NHS Greater Glasgow & Clyde
Equality Impact Assessment Tool

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

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

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

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

Please tick the relevant box:-

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

CONTENTS

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

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

In January 2025 a paper was take to the IJB to seek support to implement a new model of shared care, commissioning a 3rd sector service to provide the support. This tender was ultimately unsuccessful, with the decision being made to implement the proposed recovery support model with newly appointed internally employed Primary Care Recovery Workers, supported by a Primary Care Facilitation Team.

Current Social Care staff are replaced by a Central Team of Primary Care Recovery Workers, with resource to cover all practices providing shared care. Their role is to provide recovery support alongside the GPs clinical management of the patients care and treatment. This increased support to practices will help to develop Glasgow City's Medication Assisted Treatment offering, in line with the recommendations in MAT 7.

Current Social care staff supporting shared care clinics are supported to redeploy to the core ADRS workforce, with there being some natural attrition over time. This was supported with ongoing consultation with Trade Unions and a staff training needs assessment.

For the service users this will have minimal impact and disruption. They will still have a support worker available who is employed to work within the HSCP, in some cases this will be an increase to the level of service provision as previously not all practices had a support worker attached to them and GPs had been prescribing without this added support. Previous Grade 6 staff will return to core ADRS and new Grade 5 Primary Care Recovery Workers will be attached to all 72 practices that have signed up to the national enhanced service contract. They will offer a mix of in clinic support, outreach support and phone contact as appropriate for level of assessed risk. Anyone who does not have a GP signed up to the national enhanced service contract will receive their treatment through STARS if they fit the criteria.

Grade 5 staff will still have access to referral pathways that the Grade 6 staff would have had (residential rehab, Tier 4 services, third sector support etc). The focus of the role as set out in the job description is on delivering recovery interventions as opposed to the care management aspect of a Grade 6 (which would include full assessment, planning,

delivering and reviewing care plans), these interventions will be carried out under direct supervision from the Primary Care Facilitation Team and the GP. Staff will continue to carry out risk assessments such as CRAFT and RAG in line with ADRS policy. The GP will remain the responsible lead for all clinical interventions as set out in the National Enhanced Service Contract. Service users should see no change to the treatment and care provision they receive as part of the service.

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.

An EQIA was essential to the service redesign process to ensure any legislation in regard to equalities is considered in a transparent manner and to also give space to consider the needs of specific populations. This EAQI will aim to assess the impact of the centralisation of support to Shared Care clinics.

The priorities identified during the redesign process align with the strategic priorities of the IJB, as outlined in the 2023 -2026 strategy paper:

- Prevention, early intervention and well being
- Supporting greater self determination
- Supporting people in their communities
- Strengthening communities to reduce harm
- A healthy valued and supported workforce
- Building a sustainable future

https://glasgowcity.hscp.scot/sites/default/files/publications/Strategic_Plan%202023%20to%202026.pdf

As well as the charter of rights for people affected by substance use:
https://www.alliance-scotland.org.uk/blog/resources/final-charter-of-right-for-people-affected-by-substance-use/

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: Shannon Considine
Date of Lead Reviewer Training:2024

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)

Ghazala Haq – Service Manager
Katie Brown – Senior Medical Officer

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

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

Example: A sexual health service collects service user data covering all 9 protected characteristics to enable them to monitor patterns of use.

Service Evidence Provided:

Whole Population Data:

Demographic data for Glasgow City is captured and reported annually, information covering all protected characteristics can be found here for 2024: https://glasgowcity.hscp.scot/publication/hscp-demographics-and-needs-profile-tables-2024

As well as overall demographics captured by the yearly Glasgow City HSCP Needs Profile there are some sources of drug and alcohol specific data sets that can be broken down by gender and SIMD data:
Drug Related Death Data:
https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/vital-events/deaths/drug-related-deaths-in-scotland/2023
Alcohol Specific Death Data:
https://www.nrscotland.gov.uk/files/statistics/alcohol-deaths/2023/alcohol-specific-deaths-23-report.pdf

Service Level Data:
Assessments and reviews through Carefirst record equalities information, covering all the protected characteristics listed in section 7 of this EQIA. Information collected forms part of an individual's outcome based support plan. It has been highlighted that there are challenges with the availability of data recorded on reporting systems and steps will be taken to improve equality data capture. Work is currently taking place to improve data input quality in Carefirst. This will in turn help to improve recording and analysis of information by protected characteristics.

Possible negative impact and additional mitigating action required:

In terms of whole population date for drug and alcohol deaths, this information is published broken down for age, gender and SIMD, however not for other protected characteristics such as ethnicity or sexual orientation. This is as the numbers are likely to be <5 when looking at specific localities and could therefore have data protection implications.

There are challenges to accessing service level data such as information sharing agreements amongst partners, the choice of anonymity when accessing low threshold services and low completion rates of demographics data such as ethnicity and sexual orientation across all assessment and reporting.

2. Please provide details of how data captured has been/will be used to inform policy content or service design.
Your evidence should show which of the 3 parts of the General Duty have been considered. Please tick the relevant box:- 1) Remove discrimination, harassment and victimisation ☐ 2) Promote equality of opportunity ☐ 3) Foster good relations between protected characteristics. ☐ 4) Not applicable ☒ **Service Evidence Provided:** Glasgow City aims to deliver drug and alcohol recovery services, which seek to have an impact on DRDs and ASDs, in the context of delivering on the MAT standards. Specifically, MAT 7 in relation to shared care. Service level data captured will be utilised to support service users on a case by case basis.

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

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

1) Remove discrimination, harassment and victimisation ☒

2) Promote equality of opportunity ☒

3) Foster good relations between protected characteristics ☐

4) Not applicable ☐

Service Evidence Provided:

The STARS model is a recently developed third sector recovery oriented model whereby treatment is provided by the Alcohol and Drug Recovery Service and care is provided by an experienced third sector organisation. The STARS model has recently been evaluated on the first 6 months of operation, and highlights positive outcomes for service users. People who do not have a GP who is signed up to the national enhanced service contract for shared care will have the option of accessing treatment via STARS if they fit the criteria. Their evaluation shows good outcomes for people getting outreach support from out with core ADRS.

Iriss (2024) identified social priorities such as addressing stigma, upholding equalities and human rights
and involving people with lived and living experience (LLE) of substance use as crucial to the commissioning of drug and alcohol services. The review process has involved group members with lived experience, has considered feedback from the ADP references group and will seek and consider specific feedback from people who have used the services under review when making any recommendations.
iriss-da-ethical-commissioning-report-final.pdf (ihub.scot)

National Priorities and Frameworks
The National Mission Plan 2022
Rights Respect Recovery 2018
The Alcohol Framework 2018

Partnership Delivery Framework 2019
Scotland's Public Health Priorities 2018
Creating Hope Together (Suicide Prevention) 2022 - 2032
UN Convention on the Rights of the Child
Drug and Alcohol Services - Improving Holistic Family Support

Local Priorities and Frameworks

Glasgow City ADP Strategy 2023-26
Glasgow City HSCP Strategic Plan 2023-26
Glasgow City Carers Strategy 2022-25
Community Justice Outcomes Improvement Plan 2018-23
Children and Young People's Integrated Service Plan
Family Support Strategy
Glasgow HSCP Rapid Rehousing Transition Plan
NHS Greater Glasgow and Clyde Mental Health Strategy
Police Scotland Greater Glasgow Division Local Policing Plan 2023-26
NHS Greater Glasgow and Clyde Drug Harms Framework
Public Health Strategy, Changing the Tide
Glasgow Begging Strategy

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. Please tick the relevant box:-

1) Remove discrimination, harassment and victimisation ☒

2) Promote equality of opportunity ☒

3) Foster good relations between protected characteristics ☒

4) Not applicable ☐

Service Evidence Provided:

The service specification was developed through ongoing consultation with the ADP lived experience reference groups. Ensure those that use ADRS services have a voice in their design.

Example 1: Members felt online support was not enough and that a face to face model of support should be offered. This was listened to and considered when a 3rd sector tender model was initially in scope.

Example 2: Women's Reference group members have considered a gendered lens toolkit alongside service management, this will be used to evaluate the implementation of the new service.

There have been a number of online engagement sessions held with GPs on the lead up to the handover of the service. GPs were able to ask questions of senior leadership involved in the change and put their views across. There was also GP representation on the Implementation group that helped shape the new model and GP reps have been asked to sit on the oversight group which will drive the development of the new service.

Trade Union reps sat on the implementation group and were able to shape the support offered to staff returning to core services.

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 there potential barriers that need to be addressed?

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

1) Remove discrimination, harassment and victimisation ☐

2) Promote equality of opportunity ☒

3) Foster good relations between protected characteristics ☐

4) Not applicable ☐

Service Evidence Provided:

Current provision is in GP Surgeries, which are encouraged to meet DDA compliance.

Should individual service users require extra consideration in terms of physically accessibility, visits can be offered on an outreach basis, either in the persons home of in an alternative community setting.

Possible negative impact and additional mitigating action required:

HSCP can only encourage DDA compliance with individual practices and does not have full oversight.

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

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

1) Remove discrimination, harassment and victimisation ☐

2) Promote equality of opportunity ☒

3) Foster good relations between protected characteristics ☐

4) Not applicable ☐

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.

Service Evidence Provided:
HSCP services are required to comply with accessibility legislation in any communication which is produced and shared with the public. Alternative languages and formats will be available in line with business as usual and the NHS GG& C Clear for All Policy. With the use of interpreters being essential in certain circumstances.

The Clear For All formatting service was utilised for published service user communications and service users will be supported on an individual basis, via current care managers and GPs to support the handover of care from ADRS to the Central shared Care Team.

For the service users this will have minimal impact and disruption. They will still have a support worker available who is employed to work within the HSCP, in some cases this will be an increase to the level of service provision as previously not all practices had a support worker attached to them and GPs had been prescribing without this added support. Previous Grade 6 staff will return to core ADRS and new Grade 5 Primary Care Recovery Workers will be attached to all 72 practices. They will offer a mix of in clinic support, outreach support and phone contact as appropriate for level of assessed risk.

New staff had the opportunity to shadow a small number of clinics before the handover of service users, however it was not possible to do this for all 72 clinics. A letter that had been reviewed by the ADP womens reference group and the NHS Clear for All service was sent to practices and previous Shared Care staff. This was to be attached to prescriptions and shared with service users to give them an overview of the changes. They were provided with the duty number of the service to call with any further questions they might have.

Previous ADRS staff have supported service users to prepare them for the transition of care, with the GP providing continuity of care throughout the process. New Primary Care Recovery Works have been proactive in providing their contact details to GPs and Service Users, seeing to engage everyone open to the team within the first month of the change of service, in a format that is accessible to the client.

Possible negative impact and additional mitigating action required :

7. Protected Characteristic

(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).

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

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

1) Remove discrimination, harassment and victimisation ☐

2) Promote equality of opportunity ☒

3) Foster good relations between protected characteristics. ☐

4) Not applicable ☐

Service Evidence Provided:

It is estimated that Shared Care patients are in line with the ADRS Caseload.

Under 35 years – 12%
Aged 35 to 54 – 64%
Age 55+ - 24%

Possible negative impact and additional mitigating action required:

For the service users this will have minimal impact and disruption. They will still have a support worker available who is employed to work within the HSCP, in some cases

this will be an increase to the level of service provision as previously not all practices had a support worker attached to them and GPs had been prescribing without this added support. Previous Grade 6 staff will return to core ADRS and new Grade 5 Primary Care Recovery Workers will be attached to all 72 practices that have signed up to the national enhanced service contract. They will offer a mix of in clinic support, outreach support and phone contact as appropriate for level of assessed risk. Anyone who does not have a GP signed up to the national enhanced service contract will have the option to receive their treatment through STARS if they fit the criteria.

(b) Disability

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

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

1) Remove discrimination, harassment and victimisation ☐

2) Promote equality of opportunity ☒

3) Foster good relations between protected characteristics. ☐

4) Not applicable ☐

Service Evidence Provided:

There will be clear processes outlining how the Services will be delivered to service users with additional needs, such as, physical, sensory or learning disabilities and service users who do not speak or read English, including access to interpreting services when required. The Service Specification will clearly advocate the use of interpreters as being essential in certain circumstances.

Service users will be supported on an individual basis, via current care managers and GPs to support the handover of care from ADRS to the Central Shared Care Team. Alternative languages and formats will be available in line with business as usual and the NHS GG& C Clear for All Policy.

Possible negative impact and additional mitigating action required:

As the HSCP cannot guarantee the physically accessibility of individual GP practices, provision of outreach support will ensure physically disability is not a barrier to accessing support from Primary Care Recovery Workers.

Anyone opened to shared care will have access to Tier 4 ADRS mental health services via agreed referral pathways. They will also have access to CMHT provision through regular GP referral pathways. Adhering to the NHS GGC Mental Health Interface Guidance.

(c) Gender Reassignment

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

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

1) Remove discrimination, harassment and victimisation ☐

2) Promote equality of opportunity ☐

3) Foster good relations between protected characteristics ☐

4) Not applicable ☒

Service Evidence Provided:

No direct impacts identified.

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. Please tick the relevant box:-

1) Remove discrimination, harassment and victimisation ☐

2) Promote equality of opportunity ☐

3) Foster good relations between protected characteristics ☐

4) Not applicable ☒

Service Evidence Provided:

No direct impacts identified.

Possible negative impact and additional mitigating action required:

(e) Pregnancy and Maternity

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

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

1) Remove discrimination, harassment and victimisation ☐

2) Promote equality of opportunity ☐

3) Foster good relations between protected characteristics ☐

4) Not applicable ☒

Service Evidence Provided:

No direct impacts identified.

Possible negative impact and additional mitigating action required:

Anyone who is opened to Children and Families SW and is involved in ongoing child protection case conferences will be required to be opened to core ADRS for specialist support from a Parent Team worker. There is no change to this from the previous service.

(f) Race

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

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

1) Remove discrimination, harassment and victimisation ☐

2) Promote equality of opportunity ☒

3) Foster good relations between protected characteristics ☐

4) Not applicable ☐

Service Evidence Provided:

There will be clear processes outlining how the Services will be delivered to service users who do not speak or read English, including access to interpreting services when required. The Service Specification will clearly advocate the use of interpreters as being essential in certain circumstances.

Service users will be supported on an individual basis, via current care managers and GPs to support the handover of care from ADRS to the Central Shared Care Team. Alternative languages and formats will be available in line with business as usual and the NHS GG& C Clear for All Policy.

Possible negative impact and additional mitigating action required:

(g) Religion and Belief

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

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

1) Remove discrimination, harassment and victimisation ☐

2) Promote equality of opportunity ☐

3) Foster good relations between protected characteristics. ☐

4) Not applicable ☒

Service Evidence Provided:

No direct impacts identified.

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. Please tick the relevant box:-

1) Remove discrimination, harassment and victimisation ☐

2) Promote equality of opportunity ☐

3) Foster good relations between protected characteristics ☐

4) Not applicable ☒

Service Evidence Provided:

It is estimated that Shared Care patients are in line with the ADRS Caseload.

Male – 66%
Female – 33%

A Gendered Lens toolkit will be considered along side management and ADP colleagues, to ensure service implementation is supportive on gender specific needs. Support is on a one to one basis, and if anyone request support from a worker of a specific gender, their wishes will be respected, on an outreach basis if not possible in clinic.

Possible negative impact and additional mitigating action required:

(i) Sexual Orientation

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

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

1) Remove discrimination, harassment and victimisation ☐

2) Promote equality of opportunity ☐

3) Foster good relations between protected characteristics. ☐

4) Not applicable ☒

Service Evidence Provided:

No direct impacts identified.

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?

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

Service Evidence Provided:

Service users will be supported within their GP practice, or on an outreach basis at a venue that suits them. This is in line with the previous service provision and will therefore not add any additional disadvantage in terms of travel costs.

Possible negative impact and additional mitigating action required:

(k) Other marginalised groups

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

Service Evidence Provided:

This service is directly targeted at people with problematic drug and alcohol use.

It is anticipated that this will have limited impact on service users, who would continue to receive treatment, but the support would be transitioned from locality ADRS to a central team.

Possible negative impact and additional mitigating action required:

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

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

1) Remove discrimination, harassment and victimisation ☐

2) Promote equality of opportunity ☐

3) Foster good relations between protected characteristics ☐

4) Not applicable ☒

Service Evidence Provided:

This EQIA aligns with the IJB Financial Allocations and Budgets 2024-25 paper, being presented to IJB members in March 2024.

It is anticipated that this will have limited impact on service users, who would continue to receive treatment, but the support would be transitioned from locality ADRS to a Central Team, from a clinic setting to community based for some.

There is a risk that GPs would withdraw from the Shared Care contract, and service users would be transferred back to the ADRS community teams, impacting on demand. A communication initiative with GPs has helped to mitigate this risk.

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 below recorded completion rates of statutory and mandatory learning programmes (or local equivalent) covering equality, diversity and human rights. **Service Evidence Provided:** Newly appointed staff are required as part of their induction to complete all essential Inclusion and Equality GOLD Training Courses, this is reportable via CBS training recording. **Possible negative impact and additional mitigating action required:**

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

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

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

No risk identified

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

Participation - Participatory approach to EQIA, collaboration by a number of working group members. Input from Lived and Living Experience representatives in working group, consultation and feedback surveys from review.

Accountability – The group is aware of the local authorities' responsibility as a duty bearer under United Nations Human Rights treaties and future Scottish Human Rights Bill, and as such is accountable for ensuring any recommendations on service tendering do not infringe on the human rights of people who might access the services.

Non-discrimination and equality – The service will be developed in line with the charter of rights, taking a human rights based approach to service delivery and take a gendered lens to service provision.

Empowerment – reference groups consulted to ensure they had a voice in the redesign

Legality – group is aware of legal rights and responsibilities under current and future legislation. https://www.alliance-scotland.org.uk/wp-content/uploads/2023/12/Charter-of-Rights-Pages_Digital_singles.pdf

*FAIR is an acronym for the following -

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

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

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

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

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

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

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

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

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

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

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

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

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

Actions.

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

Support Service Users through Handover Process

No actions identified ☐

Date for completion January 2026
Who is responsible? (initials) Shannon Considine

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

Lead Reviewer:
Name **Shannon Considine**
Job Title **Team Leader**
Signature
Date **23/01/26**

Quality Assurance Sign Off:
Name Dr Noreen Shields
Job Title **Planning and Development Manager**

Signature 
Date **26/01/26**

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

NHS Greater Glasgow & Clyde Equality Impact Assessment Tool
Meeting the Needs of Diverse Communities
6 monthly review sheet

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

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

Action:

Status:

Completed
Date
Initials

Action:

Status:

Completed
Date
Initials

Action:

Status:

Completed
Date
Initials

Action:

Status:

Completed
Date
Initials

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

Action:

Reason:

To be completed by
Date
Initials

Action:

Reason:

To be completed by
Date
Initials

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

Action:

Reason:

To be completed by
Date
Initials

Action:

Reason:

To be completed by
Date
Initials

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

Action:

Reason:

Action:

Reason:

Please write your next 6-month review date

Name of completing officer:

Date submitted:

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