
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Ongoing 6 Monthly Review please write your 6 monthly EQIA review date:

**Lead Reviewer:
EQIA Sign Off:**


**Name Kim Brown
Job Title SCS Service Manager East Glasgow**

Signature 

Date 16.04.25

Quality Assurance Sign Off:

**Name Noreen Shields
Job Title Planning and Development Manager**

Signature 
Date 23/4/25

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

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

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

| | | Completed | |
|---------|--|-----------|----------|
| | | Date | Initials |
| Action: | | | |
| Status: | | | |
| Action: | | | |
| Status: | | | |
| Action: | | | |
| Status: | | | |
| Action: | | | |
| Status: | | | |

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

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

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