

## 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:

Early Years Mental Health Improvement Framework

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).

*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.*

The framework complements existing NHSGGC mental health improvement frameworks for children and young people and adults, creating a structure for appropriate interventions across the life course. The Early Years Health Improvement Framework specifically promotes evidence-based activity known to promote and maintain positive mental health and wellbeing for parents/carers, babies, and young children (under 5 years old).

*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.*

It's important that publicly funded interventions to support positive mental health across all life stages are designed in a way that acknowledges and responds to factors relating to the experience of discrimination and also understands that person-centred care means adapting approaches to meet specific needs of different protected characteristic groups. An EQIA will help identify any risk of not incorporating this understanding into the early years framework, which is intended to become a mainstream resource. The framework underpins relevant organisational priorities, including NHSGGC corporate aims and objectives, such as "To ensure the best start for children with a focus on developing good health and wellbeing in their early years" and "To promote and support good mental health and wellbeing at all ages". It also supports the NHSGGC Mental Health Strategy, and the requirement to publish annual Local Child Poverty Action Reports.

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: Catriona Milosevic

Date of Lead Reviewer Training:

23/1/24

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):

Alison Crawford, City Principal Educational Psychologist, Glasgow Educational Psychology Service  
 Evelyn Freeman, Team Leader, Children and Families Service, Glasgow City HSCP  
 Laura Hills, Health Improvement Senior, NHS Greater Glasgow and Clyde  
 Lorna Kettles, Policy and Engagement Manager, Early Years Scotland  
 Lauren McLaughlin, Health Improvement Lead, West Dunbartonshire HSCP  
 Douglas O'Malley, Health Improvement Service Manager, Glasgow City HSCP  
 Gillian Phillips, Health Improvement Lead, East Renfrewshire HSCP  
 Katherine Wilson, Health Improvement Senior, Glasgow City HSCP

		<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
1.	<p><b>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.</b></p>	<p><i>A sexual health service collects service user data covering all 9 protected characteristics to enable them to monitor patterns of use.</i></p>	<p>No equalities information was collated in the preparation of this Framework. This is because the framework is intended to be used as a voluntary universal planning tool for all partners working in the early years across Greater Glasgow and Clyde. As such, it does not have a mandate to request or conduct routine data collection on service user groups. The responsibility for gathering equalities information therefore lies with the services or organisations who are using the framework to plan for any service or programme developments.</p> <p>Given the framework is intended to be used by a varied audience in numerous sectors and professions across Greater Glasgow and Clyde, there will also be variation regarding routine data that is currently collected across six partnerships where the framework will be implemented.</p>	<p>No negative impact has been identified. The organisations developing services or policy based on the framework would be required to EQIA these developments.</p>

		<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
2.	<p>Please provide details of how data captured has been/will be used to inform policy content or service design.</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p><i>A physical activity programme for people with long term conditions reviewed service user data and found very low uptake by BME (Black and Minority Ethnic) people. Engagement activity found promotional material for the interventions was not representative. As a result an adapted range of materials were introduced with ongoing monitoring of uptake. (Due regard promoting equality of opportunity)</i></p>	<p>No equalities information has been collected. Data in terms of literature was gathered via desk-based research which included the use of search terms related to equality groups.</p> <p>Given the universal and inclusive nature of the framework, it has been created to be applicable to all and has been designed with an equalities lens from the outset. Where available, research evidence has informed the development of the framework. This is both in terms of what works to promote positive mental health and wellbeing in the early years, as well as the inequalities in outcome and experiences of those from protected characteristics groups. The framework has therefore been based on this evidence and actively encourages an inclusive and non-discriminatory approach. As a result of this approach, the framework works to remove discrimination, harassment and victimisation and promote equality of opportunity in the service provision of those using the framework (General Duty Parts 1, 2). The inclusive nature would foster good relations.</p> <p>In addition, as part of the service design of the framework, a consultation was held to gather feedback from a wide range of partners and services before it was finalised. A variety of methods were used including online surveys and a series of focus groups in order to gather a wide range of opinions and ensure a more inclusive approach. This did not specifically plan for representation from equality groups.</p>	<p>No negative impact has been identified. The organisations developing services or policy based on the framework would be required to EQIA these developments.</p>
		<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
3.	<p>How have you applied learning from research evidence about the experience of equality groups to the service or</p>	<p><i>Looked after and accommodated care services reviewed a range of research evidence to help promote</i></p>	<p>Data in terms of literature was gathered via desk-based research as opposed to a systematic review which included the use of search terms related to equality groups. Overall, the evidence base around mental health and the early years is limited, which creates barriers to applying learning from research for service</p>	<p>No negative impact has been identified. The organisations developing services or policy based on the framework would need to apply learnings from the evidence.</p>

<p><b>Policy?</b></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 checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p><i>a more inclusive care environment. Research suggested that young LGBT+ people had a disproportionately difficult time through exposure to bullying and harassment. As a result staff were trained in LGBT+ issues and were more confident in asking related questions to young people. (Due regard to removing discrimination, harassment and victimisation and fostering good relations).</i></p>	<p>design and delivery from the specific perspective of particular equality groups. A selection of key data sources that have been used to inform the framework have been listed below.</p> <p>There is some evidence of the general needs of babies, young children, and their parents/carers. For example, via Early Years Scotland's "Mental Health, Happiness, and Wellbeing Report". This project engaged with children aged 3-5 themselves, their families, and the Early Learning and Childcare workforce, as well as families of children currently in P1-P3. This engagement process captured evidence around what they felt they had, or required, in terms of support and resources, and has been incorporated into the framework development.</p> <p>The Scottish Government's "Inclusive Play in Scotland: Context, Concepts, and Current Research" has also informed the development of this work. This reviews the literature surrounding inclusive play, and identifies barriers to inclusion among several groups; girls, children who are living in poverty, children with disabilities, children in institutions, and children from minority communities.</p> <p>Research from the Glasgow Disability Alliance's "Disabled People's Mental Health Matters" report suggested that disabled people lack the required support from statutory services when thinking about accessing mental health interventions. This includes not feeling heard or being taken seriously, experiencing stigma, and a belief that their human rights are not being upheld. There is also some evidence exploring the experiences of parents with disabled children and the additional financial costs and stress this can place on caregivers (Goudie, 2014; Anderson, 2007)</p> <p>A nationwide study of Black women's experiences of maternity services in the UK, the Black Maternity Experiences Report, found that women from Black and Minority Ethnic communities were reluctant to engage with services due to previous negative</p>	<p>As the framework is intended to be used by individuals in a broad range of sectors, professions, and localities, it is challenging to say specifically where research would have the most impact. Furthermore, research into mental health and the early years is limited, a barrier that is outside the scope of this framework to address.</p>
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			<p>experiences related to a lack of cultural and physiological knowledge. It highlighted the importance of cultural and religious awareness and sensitivities in both the way services are promoted and delivered. A research project, "Supporting the mental health of black and minority ethnic women and families during the perinatal period" was also undertaken by NHSGGC. This explored the mental health of black and minority ethnic women and families during the perinatal period and highlighted what organisations can do to better engage with these families.</p> <p>A "Health Needs Assessment of Lesbian, Gay, Bisexual, Transgender, and Non-binary People" was conducted in NHSGGC in 2022. This outlines the barriers and stigma faced by LGBTQ+ communities, including when accessing support services. Key suggestions included ensuring spaces are made more inclusive, including through signing up for the LGBTQ+ charter.</p> <p>The framework has therefore been informed by the evidence that is available. As a result, it recommends approaches to service delivery that remove barriers to access, build trust, address gaps in services, and uphold and protect human rights. At its heart, the framework, therefore, promotes equality and a reduction in discrimination (General Duty Parts 1, 2). The fact that the framework advocates for equal services for all and promotes an inclusive approach works to foster good relations (General Duty Part 3).</p>	
		<i>Example</i>	<b>Service Evidence Provided</b>	<b>Possible negative impact and Additional Mitigating Action Required</b>
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	<i>A money advice service spoke to lone parents (predominantly women) to better understand barriers to accessing the service. Feedback included concerns about</i>	The draft framework was shared for consultation. Views were gathered via a series of focus groups and an online survey. The consultation was shared with all third sector interfaces across Greater Glasgow and Clyde which then distributed the information via their networks, which are likely to include third-sector equalities groups.	No negative impact has been identified at present.

<p>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.</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 checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p><i>waiting times at the drop in service, made more difficult due to child care issues. As a result the service introduced a home visit and telephone service which significantly increased uptake.</i></p> <p><i>(Due regard to promoting equality of opportunity)</i></p> <p><i>* The Child Poverty (Scotland) Act 2017 requires organisations to take actions to reduce poverty for children in households at risk of low incomes.</i></p>	<p>As part of the consultation, a focus group with parents / carers experiencing poor mental health during pregnancy or postnatally was delivered to gather more in-depth and direct information on their perspectives and views.</p> <p>While direct engagement with equalities groups has been quite limited, a range of services and organisations have been involved in the development of the framework throughout. These services and organisations work closely with a range of equality groups, and therefore may have partial knowledge of their needs and experiences.</p> <p>The framework supports and serves as a reminder for services and organisations to reflect on their practices and policies from an inclusive standpoint. This therefore supports the maintenance of a standard of practice from an equalities perspective.</p> <p>Overall, the inclusive nature and equalities focus at the heart of the framework serves to remove discrimination and promote equality of opportunity in the delivery of services of those who have used the framework as a planning tool (General Duty Parts 1, 2). The fact that the framework advocates for equal services for all and promotes an inclusive approach works to foster good relations (General Duty Part 3).</p>	
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		<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
5.	<p>Is your service physically accessible to everyone? If this is a policy that impacts on movement of service users through areas are there potential barriers that need to be addressed?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p><i>An access audit of an outpatient physiotherapy department found that users were required to negotiate 2 sets of heavy manual pull doors to access the service. A request was placed to have the doors retained by magnets that could deactivate in the event of a fire. (Due regard to remove discrimination, harassment and victimisation).</i></p>	<p>The framework has been created as a guidance document for services and organisations and therefore is not in itself associated with a physical space. It does, however, encourage services and organisations who use the framework to remove any physical barriers to access.</p> <p>Overall, the inclusive nature and equalities focus at the heart of the framework serves to remove discrimination and promote equality of opportunity in the delivery of services of those who have used the framework as a planning tool (General Duty Parts 1, 2). The fact that the framework advocates for equal services for all and promotes an inclusive approach works to foster good relations (General Duty Part 3).</p>	<p>No negative impact has been identified.</p>
		<i>Example</i>	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</p>	<p><i>Following a service review, an information video to explain new procedures was hosted</i></p>	<p>Digital inclusion has been considered and the framework has been created in a format that allows for printing and provision of paper copies. It has also been developed in line with NHSGGC's Clear to All policy, taking accessibility and readability</p>	<p>No negative impact has been identified.</p>

<p>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 checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p> <p>The British Sign Language (Scotland) Act 2017 aims to raise awareness of British Sign Language and improve access to services for those using the language. Specific attention should be paid in your evidence to show how the service review or policy has taken note of this.</p>	<p><i>on the organisation's YouTube site. This was accompanied by a BSL signer to explain service changes to Deaf service users.</i></p> <p><i>Written materials were offered in other languages and formats.</i></p> <p><i>(Due regard to remove discrimination, harassment and victimisation and promote equality of opportunity).</i></p>	<p>requirements into account.</p> <p>People accessing the framework will be able to request a translation into relevant community languages as required, utilising the Equalities and Human Rights translation service within NHS GGC. A prompt to this effect will be included where the framework is hosted on the Mental Health Improvement Team's website.</p> <p>This inclusive language and equalities focus at the heart of the framework serves to remove discrimination and promote equality of opportunity (General Duty Parts 1, 2, 3).</p>	
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7	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(a)	<p><b>Age</b></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 checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>The framework is focused on the particular age group of 0-5 years old. However, it sits alongside the existing NHSGGC Children and Young People and Adult Mental Health Improvement Frameworks and therefore all stages of the life course are covered. This means it will not have a disproportionate impact on people due to differences in age.</p> <p>The language is also inclusive of all age groups of parents and carers, and recognises that carers include a range of ages such as grandparents.</p> <p>Overall, the inclusive nature and equalities focus at the heart of the framework serves to remove discrimination and promote equality of opportunity in the delivery of services of those who have used the framework as a planning tool (General Duty Parts 1, 2). The fact that the framework advocates for equal services for all and promotes an inclusive approach works to foster good relations (General Duty Part 3).</p>	<p>No negative impact has been identified.</p>
(b)	<p><b>Disability</b></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</p>	<p>The framework uses inclusive language when talking about parents / carers and families, including those with disabilities. It specifically includes reference to considering the impact of disability on parent/carer wellbeing, ensuring policies are inclusive for all families, and that the needs of those with disabilities are met.</p> <p>Evidence is limited in terms of what is known about the mental</p>	<p>No negative impact has been identified.</p>

	<p>boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>health of disabled parents and carers specifically. However, the framework has been developed in line with evidence that is available on the needs of people with disabilities, including the Glasgow Disability Alliances “Disabled People’s Mental Health Matters” report, and evidence into inclusive play. Therefore, differences in mental wellbeing and access to services for disabled people has been factored into the framework.</p> <p>Overall, the inclusive nature and equalities focus at the heart of the framework serves to remove discrimination and promote equality of opportunity in the delivery of services of those who have used the framework as a planning tool (General Duty Parts 1, 2). The fact that the framework advocates for equal services for all and promotes an inclusive approach works to foster good relations (General Duty Part 3).</p>	
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(c)	<p><b>Gender Reassignment</b></p> <p><b>Could the service change or policy have a disproportionate impact on people with the protected characteristic of Gender Reassignment?</b></p> <p><b>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</b></p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input checked="" type="checkbox"/></p>	<p>The framework uses inclusive language when talking about parents/ carers and families, including trans parents and carers. It specifically includes reference to Gender Friendly nurseries, and ensuring services, policies, and spaces are inclusive for all, including those within LGBTQ+ communities.</p> <p>Evidence is limited in terms of what is known about the mental health of trans parents and carers specifically. However, the framework has been developed in line with evidence that is available on the needs of LGBTQ+ communities, including the “Health needs assessment of lesbian, gay, bisexual, transgender and non-binary people” that was undertaken in NHSGGC in 2022.</p> <p>Overall, the inclusive nature and equalities focus at the heart of the framework serves to remove discrimination and promote equality of opportunity in the delivery of services of those who have used the framework as a planning tool (General Duty Parts</p>	No negative impact has been identified.

	<p>4) Not applicable <input type="checkbox"/></p>	<p>1, 2). The fact that the framework advocates for equal services for all and promotes an inclusive approach works to foster good relations (General Duty Part 3).</p>	
	<p>Protected Characteristic</p>	<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>
<p>(d)</p>	<p><b>Marriage and Civil Partnership</b></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 checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>The framework uses inclusive language when talking about parents / carers and families, including reference to lone parents and those who separated, and ensuring that services and policies are inclusive for all, regardless of the individual's marriage or civil partnership status.</p> <p>Overall, the inclusive nature and equalities focus at the heart of the framework serves to remove discrimination and promote equality of opportunity in the delivery of services of those who have used the framework as a planning tool (General Duty Parts 1, 2). The fact that the framework advocates for equal services for all and promotes an inclusive approach works to foster good relations (General Duty Part 3).</p>	<p>No negative impact.</p>
<p>(e)</p>	<p><b>Pregnancy and Maternity</b></p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Pregnancy and Maternity?</p>	<p>The framework explicitly includes the period of pre-birth up to age 5. Therefore, due regard has been given to this protected characteristic group.</p> <p>Overall, the inclusive nature and equalities focus at the heart of</p>	<p>No negative impact has been identified.</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 checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>the framework serves to remove discrimination and promote equality of opportunity in the delivery of services of those who have used the framework as a planning tool (General Duty Parts 1, 2). The fact that the framework advocates for equal services for all and promotes an inclusive approach works to foster good relations (General Duty Part 3).</p>	
	<p>Protected Characteristic</p>	<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>
<p>(f)</p>	<p>Race</p> <p>Could the service change or policy have a disproportionate impact on people with the protected characteristics of Race?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>The framework uses inclusive language when talking about parents / carers and families, including parents and carers from ethnic minority communities. It specifically includes reference to ensuring services and policies are inclusive of all families, reflecting whether there are opportunities for all parents/carers to see aspects of their culture and family composition reflected in books, songs, and games.</p> <p>There is a real requirement for additional support for refugee and asylum-seeking children and families coming from conflict. Their needs may be more acute given their circumstances and this has been highlighted in the framework.</p> <p>Evidence is limited in terms of what is known about the mental health of those with the protected characteristics of Race. However, the framework has been developed in line with the evidence that is available, including for example the nationwide study of Black women's experiences of maternity services in the UK, the Black Maternity Experiences Report, and the</p>	<p>No negative impact has been identified.</p>

		<p>“Supporting the mental health of black and minority ethnic women and families during the perinatal period” research project, as highlighted in section 3.</p> <p>Overall, the inclusive nature and equalities focus at the heart of the framework serves to remove discrimination and promote equality of opportunity in the delivery of services of those who have used the framework as a planning tool (General Duty Parts 1, 2). The fact that the framework advocates for equal services for all and promotes an inclusive approach works to foster good relations (General Duty Part 3).</p>	
(g)	<p><b>Religion and Belief</b></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 checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>The framework uses inclusive language when talking about parents / carers, and families, and encourages users to ensure their services, policies, and spaces are inclusive for all. As a result, the framework in itself will not have a disproportionate impact on people of Religion and Belief.</p> <p>Overall, the inclusive nature and equalities focus at the heart of the framework serves to remove discrimination and promote equality of opportunity in the delivery of services of those who have used the framework as a planning tool (General Duty Parts 1, 2). The fact that the framework advocates for equal services for all and promotes an inclusive approach works to foster good relations (General Duty Part 3).</p>	No negative impact has been identified.
	<b>Protected Characteristic</b>	<b>Service Evidence Provided</b>	<b>Possible negative impact and Additional Mitigating Action Required</b>
(h)	<b>Sex</b>	The framework makes reference to “parents/carers” and does not ascribe caring roles to a specific sex. Where the framework	No negative impact has been identified.

	<p>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sex?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>references “mother” and “father”, this has been done mindfully and as such does not perpetuate existing myths around caring responsibilities and sex.</p> <p>Throughout the framework, reference has also been made to paternal/partner mental health and wellbeing to be inclusive.</p> <p>Overall, the inclusive nature and equalities focus at the heart of the framework serves to remove discrimination and promote equality of opportunity in the delivery of services of those who have used the framework as a planning tool (General Duty Parts 1, 2). The fact that the framework advocates for equal services for all and promotes an inclusive approach works to foster good relations (General Duty Part 3).</p>	
(i)	<p><b>Sexual Orientation</b></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 checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input checked="" type="checkbox"/></p>	<p>The framework uses inclusive language when talking about parents / carers, and families, including LGBTQ+ communities. It also specifically includes reference to Gender Friendly nurseries, and ensuring services, policies, and spaces are inclusive for all, including those within LGBTQ+ communities.</p> <p>The framework has also been developed in line with evidence that is available around the specific issues and barriers to positive mental health and wellbeing among those within LGBTQ+ communities, including the “Health Needs Assessment of Lesbian, Gay, Bisexual, Transgender, and Non-binary People” that was conducted in NHSGGC in 2022.</p> <p>Overall, the inclusive nature and equalities focus at the heart of the framework serves to remove discrimination and promote equality of opportunity in the delivery of services of those who have used the framework as a planning tool (General Duty Parts</p>	<p>No negative impact has been identified.</p>

	<p>4) Not applicable <input type="checkbox"/></p>	<p>1, 2). The fact that the framework advocates for equal services for all and promotes an inclusive approach works to foster good relations (General Duty Part 3).</p>	
	<p>Protected Characteristic</p>	<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>
<p>(j)</p>	<p><b>Socio – Economic Status &amp; Social Class</b></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: <a href="http://www.gov.scot/Topics/consultations/fairer-scotland-duty-guidance-for-public-bodies">Fairer Scotland Duty: guidance for public bodies - gov.scot (www.gov.scot)</a></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"> <li>1. What evidence has been considered in preparing for the decision, and are there any gaps in the evidence?</li> <li>2. What are the voices of people and communities telling us, and how has this been determined (particularly those with lived experience of socioeconomic disadvantage)?</li> <li>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-</li> </ol>	<p>“Financial Wellbeing” features strongly within the framework as it is one of the six core domains. It therefore encourages individuals using the framework to plan for mental health improvement activity to consider the impact of poverty on mental health and wellbeing and any barriers that this might create to accessing services or support for parents/carers, babies and young children. It also signposts to interventions to improve socioeconomic status.</p> <p>Furthermore, there is not any assumptive or stigmatising language associated with poverty and social class and wellbeing included within the framework.</p>	<p>No negative impact has been identified</p>

	<p>economic disadvantage?</p> <p>4. Are some communities of interest or communities of place more affected by disadvantage in this case than others?</p> <p>5. What does our Duty assessment tell us about socio-economic disadvantage experienced disproportionately according to sex, race, disability and other protected characteristics that we may need to factor into our decisions?</p> <p>6. How has the evidence been weighed up in reaching our final decision?</p> <p>7. What plans are in place to monitor or evaluate the impact of the proposals on inequalities of outcome that are associated with socio-economic disadvantage? ‘Making Fair Financial Decisions’ (EHRC, 2019)<sup>21</sup> provides useful information about the ‘Brown Principles’ which can be used to determine whether due regard has been given. When engaging with communities the National Standards for Community Engagement<sup>22</sup> should be followed. Those engaged with should also be advised subsequently on how their contributions were factored into the final decision.</p>		
(k)	<p><b>Other marginalised groups</b></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 &amp; refugees and travellers?</p>	<p>The framework promotes a trauma-informed approach that is mindful of the potential experience of marginalised groups. Furthermore, the language that is used is inclusive of all parents and carers, and makes reference to family support services.</p>	<p>No negative impact has been identified.</p>
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</p>	<p>There are no cost implications for accessing the framework, and cost savings have not been a driver for the creation of this framework.</p>	<p>No negative impact has been identified.</p>

	<p>General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input checked="" type="checkbox"/></p>		
	<b>Service Evidence Provided</b>	<b>Possible negative impact and Additional Mitigating Action Required</b>	
9.	<p><b>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.</b></p>	<p>No specific investment in learning has been made in the development of the framework. The scope of the framework is such that it is not able to provide or mandate equality, diversity, and human rights training.</p> <p>All NHSGGC staff members will, however, have to complete mandatory equality and human rights training, and the framework includes specific reference to undertaking relevant equalities training for those who do not work for NHSGGC.</p>	<p>No negative impact has been identified.</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.

This framework does not pose a risk of impacting the human rights of patients, service users or staff. It has been developed in an inclusive way that has principles of equality and non-discrimination at its heart. It encourages those using the framework to consider, respect, and cater to the needs of individuals from a range of protected characteristics, such as members of LGBTQ+ communities, and in doing so, it supports articles including the right to respect for private and family life.

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 framework development has been informed by certain PANEL principles. This includes being developed in line with the principle of Participation via contributions from a Working Group that is made up of members of the framework's intended audience. This includes those working in a range of sectors and professions across the early years, as well as some members who also happen to be parents and carers. The framework was also put out for consultation to allow for a wider number of stakeholders to participate in its development, including a focus group with parents and carers. While the primary aim is for the framework to be used with those who work with parents, carers, their babies, and young children, efforts were made to ensure that the views of families were also captured. Furthermore, the whole ethos of the framework is such that it aims to promote equality, inclusion, and non-discrimination. Finally, the framework is grounded in the legal rights that are set out in domestic and international laws, including UNCRC.

\*

- 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.

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)
No mitigating actions identified	n/a	

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

Lead Reviewer:	Name	Catriona Milosevic
EQIA Sign Off:	Job Title	Consultant in Public Health Medicine
	Signature	C Milosevic
	Date	24/1/24

Quality Assurance Sign Off:	Name	Alastair Low
	Job Title	Planning Manager
	Signature	Alastair Low
	Date	24/01/2024

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

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

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

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

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

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

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](mailto:alastair.low@ggc.scot.nhs.uk)