

## 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. Please refer to the EQIA Guidance Document while completing this form. 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 [alastair.low@ggc.scot.nhs.uk](mailto:alastair.low@ggc.scot.nhs.uk) for further details or call 0141 2014560.

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

Redesign & Development Youth Health services in Glasgow

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 service aims to improve the health and well being outcomes for young people aged 12-19 years of age, and to support them to maximise their potential. By adopting a holistic approach, both clinical and non clinical issues can be addressed, this may be during the initial 1:1 consultation, or where the presentation is more complex, a care plan agreed and support offered through the “wrap around” follow up component of the service. This takes place out with service delivery times and may involve liaising with other services, or onward referral where appropriate. Young people can expect support with mental health, sexual health, multiple risk, weight management and relationships, and in addition advocacy and mentoring, support with housing, employment opportunities and other non clinical circumstances which impede them move towards positive outcomes.

Services aim to be accessible and acceptable to young people, being delivered at times and in atmospheres which are “youth friendly” and staffed with personnel trained to deal with the issues identified by this age group. The service is both universal and targeted.

***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.)***

Due to service expansion. The expansion reflects some of the key priorities for Glasgow City highlighted below:

- Glasgow City HSCP Strategic Plan 2019-22
- Glasgow City Health Improvement Strategic Direction 2012
- Glasgow City Primary Care Improvement Plan 2018-21
- Transformational Change Programme – Children’s Services 2018-21
- Transformational Change Programme - Sexual Health Service 2018 & Sexual Health Service Implementation Plan, August 2019

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

<b>Name:</b> Suzanne Glennie	<b>Date of Lead Reviewer Training:</b> 14 November 2019
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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):**

<p>Julie Gordon, YHS Manager  Eric Duncan, Health Improvement Senior  Suzanne Glennie, Health Improvement Manager  Youth Health Service Steering Group members:  (NHS steering Group members) John Marshall, Health Improvement Lead; Ann Duffy, Health Improvement Lead; Karen McNiven, HI Manager; Nichola Brown, HI Manager;  Linda Morris, Programme Manager, Public Health; Julie Metcalfe- CAMHS  (non NHS steering group members) Alan Dick – Glasgow Life; Jacqui Taylor – Lifelink; Susan Orr – Children’s Services (HSCP); Joyce MacDonald – Children’s Services (HSCP)</p>
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	<i>Example</i>	<b>Service Evidence Provided</b>	<b>Possible negative impact and Additional Mitigating Action Required</b>
<p><b>1. What equalities information is routinely collected from people currently using the service or affected by the policy? If this is a new service proposal what data do you have on proposed service user groups. Please note any barriers to collecting this data in your submitted evidence and an</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>The Youth Health Service (YHS) gathers the following data in relation to the protected characteristics:</p> <ul style="list-style-type: none"> <li>• Age</li> <li>• Sex</li> <li>• Gender Identity</li> <li>• Sexual orientation</li> <li>• Disability</li> </ul> <p>SIMD which reflects socio economic status &amp; social class.</p> <p>Marriage and civil partnership or pregnancy &amp; maternity data is</p>	<p><b>Action 1</b> Amend registration form for the service to record race rather than ethnicity</p>

	<p><b>explanation for any protected characteristic data omitted.</b></p>		<p>not routinely collected as these are less relevant for this target audience. Staff are sensitive to breast feeding and consider practical issues such as baby changing facilities and issues relating to prams.</p> <p>Religion &amp; belief are not routinely collected as potential to cause concern around confidentiality which may act as a barrier. If, of relevance to support for young people, this will be part of the consultation.</p>	
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	<i>Example</i>	<b>Service Evidence Provided</b>	<b>Possible negative impact and Additional Mitigating Action Required</b>
<p><b>2.</b> 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 <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>Audit of data collected demonstrates:</p> <ul style="list-style-type: none"> <li>• Demographic patterning- evidence indicates young people from poorer backgrounds experience greatest challenges in terms of their health. Analysis of service user data ensures we are targeting SIMD 1 &amp; 2 whilst also offering a universal service.</li> <li>• Trends in health issues – for example, a rise in mental health issues for young people, especially LGBT young people. This can then be checked against other sources of data.</li> <li>• Informs marketing approaches – e.g. social media targeting of SIMD geographies and impact on service referrals</li> <li>• Audit of service users’ ethnicity demonstrates the service is largely accessed by white Scottish young people.</li> </ul>	<p><b>Action 2.</b> As the service expands across the city, further analysis of service users protected characteristics will be necessary to ensure awareness of/access to services.</p> <p><b>Action 3</b> Consider targeted campaign to ensure awareness of services by other ethnicity groups.</p>

	<b>between protected characteristics.</b>			
	<b>4) Not applicable</b> <input type="checkbox"/>			

	<i>Example</i>		<b>Possible negative impact and Additional Mitigating Action Required</b>
<p>3. How have you applied learning from research evidence about the experience of equality groups to the service or Policy?</p> <p>Your evidence should show which of the 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>Looked after and accommodated care services reviewed a range of research evidence to help promote a more inclusive care environment. Research suggested that young LGBT+ people had a disproportionately difficult time through exposure to bullying and harassment. As a result staff were trained in LGBT+ issues and were more confident in asking related questions to young people. (Due regard to removing discrimination, harassment and victimisation and fostering good relations).</i></p>	<p>Outcomes for LAAC young people are poorer than other young people. YHS access extends to 26 yrs to support those with complex needs in this group.</p> <p>The Glasgow City School Health Survey 2014, demonstrated higher levels of risk behaviours and poorer health outcomes for LGBT young people. YHS has now achieved bronze Charter award in 2018. As part of this process our posters and marketing materials adopted the “LGBT Friendly” strap line. Service signs were erected inviting young people to advise staff, how to address them. Key staff trained as part of the process.</p> <p>Above will be implemented as service expands across city.</p>	

	<i>Example</i>	<b>Service Evidence Provided</b>	<b>Possible negative impact and Additional Mitigating Action Required</b>
<p>4. Can you give details of how you have engaged with equality groups with regard to the service review or policy development? What did this engagement tell you about user experience and how was this information used?</p> <p>Your evidence should show which of the 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 money advice service spoke to lone parents (predominantly women) to better understand barriers to accessing the service. Feedback included concerns about waiting times at the drop in service, made more difficult due to child care issues. As a result the service introduced a home visit and telephone service which significantly increased uptake.</i></p> <p><i>(Due regard to promoting equality of opportunity)</i></p> <p><i>* The Child Poverty (Scotland) Act 2017 requires organisations to take actions to reduce poverty for children in households at risk of low incomes.</i></p>	<ul style="list-style-type: none"> <li>Initial research to inform model design. Young people were engaged in an arts based approach to consultation. Reported in "Asking the Experts". The report detailed the key components required for service model.</li> <li>In 2017 an independent review of Youth Health by Rocket Science. Interviews with staff/stakeholders and young people. A key recommendation was that holistic services providing clinical and non clinical support should be available across the city.</li> <li>In 2018, the current YHS reported on a satisfaction survey (50 service users). Young people designed the questions and administered the survey. The report identified staff, help, and time as very favourable.</li> <li>Other service reviews recommendations have informed the model, e.g. Sandyford. Young people indicated services were not offered at the correct time. This evidence has also informed the thinking in preparation for expansion of the YHS.</li> <li>Lifelink, NHS commissioned service providing tier 0-2 mental health support have completed an EQIA of their service provision in 2016 to ensure equal access.</li> <li>There are limitations to the research conducted to date and to ensure current evidence, a Peer Research project is underway to inform developments in the North East and the South with a youth organisation – YOMO.</li> </ul>	<p><b>Action 4</b> Engagement with young people across the city will be carried out prior to service expansion, to gather non service user views from a diverse range of young people ( including age range, sexual orientation, gender, race ,disability etc)</p> <p><b>Action 5</b> Peer research evidence will inform planned action in roll out of services.</p>

			<p>The young peer researchers/ staff supporting the process have been asked to adopt an equality lens to the research process to ensure consultation with a diverse range of young people, to consider the protected characteristics of potential service users and to consider issues related to access for various groups of young people. Peer Researchers visited current service model to inform research process.</p>	
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	<i>Example</i>	<b>Service Evidence Provided</b>	<b>Possible negative impact and Additional Mitigating Action Required</b>
<p>5. <b>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?</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 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>Current services delivered within DDA compliant NHS Health Centres.</p> <p>Delivery is from ground floor. Electronic doors access, accessible toilets, ramps, blue badge parking, signage, public transport nearby. Bus routes are within easy reach of the service sites.</p> <p>A targeted approach to venue location has been adopted based on health surveillance data &amp; using inequality lens. Some young people will have to travel.</p> <p>Loop system available – in some sites</p>	<p><b>Action 6</b></p> <p>Consider service access and loop provision in other venues across the city. Raise loop system with Administrator NW</p>



	<b>Example</b>	<b>Service Evidence Provided</b>	<b>Possible negative impact and Additional Mitigating Action Required</b>
<p>6. How will the service change or policy development ensure it does not discriminate in the way it communicates with service users and staff?</p> <p>Your evidence should show which of the 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 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</p>	<p><i>Following a service review, an information video to explain new procedures was hosted on the organisation's YouTube site. This was accompanied by a BSL signer to explain service changes to Deaf service users.</i></p> <p><i>Written materials were offered in other languages and formats.</i></p> <p><i>(Due regard to remove discrimination, harassment and victimisation and promote equality of opportunity).</i></p>	<p>All publications follow Clear to All guidance and adhere to NHSGG&amp;C Accessible information Policy. We can provide translated/large print version of information. The interpreter service is available, including BSL signers.</p> <p>Young people register with the service on a one to one basis to ensure personal circumstances are handled sensitively. Young volunteers meet and greet new service users to assist them navigate the service. The young volunteers themselves are from diverse backgrounds (age, race, gender, and a selection process is adopted to ensure young people from poorer backgrounds access opportunities. Hand held devices are utilised to share relevant web sites/ self help etc in the waiting area.</p> <p>Staff training includes: Working with Interpreters Deaf Awareness Equality &amp; Diversity training</p> <p>Future service developments will include a DIGITAL strategy with a website. Digital technologies for delivery of services will be being considered e.g. tele-health</p> <p>Lifeline Adult Services are currently under- going a BSL pilot, for example, all staff provided with basic sign for introductory conversation in BSL.</p>	<p><b>Action 7</b> Create account with NHSGG&amp;C Supplier (InterpretorNow) for BSL interpreting for use with existing tablets/laptops in all venues</p> <p><b>Action 8</b> Ensure digital strategy/service developments take cognisance of protected characteristics</p> <p><b>Action 9</b> Assess BSL pilot outcomes and consider introductory conversational training – explore training providers &amp; costs with inequalities team, for current and recruited staff for service roll out.</p>

	<p><b>using the language. Specific attention should be paid in your evidence to show how the service review or policy has taken note of this.</b></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 type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<ul style="list-style-type: none"> <li>• YHS is targeted primarily to 12-19 yrs olds, based on original research, which identified a “ young people only” service as a key aspect of a desired service model.</li> <li>• Evidence of young people receiving shorter consultations with GP ( 20% less) - Jacobson &amp; Jacobson(2000)</li> <li>• Christie Commission recommends early intervention ( behaviours initiated in teenage years impact on health outcomes later in life)</li> <li>• Approach upholds Rights of the Child</li> </ul> <p>The age range &amp; access to services may be extended in specific circumstances, such as :</p> <ul style="list-style-type: none"> <li>• Complex presentation by young person, age range extended to 26 years e.g. LAAC young people</li> <li>• Younger people aged 11 years and 10 months, in preparation for participating in a programme where the criteria for the intervention is aged 12 yrs e.g. WTG.</li> <li>• Carer/worker support is required by the young person.</li> <li>• A parent attends the service with a young person</li> </ul>	<p><b>Action 10</b></p> <p>Principles of age specific services will be transferred to the new services during implementation.</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>No.</p> <p>Universal service offer, delivered from DDA compliant buildings. Current services are delivered on the ground floor. Automatic doors are in operation.</p>	<p><b>Action 11</b></p> <p>Ensure the service roll out accommodates service users with disabilities and services are delivered from DDA compliant buildings.</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 type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>Loop systems are available.  Staff are aware of accessing BSL interpreters.  Staff training includes:  Working with Interpreters  Deaf Awareness  Equality &amp; Diversity training</p> <p>The service will work with a broad spectrum of disabilities, using a person centred approach to ensure individual needs be they emotional, social or physical health are met. Carers and advocates for young people will be included in the holistic person centred approach to ensure they are included as part of the care plan where appropriate.</p> <p>Staff are aware of reporting of hate crime</p>	<p>See Action 7</p> <p><b>Action 12</b>  Ensure all staff (new) have completed relevant training e.g. equality and diversity, hate crime</p>
	<p><b>Protected Characteristic</b></p>	<p><b>Service Evidence Provided</b></p>	<p><b>Possible negative impact and Additional Mitigating Action Required</b></p>
<p>(c)</p>	<p><b>Gender Identity</b></p> <p>Could the service change or policy have a disproportionate impact on people with the protected characteristic of gender identity?</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>	<ul style="list-style-type: none"> <li>• YHS has bronze LGBT charter status, impact assessment of the service was carried out in 2016 prior to application for the award. Service changes were adopted in response.</li> <li>• Stonewall guide used to inform approach, particularly around use of sensitive language &amp; pronouns</li> <li>• Staff training on gender re-assignment policy.</li> </ul> <p>Staff are aware of gender re-assignment policy</p> <p>Staff training includes</p>	

	<p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<ul style="list-style-type: none"> <li>Stonewall Scotland on line training - <a href="http://www.lgbtgoodpractice.org.uk">www.lgbtgoodpractice.org.uk</a>.</li> <li>Equality &amp; Diversity training</li> </ul> <p>Adopting a holistic approach to service delivery ensures young people with all characteristics are sharing the service provision and therefore building positive relations.</p> <p>Approach will be adopted as new services are implemented.</p> <p>Staff are aware of reporting of hate crime</p>	
	<p><b>Protected Characteristic</b></p>	<p><b>Service Evidence Provided</b></p>	<p><b>Possible negative impact and Additional Mitigating Action Required</b></p>
<p>(d)</p>	<p><b>Marriage and Civil Partnership</b></p> <p><b>Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Marriage and Civil Partnership?</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 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>There will be no disproportionate impact. Appreciate, that while unlikely, we do offer a service to an age range where young people could be married or in a civil partnership, therefore no assumptions about relationship status should be made when a young person presents at the service.</p>	

	4) Not applicable <input checked="" type="checkbox"/>		
(e)	<p><b>Pregnancy and Maternity</b></p> <p><b>Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Pregnancy and Maternity?</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 type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/> X</p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable</p>	<p>No disproportionate impact The service will provide information, sign post or refer as appropriate following assessment of need.</p> <p>While the service offers some information for young parents e.g. sexual health/pregnancy testing, it will refer to other services for issues relating to being a parent of a young child. e.g. triple P</p> <p>Service venues are breast feeding friendly and offer changing facilities.</p> <p>YHS is sensitive to pregnancy and maternity characteristics and will refer to specialist services as appropriate e.g. SNIPS, Sandyford.</p>	
	<b>Protected Characteristic</b>	<b>Service Evidence Provided</b>	<b>Possible negative impact and Additional Mitigating Action Required</b>
(f)	<p><b>Race</b></p> <p><b>Could the service change or policy have a disproportionate impact on people with the protected characteristics of Race?</b></p> <p><b>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant</b></p>	<p>Service attendance data demonstrates low access by race other than white Scottish.</p> <p>Future developments may see services cited in geographies where need is based on race.</p> <p>Information can be translated into other languages.</p>	See Action 12

	<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 type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>Interpreter services are available/ NHS GGC Interpreter policy followed..</p> <p>Staff are aware of cultural sensitivities &amp; values, e.g. some young women of particular cultural beliefs may have difficulty seeing a male clinician</p> <p>Staff are aware of reporting of hate crime</p>	
(g)	<p><b>Religion and Belief</b></p> <p><b>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Religion and Belief?</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>4) Not applicable <input type="checkbox"/></p>	<p>Universal service offer.</p> <p>It is possible that some young people will consider the services offered as a barrier to access, for example referral for termination and specific religious or other beliefs, though no assumptions are made as some young people may access sensitive information regardless of disclosed religious belief</p> <p>Staff are sensitive to service user religious beliefs and accommodate these within service delivery, for example Ramadan and the healthy weight programme (WTG)</p> <p>Staff training:</p> <ul style="list-style-type: none"> <li>• Equality &amp; Diversity</li> </ul> <p>Staff are aware of NHSGGC Religion and Belief manual.</p> <p>Staff are aware of reporting of hate crime</p>	
	<b>Protected Characteristic</b>	<b>Service Evidence Provided</b>	<b>Possible negative impact and Additional Mitigating Action Required</b>

<p>(h)</p>	<p><b>Sex</b></p> <p><b>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sex?</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.</p> <p>4) Not applicable <input type="checkbox"/></p>	<p>Gender data for attendance is monitored and reported. Currently more individuals identifying as female attend, than those identifying as male 65-35% Services offered are universally available and we promote to everyone within the age range.</p> <p>Staff are aware of reporting of hate crime</p>	<p><b>Action 13</b></p> <p>Interrogate Peer Research findings to identify any perceived barriers. Digital marketing will ensure targeting to ensure young men feel the service is appropriate for them.</p>
<p>(i)</p>	<p><b>Sexual Orientation</b></p> <p><b>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sexual Orientation?</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 type="checkbox"/></p>	<p>No</p> <p>Service has LGBT Bronze charter mark which should help avoid inadvertent discrimination against young LGBT people.</p> <p>The Bronze charter will be embedded into service expansion.</p>	



	<p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>		
	<b>Protected Characteristic</b>	<b>Service Evidence Provided</b>	<b>Possible negative impact and Additional Mitigating Action Required</b>
(j)	<p><b>Socio – Economic Status &amp; Social Class</b></p> <p><b>Could the proposed service change or policy have a disproportionate impact on the people because of their social class or experience of poverty and what mitigating action have you taken/planned?</b></p> <p><b>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 in strategic planning. You should evidence here steps taken to assess and mitigate risk of exacerbating inequality on the ground of socio-economic status.</b></p>	<ul style="list-style-type: none"> <li>• Service attendance data is collected by SIMD. This informs service planning &amp; marketing strategies.</li> <li>• YHS are cited in geographies with higher SIMD 1 &amp; 2, access, thereby targeting those most in need. However some young people may need to travel to services.</li> <li>• Staff are trained in impact of poverty and refer to financial inclusion services.</li> <li>• Wrap around nature of the service provides support to mitigate impact of poverty</li> <li>• Service offers volunteering role for local young people to assist with future employment opportunities.</li> </ul> <p>The above will be adopted with service roll out.</p>	<p><b>Action 14</b></p> <p>Review of attendance data to assess uptake &amp; ensure access of services by young people from areas of highest deprivation</p>
(k)	<p><b>Other marginalised groups</b></p> <p><b>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?</b></p>	<p>Some of the groups are not applicable to young people, however the holistic nature of YHS ensures support is available for the following specific groups :</p> <ul style="list-style-type: none"> <li>• Asylum seekers</li> <li>• LAAC</li> <li>• Addictions</li> <li>• Homelessness</li> <li>• Learning disabilities</li> <li>• BME</li> <li>• LGBTI</li> </ul>	<p><b>Action 15</b></p> <p>Service developments will consider pathways to ensure access for marginalised groups</p>

8.	<p><b>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?</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 type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input checked="" type="checkbox"/></p>	<p>NO. This is an expansion of current services with associated resource</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>Staff undergo various e learning activity to promote awareness of protected characteristics and barriers to accessing services.</p> <p>Staff Governance monitor compliance.</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.

Because of the nature of the service, which offers confidential consultations for young people including under 16's the service is empowering young people to influence their own health and decision making. It upholds both the rights of the young person and the UNCRC.

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\* .

Although the initial service design was not informed by PANEL principles, its conception and design meets the needs of young people. All aspects of delivery support the PANEL principles. Young people are empowered to make positive health choices, they participate in ongoing surveys to ensure the service delivery meets their needs, they adhere to a service agreement which was designed by young people ( accountability), and the service is non discriminatory and compliant with UK law.

\*

- **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.**

As part of the implementation of the LGBT charter, we made our award visible at the reception area and we created signs asking young people to tell us how they wished to be addressed during a conversation ( ie use of pronouns). There have been comments from young people/ parents and visitors. One parent photographed the pronoun sign and the award to share with their son at home to persuade him to seek help. Young people attending the service feel included as they can identify with the service because they are not directed to conform to male/female stereo types. This ensures this group of young people receive support they may desperately seek, in an environment sensitive to their needs, delivered by staff specially trained to handle the specific sensitivities for this target audience.

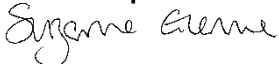
<b>Actions – from the additional mitigating action requirements boxes completed above, please summarise the actions this service will be taking forward.</b>		<b>Date for completion</b>	<b>Who is responsible?(initials)</b>
<b>Based on the identified areas for improvement, an action plan will be abstracted from this document with a 6- 12 month review date depending on the action and the timescales associated with the roll out of the service expansion.</b>		6-12 months	JG
<b>Action:1</b>	Amend registration form for the service to record race rather than ethnicity	April 2020	<b>JG</b>
<b>Action:2</b>	As the service expands across the city, further analysis of service users protected characteristics will be necessary to ensure awareness of/access to services.	March 2021	<b>JG</b>
<b>Action:3</b>	Consider targeted campaign to ensure awareness of services by other ethnicity groups.	<b>Sept 2020</b>	<b>JG</b>
<b>Action:4</b>	Engagement with young people across the city will be carried out prior to service expansion, to gather non service user views from a diverse range of young people ( including age range, sexual orientation, gender, race ,disability etc)	<b>March 2021</b>	<b>JG/AD/JM</b>
<b>Action:5</b>	Peer research evidence will inform planned action in roll out of services	<b>March 2021</b>	<b>JG</b>
<b>Action 6</b>	Consider service access and loop provision in other venues across the city. Raise loop	<b>May 2020</b>	<b>JG</b>

	system with Administrator NW		
<b>Action 7</b>	Create account with NHSGG&C Supplier (Interpretor Now) for BSL interpreting for use with existing tablets/laptops in all venues	<b>April 2020</b>	<b>SD</b>
<b>Action:8</b>	Ensure digital strategy/service developments take cognisance of protected characteristics	<b>Sept 2020</b>	<b>JG</b>
<b>Action 9</b>	Assess BSL pilot outcomes and consider introductory conversational training – explore training providers & costs with inequalities team, for current and recruited staff for service roll out.	<b>June 2020</b>	<b>JG</b>
<b>Action:10</b>	Principles of age specific services will be transferred to the new services during implementation.	<b>March 2021</b>	<b>JG</b>
<b>Action: 11</b>	Ensure the service roll out accommodates service users with disabilities and services are delivered from DDA compliant buildings.	<b>March 2021</b>	<b>JG</b>
<b>Action 12</b>	Ensure all staff ( new) have completed relevant training e.g. diversity & Equality, hate crime	<b>Dec 2020</b>	<b>JG</b>
<b>Action 13</b>	Interrogate Peer Research findings to identify any perceived barriers to access by young men. Digital marketing will ensure targeting to ensure young men feel the service is appropriate for them	<b>June 2020</b>	<b>JG</b>
<b>Action 14</b>	Review of attendance data to assess uptake & ensure access of services by young people from areas of highest deprivation	<b>March 2021</b>	<b>JG</b>
<b>Action 15</b>	Service developments will consider pathways to ensure access for marginalised groups	<b>March 2021</b>	<b>JG</b>

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

September 2020

**Lead Reviewer:**  
**EQIA Sign Off:**

**Name** Suzanne Glennie  
**Job Title** Health Improvement Manager  
**Signature**   
**Date** 02 March 2020

Once complete please e-mail a copy of the assessment to [alastair.low@ggc.scot.nhs.uk](mailto:alastair.low@ggc.scot.nhs.uk) for quality assurance (QA). Please note QA offers advice on content and is an optional process for HSCPs who can proceed directly to publication if required.

**Quality Assurance:**

<b>Name</b>	<b>Alastair Low</b>
<b>Job Title</b>	<b>Planning Manager</b>
<b>Signature</b>	
<b>Date</b>	<b>05/03/20</b>



**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:**

Redesign and Development Youth health Services in Glasgow

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

		Completed	
		Date	Initials
<b>Action:</b>			
<b>Status:</b>			
<b>Action:</b>			
<b>Status:</b>			

**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
<b>Action:</b>			
<b>Reason:</b>			
<b>Action:</b>			
<b>Reason:</b>			

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:

Please email a copy of this EQIA to [alastair.low@ggc.scot.nhs.uk](mailto:alastair.low@ggc.scot.nhs.uk) or send to Equality and Human Rights Team, NHS Greater Glasgow and Clyde, JB Russell House, Gartnavel Royal Hospitals Site, 1055 Great Western Road, G12 0XH. Tel: 0141-201-4817.