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NHS Greater Glasgow and Clyde

Equality Impact Assessment Tool

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

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

Glasgow City Health and Social Partnership -16 bed Drug and Alcohol Stabilisation service

Is this a: Current Service ☒ Service Development ☐ Service Redesign ☐ New Service ☐ New Policy ☐ Policy Review ☐

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

The Stabilisation service was a new concept for Glasgow, developed to provide an additional service that primarily supported individuals to focus on stabilising alcohol and/or illicit drug use by optimizing Opiate Substitute Treatment (OST), managing benzodiazepine use, detoxing from illicit street drug use and medicated assisted detoxification from alcohol.

The service has been operational for 4 years and HSCP are looking to extend it in its current location for a further year.

The aim of the service is to provide a safe and supportive environment, where service user will have the opportunity to explore the reasons for their substance use (drugs and alcohol) and to identify what personal changes they require to enable them to maintain a substance free lifestyle post programme. The funding is agreed through a MDT process for a 6 week stay.

The service works in a integrated approach with a NHS visiting medical offer and pharmacist . Offering an innovative model to deliver safe medicated treatment plans in community resources.

The Stabilisation service operates from a City centre building accommodating 16 service users: six upstairs (en-suite) and twelve individual rooms on the lower floor with shared / communal toilet, showers and bathroom. Meeting rooms and communal space is located in the upper level of the building. Access to these areas is by a stairwell and internal lift.

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The Stabilisation Service has dual registration with the Care Inspectorate and Healthcare Improvement Scotland.

The Stabilisation Service was developed to be person centered, with an integrated and holistic approach that responded to a range of support needs whilst working in partnership with local recovery hubs and recovery communities and other agencies as part of a recovery orientated system of care, with the aim to reduce drug-related deaths and promote recovery.

During this period of stabilisation, individuals are supported to achieve positive outcomes and develop skills, such as resilience, and improve confidence, to maintain stability and facilitate effective move on to the community, whilst tackling their physical, mental and psychological health.

Aftercare consists of continued supports within the recovery hubs to provide continued engagement during the period of re-integration back into the community.

The service work in partnership with Glasgow Alcohol Drug Recovery Services (GADRS) , local Recovery Hubs, Recovery Communities, Mutual Aid partnerships and other agencies as part of a recovery orientated system of care (ROSC), aiming to reduce drug-related deaths and promote recovery in line with the Glasgow City Alcohol and Drug Partnership (ADP) Strategy 2020-2023 and Medically Assisted Treatment (MAT) Standards.

Alcohol and Drug Partnerships (ADP) are responsible for commissioning and developing local strategies for tackling problematic alcohol and drug use and promoting recovery, based on an assessment of local needs. Glasgow City Alcohol and Drug Partnership has been focussed on the national strategic priorities since the launch of the Rights Respect and Recovery Strategy in 2018 and will continue to build on this work, in developing the activity in our Drug Death Prevention Action Plan which addresses the six strategic priorities of the Drug Death Task Force.

<https://drugdeathtaskforce.scot/news-information/publications/reports/final-report/>

Accessibility to the Stabilisation service, for people with significant mobility issues and wheelchair users is currently suspended. This is due to the internal lift being out of operation. This situation has been ongoing for 6 months. Despite the building having wheelchair access to the premises and ground floor flats that can accommodate people with mobility/physical disabilities a full service cannot be provided. This is due to significant levels of the recovery support take place in the upstairs communal room and meeting spaces.

'It is noted that under business as usual, this service is physically accessible, however currently Work is underway to have the lift renewed and full access to the service is anticipated by October/November 2024. During this period we have secured funding to allow Service users with a Physical disability to be sent to Caldergleng rehabilitation service.

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

Name: Lorraine Taylor	Date of Lead Reviewer Training: 06/08/2024
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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):

Maureen McMaster, Principal Officer Jackie Baker Whyte-Senior Officer				
		<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
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 explanation for any protected characteristic data omitted.	<i>A sexual health service collects service user data covering all 9 protected characteristics to enable them to monitor patterns of use.</i>	Monitoring of the uptake of specific groups of service users will be in line with the requirements of the Equality Act 2010 for all characteristics. To help support the continuing development of the service, information on the needs of the target group is collected. The information helps in the support and training of staff required to deliver this service. The service has specific access criteria: Open to Glasgow Alcohol Drug recovery Service (GADRS), access agreed through Addiction Multi-Disciplinary Team (MDT). The service has Care Inspectorate registration age conditions that mean only people Aged 18 years and over can access the service. This age restriction will be monitored to identify if this discriminates. For individuals under 18 access to the Recovery Hub is available to meet their needs as the Hub is for 16+ Information on all protected characteristics is collected as part of the Admissions process and Contract management to build an understanding of the service	.

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			group and how this group dynamic is managed in a Residential setting. The development of the Stabilisation service for this specific care group is in response to an identified unmet need in Glasgow HSCP. This care group has no access to Abstinence based residential rehabilitation placements due to their level of drug/alcohol use. However, following a period in the Stabilisation service there is the ability/routes to access residential rehabilitation models. Evidence indicates Individuals have had failed attempts at community detox and subsequently return to Drug/Alcohol use. This service provides a more protective supported environment for individuals who wish to begin a recovery from their addictions. The collection of specific data and monitoring service outcomes builds evidence on the effectiveness of the service and will demonstrate if development of similar models is required.	
		<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
2.	Please provide details of how data captured has been/will be used to inform policy content or service design. Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes). 1) Remove discrimination, ☐ harassment and victimisation	<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</i>	Data from service review clearly showed most of the placements over the last 3 years have been accessed primarily by 'White, Scottish' service users in the 36–44-year age bracket. Of which 66% were male, 34% female. The service has linked in with BME Groups to open clear pathways and involve local communities. Research suggests that there is clear stigma for this client group accessing Addiction services. The service was reviewed in 2023. The information collected helped the HSCP understand effective service	The review highlighted the low number of referrals from BME people. Glasgow Alcohol and Recovery service who make all referrals have been targeting specific groups to encourage more referrals. There have been several events attended by the ADRS BME staff to encourage this and work will be ongoing throughout the year.

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	2) Promote equality of opportunity ☒ 3) Foster good relations between protected characteristics. ☐ 4) Not applicable ☐	<i>materials were introduced with ongoing monitoring of uptake.</i> <i>(Due regard promoting equality of opportunity)</i>	delivery. We did separate interviews with 6 front line staff, nursing staff and 2 managers. We also sat in groupwork setting and did individual interviews with 8 service users. Findings included: • Effective staffing and structures to deliver the service. • Highlighted the accessibility issues and the need for renewal of the lift rather than short term maintenance and fixes. • Evidenced staff training and skills • Provided information on how people supported in the service and the outcomes achieved. • Demonstrated the partnerships with GADRS health teams, NHS and GP partners. • Identified areas for change. • Provided information on admission and levels of need. • The need to review the role of the medical elements of the service	
		Example	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
3.	How have you applied learning from research evidence about the experience of equality groups to the service or Policy? Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes). 1) Remove discrimination, harassment and victimisation ☐	<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</i>	Data from service review clearly showed most of the placements over the last 3 years have been accessed primarily by 'White, Scottish' service users in the 36–44-year age bracket. Of which 66% were male, 34% female. The service has linked in with BME groups to open clear pathways and involve local communities. ADRS BME staff have been attending events around Govanhill to help break down barriers and are able to communicate as they know and understand the language and culture. Research suggests that there is clear stigma for this client group accessing Addiction services. Glasgow Alcohol and Drug Partnership 2023-2026 The primary aims of this strategy are to increase	

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	2) Promote equality of opportunity ☒ 3) Foster good relations between protected characteristics ☐ 4) Not applicable ☐	<i>asking related questions to young people.</i> <i>(Due regard to removing discrimination, harassment and victimisation and fostering good relations).</i>	residential rehab opportunities and increasing access to services	
	<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required	
4.	Can you give details of how you have engaged with equality groups with regard to the service review or policy development? What did this engagement tell you about user experience and how was this information used? The Patient Experience and Public Involvement team (PEPI) support NHSGGC to listen and understand what matters to people and can offer support. Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes). 1) Remove discrimination, harassment and victimisation ☒	<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 childcare issues. As a result, the service introduced a home visit and telephone service which significantly increased uptake.</i> <i>(Due regard to promoting equality of opportunity)</i> <i>* The Child Poverty (Scotland) Act 2017</i>	Review shared with HSCP senior management. All service users are consulted during treatment process and in the service, there is ongoing consultation. This provides information on the experience of the service and how well individuals are settled in the service. The service has been developed with the potential of people reducing Illicit Drug /Alcohol use and begin the process of building or learning independent life skills to be able to move back to a supported accommodation or into their own tenancy with community support. There will be a range of therapeutic support and activities to support this process. The service uses the Outcomes Star to capture progress and allows the service users to be fully involved in their journey. Service users have one to one key working sessions weekly and discuss progress and Move on plans. Service user reviews take place after 3 weeks where discharge planning is discussed. During this time the We Are With You prehab team will be introduced to the service users as they will be providing after care. The accessibility to the service has been highlighted to locality teams and alternative options have been secured to offer alternative access to people unable to access the	

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	2) Promote equality of opportunity ☒ 3) Foster good relations between protected characteristics ☐ 4) Not applicable ☐	<i>requires organisations to take actions to reduce poverty for children in households at risk of low incomes.</i>	service due the lift being out of order. Funding has been secured to allow an alternative stabilisation service at Calderglen rehab.	
		Example	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
5.	Is your service physically accessible to everyone? If this is a policy that impacts on movement of service users through areas are their potential barriers that need to be addressed? Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes). 1) Remove discrimination, harassment and victimisation 2) Promote equality of opportunity ☒ 3) Foster good relations between protected characteristics. ☐	<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>	The building accommodates 16 service users: six upstairs (en-suite) and twelve individual rooms on the lower floor with shared / communal toilet, showers and bathroom. The building is suitable for the Stabilisation. It provides a central location for people to access, with good transport links and amenities in the surrounding area. It is in area that was familiar to people as other services supporting people with addiction is located nearby. The lift being out of order has resulted in reduced accessibility for a small percentage of referrals to the Stabilisation service. The current position means the service has a temporary suspension for people with severe mobility issues such as wheelchair use. Funding has been secured to allow an alternative stabilisation service at Calderglen rehab. All other areas are accessible	Additional funding has been accessed through the ADP to ensure people with physical disabilities are not disadvantaged by the current access issues at the service. The funding enables Commissioning to purchase alternative options from the national Scotland Excel Framework. The lift will be fully operational and will provide accessible service for all care groups.

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	4) Not applicable ☐			
		<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
6.	How will the service change or policy development ensure it does not discriminate in the way it communicates with service users and staff? Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes). 1) Remove discrimination, harassment and victimisation 2) Promote equality ☐ opportunity ☒ 3) Foster good relations between protected characteristics ☐ 4) Not applicable ☐	<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> <i>Written materials were offered in other languages and formats.</i> <i>(Due regard to remove discrimination, harassment and victimisation and promote equality of opportunity).</i>	The service specification details the requirements of the provider to meet the communication needs of service users. The Contract ensures there is clear communication and notification process to ensure staff are keep up to date on the service. The service will be communicated to the appropriate patients on an individual basis. Where required the service would arrange interpreter services, audiovisual and BSL support for service user who requires this.	Clear communication sent to MDT informing them of the changes around Disability access
7	Protected Characteristic		Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(a)	Age 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).		The service works in partnership with Glasgow Alcohol Drug Recovery Services (GADRS) , local Recovery Hubs, Recovery Communities, Mutual Aid partnerships and other agencies as part of a recovery orientated system of care (ROSC), aiming to reduce drug-related deaths and promote recovery in line with the Glasgow City Alcohol and Drug Partnership (ADP) Strategy 2023-2026 and Medically Assisted Treatment (MAT) Standards.	

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	Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes). 1) Remove discrimination, harassment and victimisation ☐ 2) Promote equality of opportunity ☐ 3) Foster good relations between protected characteristics. ☒ 4) Not applicable ☐	The age criteria were agreed during the consultation period and to meet the needs of the Drug and Alcohol population requiring Stabilisation Rehabilitation. Evidence from the review indicates that a range of age profiles access the service. These are primarily from the most disadvantaged areas with Glasgow. The service has Care Inspectorate registration age conditions that mean only people Aged 18 years and over can access the service. This age restriction will be monitored to identify if this discriminates. For individuals under 18 access to the Recovery Hub is available to meet their needs as the Hub is for 16+ The needs of this population are monitored and reviewed through social work/hospital discharge planning meetings and the level of unmet need recorded. This information is then applied to future commissioning of services	
(b)	Disability Could the service design or policy content have a disproportionate impact on people due to the protected characteristic of disability? Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes). 1) Remove discrimination, harassment and victimisation ☒ 2) Promote equality of opportunity ☒ 3) Foster good relations between protected characteristics. ☐	May have restrictions under the Community Care and Health (Scotland) Act 2002, these include people with a recognised MH Diagnoses that would be deemed unmanageable without Mental health Nursing staff being available. They can also be restricted if refusing to take their MH medication. All referrals are screened at the MDT process and if deemed as not suitable an alternative referral is made to them MH SARA process to seek an alternative placement. The lift being out of order has resulted in reduced accessibility for a small percentage of referrals to the Stabilisation service. The current position means the service has a temporary suspension for people with severe mobility issues such as wheelchair use. Funding	Additional funding has been accessed through the ADP to ensure people with physical disabilities are not disadvantaged by the current access issues at the service. The funding enables Commissioning to purchase alternative options from the national Scotland Excel Framework.

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	4) Not applicable	has been secured to allow an alternative stabilisation service at Calderglen rehab. Alternative options are explored for each individual and the level of discrimination is mitigated. Within the service specification the provider is asked to support the service user with communication where required, this has included access to a BSL Language interpreter.	
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(c)	Gender Reassignment Could the service change or policy have a disproportionate impact on people with the protected characteristic of Gender Reassignment? Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes). 1) Remove discrimination, harassment and victimisation 2) Promote equality of opportunity ☐ 3) Foster good relations between protected characteristics ☒ 4) Not applicable ☐	No disproportionate impacts identified. This is a mixed sex service assessed on individuals' substance use. The service will not discriminate against those who have been through gender reassignment and has experience of working with trans people. Each person has their own bedrooms and if requested would be offered a room with ensuite.	

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	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(d)	Marriage and Civil Partnership Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Marriage and Civil Partnership? Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes). 1) Remove discrimination, harassment and victimisation ☐ 2) Promote equality of opportunity ☐ 3) Foster good relations between protected characteristics ☒ 4) Not applicable ☐	No disproportionate impacts identified. The Service Spec specifically asked the Provider to offer double bedrooms for up 2 couples.	
(e)	Pregnancy and Maternity Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Pregnancy and Maternity? Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes). 1) Remove discrimination, harassment and victimisation ☐ 2) Promote equality of opportunity ☒ 3) Foster good relations between protected characteristics. ☐ 4) Not applicable ☐	There is no impact as this service has successfully supported Pregnant women by working in partnership with HSCP health Colleagues and taking a multi-agency protection approach.	

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	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(f)	Race Could the service change or policy have a disproportionate impact on people with the protected characteristics of Race? Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes). 1) Remove discrimination, harassment and victimisation 2) Promote equality of opportunity ☐ 3) Foster good relations between protected characteristics ☒ 4) Not applicable ☐	Within the service specification the provider is asked to support the service user with communication where required. In residential settings the care service, where possible, may employ staff appropriate to race and cultural beliefs. Services providing residential settings also have established links with community groups who can offer specific volunteers and activities unique to a person's culture and beliefs.	The review highlighted the low number of referrals from BME people. Glasgow Alcohol and Recovery service who make all referrals have been targeting specific groups to encourage more referrals. They have attended several events in the Govanhill area where they are able to use appropriate communication support to understand any cultural barriers to attending recovery services.
(g)	Religion and Belief Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Religion and Belief? Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes). 1) Remove discrimination, harassment and victimisation ☐ 2) Promote equality of opportunity ☐ 3) Foster good relations between protected characteristics. ☒ 4) Not applicable ☐	No disproportionate impacts identified. Service users can attend Church or are given Prayer mats to pray withing the unit.	

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	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(h)	Sex Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sex? Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes). 1) Remove discrimination, harassment and victimisation ☐ 2) Promote equality of opportunity ☒ 3) Foster good relations between protected characteristics. ☐ 4) Not applicable ☐	The service is open to males and females and will assess people who see themselves as Non-Binary. During the past 4 years males' admissions have been significantly higher. This coincides with the male to female ratio attending ADRS who are the Stabilisations referrers. The service does facilitate Gender based group work and link in with the Glasgow Violence against women service.	The service could consider adding in questions around gender-based violence as part of the assessment and link them in with appropriate supports, This could also identify males who find it difficult to open up around this issue.
(i)	Sexual Orientation Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sexual Orientation? Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes). 1) Remove discrimination, harassment and victimisation ☐ 2) Promote equality of opportunity ☐	No disproportionate impacts identified.	

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	3) Foster good relations between protected characteristics. ☐ 4) Not applicable ☐		
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(j)	Socio – Economic Status & Social Class Could the proposed service change or policy have a disproportionate impact on people because of their social class or experience of poverty and what mitigating action have you taken/planned? The Fairer Scotland Duty (2018) places a duty on public bodies in Scotland to actively consider how they can reduce inequalities of outcome caused by socioeconomic disadvantage when making <u>strategic</u> decisions. If relevant, you should evidence here what steps have been taken to assess and mitigate risk of exacerbating inequality on the ground of socio-economic status. Additional information available here: Fairer Scotland Duty: guidance for public bodies - gov.scot (www.gov.scot) Seven useful questions to consider when seeking to demonstrate ‘due regard’ in relation to the Duty: 1. What evidence has been considered in preparing for the decision, and are there any gaps in the evidence? 2. What are the voices of people and communities telling us, and how has this been determined (particularly those with lived experience of socio-economic disadvantage)? 3. What does the evidence suggest about the actual or likely impacts of different options or measures on	The development of this service protects socio-economic groups and social class. The service within Glasgow will positively impact those who may be experiencing poverty. Bus passes are given to allow the service users to build up Community supports. No client contribution is taken during their stay which helps them to save whilst in rehab. Service users accessing the service are introduced to Community recovery Support and introduced to the Prehab service who will buddy them on discharge, this means the location maintains local community connections to family and supports. The service is accessible by public transport and supports families to visit without significant financial impact.	There is a significant waiting list for the 16 beds which can create a risk of overdose. Commissioning and Care Manager when people are high risk and are currently on the waiting list. There has been significant work carried out to ensure the service is fully utilised and the waiting list is managed well to ensure people who are high risk are getting quick access.

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	inequalities of outcome that are associated with socio-economic disadvantage? 4. Are some communities of interest or communities of place more affected by disadvantage in this case than others? 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? 6. How has the evidence been weighed up in reaching our final decision? 7. What plans are in place to monitor or evaluate the impact of the proposals on inequalities of outcome that are associated with socio-economic disadvantage? 'Making Fair Financial Decisions' (EHRC, 2019)²¹ provides useful information about the 'Brown Principles' which can be used to determine whether due regard has been given. When engaging with communities the National Standards for Community Engagement²² should be followed. Those engaged with should also be advised subsequently on how their contributions were factored into the final decision.		
(k)	Other marginalised groups How have you considered the specific impact on other groups including homeless people, prisoners and ex-offenders, ex-service personnel, people with addictions, people involved in prostitution, asylum seekers & refugees and travellers?	The Stabilisation Service was developed to be person centred, with an integrated and holistic approach that responded to a range of support needs whilst working in partnership with local recovery hubs and recovery communities and other agencies as part of a recovery orientated system of care, with the aim to reduce drug-related deaths and promote recovery. The service has supported various marginalised groups, they offer support services such as routes out of Sex work and access to the Housing First model. There has been 60% of the people accessing the Stabilisation who have been discharged as homeless. There are 3 housing Move	

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		on services that we use to accommodate this client group where they can stay for up to 6 months. They are supported to maintain a tenancy, budget and ongoing support with their Drug/Alcohol use. Further support is offered after they secure their own tenancy. Regular group sessions and one to one support to provide support.	
8.	Does the service change or policy development include an element of cost savings? How have you managed this in a way that will not disproportionately impact on protected characteristic groups? Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes). 1) Remove discrimination, harassment and victimisation ☐ 2) Promote equality of opportunity ☒ 3) Foster good relations between protected characteristics. ☐ 4) Not applicable ☐	No there is no cost savings with the Stabilisation service. The HSCP are supporting the renewal of the lift within the building to ensure equal access to the Stabilisation service.	HSCP have approved funding for the lift renewal.
		Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
9.	What investment in learning has been made to prevent discrimination, promote equality of opportunity and foster good relations between protected characteristic groups? As a minimum include recorded completion rates of statutory and mandatory learning programmes (or local equivalent) covering equality, diversity and human rights.	Training requirements are defined in the Service Specification and Contract. Key requirements relating to the Equality Act and specific requirements in the delivery of this service.	

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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.

This service meets all national and local policy/strategy.

The service users are unable to leave the unit unescorted. This policy is in place to keep the person safe from using Illicit Drug or Alcohol use and to keep the other residents safe as they could bring Illicit Drugs back to unit. The Service users consent to this as part of their compressive assessment.

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* .

This service meets all national policy/strategy. PANEL and FAIR duties were applied during the development of the Service Specification.

A full understanding of these principles and the progress being made to achieve these will be measured through the review and evaluation of the service.

*

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

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Having completed the EQIA template, please tick which option you (Lead Reviewer) perceive best reflects the findings of the assessment. This can be cross-checked via the Quality Assurance process:



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



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



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



Option 4: Stop and remove (where a serious risk of negative impact is found, the plans, policies etc. being assessed should be halted until these issues can be addressed)

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

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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)
6 months	Senior Officer

Lorraine Taylor will present a business report asking for an additional 50k to pay the cost of a new lift.

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

30th October 2024

Lead Reviewer:	Name	Maureen McMaster
EQIA Sign Off:	Job Title	Principal Officer
	Signature	M McMaster
	Date	05/09/2024

Quality Assurance Sign Off: **A.Low, Planning Manager – 14/11/24**

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

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

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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

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		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:	

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Reason:	
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Please

write your next 6-month review date

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Name of completing officer:

Date submitted:

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

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