



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:

Positive Outcomes Project (POP) Redeployment and Cease of Service Budget Options 2026/27

Please tick the relevant box:-

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

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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.

This EQIA aligns with the IJB Financial Allocations and Budgets 2026-27 paper, being presented to IJB members in March 2026.

The overarching aims of the Positive Outcomes Project (POP) are to reduce demand on public services through creating safer more engaged communities, improve community resilience and cohesion, reduce substance misuse and offending, create better outcomes for people involved in the criminal justice system, victims of crime and to improve the perception of authorities including Council and Police.

The team assertively engage with individuals in the criminal justice system who are resident in the City of Glasgow with the specific aim of motivating and supporting them to address their offending behaviour and underlying issues (primarily addiction and related problems). They also assist these individuals and their families/support networks to access support packages which will encourage and promote desistance and support the development of recovery capital to make positive changes.

In addition to engaging on a 1-to-1 basis with clients, there is also a POP groupwork programme available for clients to engage with.

The current proposal would remove this project from the wider justice services, resulting in the current cohort being referred into other mainstream services such as ADRS and/or local recovery communities. This will involve re-deployment of 3x WTE staff at SCW Grade 6 level.

Given the stage of this programme of work, this EQIA can only provide a general overview. The EQIA will be monitored and updated in line with the 6 monthly review process.

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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.

In comparison to other aspects of the Justice Social Work service, the POP project is not statutory based and engages with clients / service users on an entirely voluntary basis. Police Scotland have also recently removed their staff from the project due to financial pressures and operational priorities. This involved both the Police Sergeant and Constable who had been co-located with social work staff. At the moment Police only provide “arms length” support via an allocated point of contact within the One Glasgow team. This removal of Police staff has led to a significant loss in what the service was able to provide in terms of a multi-agency approach. The withdrawal of the police support has changed the ethos of the service and its aims and when considering budgetary savings this was considered to be an area that would no longer be sustainable in its original form and a saving could be made.

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: Jennifer Butler

Date of Lead Reviewer Training: Support and guidance provided by GCHSCP Lead for Equality and Fairer Scotland

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)

Stephen McVey

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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:

The service engages with adult males who are known to police / justice system as a result of their offending behaviour. The current cohort of clients are all White Scottish, aged between 26-50yrs old and are all either unemployed or not seeking employment. Equalities information is not routinely collected or collated and is only used for assessment purposes. The majority of referrals are received via Police Scotland, however other services both within the HSCP and voluntary sector can and do refer into the project. Any equality information is not shared with the HSCP at point of referral or onward signposting if interpretation or accessibility information was required for a meeting then this would be shared to allow appropriate support only.

Possible negative impact and additional mitigating action required:

Removing the service increases the risk of this cohort / client group becoming further involved in the justice system, in addition to increased risks in relation to other wellbeing factors that would otherwise have been addressed through the support of the project (eg increased substance misuse issues). In terms of mitigating this risk we would seek to ensure all current clients are referred on to appropriate support services as required. In addition we can share a list of wider services / supports that are available for Police colleagues to sign-post clients to as and when 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. 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

Example

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)

Service Evidence Provided:

The equality data available on the client group is based on Carefirst data which highlights age, gender, ethnicity and employment status. This is then used to inform onwards referrals as and when required (eg specialist mental health support).

Possible negative impact and additional mitigating action required:

Removal of the service will impact mostly on adult males, of white Scottish ethnicity. There are wider mainstream services that can provide support to this client group depending on their identified needs (eg Alcohol and Drug Recovery Services (ADRS), recovery communities).

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:

In November 2006, Strathclyde Police and Glasgow City Council, Criminal Justice Social Work, established the Persistent Offenders Project with a view to stabilising the most chaotic and at-risk drug/alcohol misusing offenders and then integrating these offenders into mainstream addiction services. The overall aim was to tackle addiction related offending thereby improving quality of life and promoting training/employment opportunities and community safety.

The Persistent Offender Project was rebranded on 11th January 2019 and is now known as the Positive Outcomes Project (POP).

The removal of Police staff from the project in February 2026 has meant that the project is no a longer multi-agency approach. In addition, the service offers voluntary support, unlike wider statutory justice services across the HSCP.

Possible negative impact and additional mitigating action required:

As highlighted above clients will be referred into mainstream support services such as ADRS and recovery communities as appropriate. Police can be provided with information on available resources in the community to ensure clients can be signposted moving forward.

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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 project has engaged clients for feedback in relation to the groupwork programme being offered.

In November 2025 the Police Sergeant within the project moved from his post and no backfill was identified. In Feb 2026, the Police Constable in the project retired from service. Police Scotland advised the HSCP in January that they would not be backfilling this post and as a result would no longer have a Police presence within the service.

For the current cohort receiving support they would be signposted or referred on to appropriate services and the service would stop taking new referrals planned from April onwards or when staff and referrers have been suitably informed. Existing service users would not need to be engaged with as they will receive the service as normal until new referrals are ceased. Planned engagement with staff, HR and staff side Trade Unions will be arranged accordingly. Other referring agencies and partners like Police Scotland will be communicated with in a timely manner.

Anticipated impact would likely be on future services users who would not be able to benefit from a referral to POP, rather than those currently receiving the service who the impact is expected to be minimal.

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Possible negative impact and Additional Mitigating Action Required:

Removing the service increases the risk of this cohort / client group becoming further involved in the justice system, in addition to increased risks in relation to other wellbeing factors that would otherwise have been addressed through the support of the project (eg increased substance misuse issues). In terms of mitigating this risk we would seek to ensure all current clients are referred on to appropriate support services as required. In addition we can share a list of wider services / supports that are available for Police colleagues to sign-post clients to as and when required.

For the current cohort receiving support they would be signposted or referred on to appropriate services and the service would stop taking new referrals planned from April onwards or when staff and referrers have been suitably informed. Existing service users would not need to be engaged with as they will receive the service as normal until new referrals are ceased. Planned engagement with staff, HR and staff side Trade Unions will be arranged accordingly. Other referring agencies and partners like Police Scotland will be communicated with in a timely manner.

Anticipated impact would likely be on future services users who would not be able to benefit from a referral to POP, rather than those currently receiving the service who the impact is expected to be minimal.

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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:

This is an outreach service – so not applicable.

Some sessions are provided in HSCP and partner buildings that are physically accessible.

Possible negative impact and additional mitigating action required:

Removing the service increases the risk of this cohort / client group becoming further involved in the justice system, in addition to increased risks in relation to other wellbeing factors that would otherwise have been addressed through the support of the project (eg increased substance misuse issues). In terms of mitigating this risk we would seek to ensure all current clients are referred on to appropriate support services as required. In addition we can share a list of wider services / supports that are available for Police colleagues to sign-post clients to as and when required. Suitable interpretation and translation services are available for HSCP services and in person meetings will be arranged in accessible buildings.

For the current cohort receiving support they would be signposted or referred on to appropriate services and the service would stop taking new referrals planned from April onwards or when staff and referrers have been suitably informed. Existing service users would not need to be engaged with as they will receive the service as normal until new referrals are ceased. Planned engagement with staff, HR and staff

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side Trade Unions will be arranged accordingly. Other referring agencies and partners like Police Scotland will be communicated with in a timely manner.

Anticipated impact would likely be on future services users who would not be able to benefit from a referral to POP, rather than those currently receiving the service who the impact is expected to be minimal.

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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

Service Evidence Provided:

HSCP has access to interpretation and translation services as part of business-as-usual procedures. BSL interpreters are available where required.

The HSCP management team will meet with Police Scotland to advise of the proposed re-deployment of staff in due course.

For the current cohort receiving support they would be signposted or referred on to appropriate services and the service would stop taking new referrals planned from April onwards or when staff and referrers have been suitably informed. Existing service users would not need to be engaged with as they will receive the service as normal until new referrals are ceased. Planned engagement with staff, HR and staff side Trade Unions will be arranged accordingly. Other referring agencies and partners like Police Scotland will be communicated with in a timely manner.

Removing the service increases the risk of this cohort / client group becoming further involved in the justice system, in addition to increased risks in relation to other wellbeing factors that would otherwise have been addressed through the support of the project (eg increased substance misuse issues). In terms of mitigating this risk we would seek to ensure all current clients are referred on to appropriate support services as required. In addition we can share a list of wider services / supports that

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are available for Police colleagues to sign-post clients to as and when required. Suitable interpretation and translation services are available for HSCP services and in person meetings will be arranged in accessible buildings.

For the current cohort receiving support they would be signposted or referred on to appropriate services and the service would stop taking new referrals planned from April onwards or when staff and referrers have been suitably informed. Existing service users would not need to be engaged with as they will receive the service as normal until new referrals are ceased. Planned engagement with staff, HR and staff side Trade Unions will be arranged accordingly. Other referring agencies and partners like Police Scotland will be communicated with in a timely manner.

Anticipated impact would likely be on future services users who would not be able to benefit from a referral to POP, rather than those currently receiving the service who the impact is expected to be minimal

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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:

The service is currently engaging with 16 adult males aged between 26-50yrs old with a mean age of 42yrs and a median age of 47yrs.

Possible negative impact and additional mitigating action required:

As highlighted above, removing the service increases the risk of this cohort / client group becoming further involved in the justice system, in addition to increased risks in relation to other wellbeing factors that would otherwise have been addressed through the support of the project (eg increased substance misuse issues).

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In terms of mitigating this risk we would seek to ensure all current clients are referred on to appropriate support services as required. In addition we can share a list of wider services / supports that are available for Police colleagues to sign-post clients to as and when required. Services like Alcohol and Drugs Recovery Service (ADRS), Mental Health Services and Homelessness supports.

Staff will be met with and supported through the redeployment process with HR, Staff Side and Trade Unions supporting.

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(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:

As highlighted above, removing the service increases the risks to this cohort in relation to other wellbeing factors that would otherwise have been addressed through the support of the project such as substance misuse and mental health issues.

Possible negative impact and additional mitigating action required:

In terms of mitigating this risk we would seek to ensure all current clients are referred on to appropriate support services as required. In addition, we can share a list of wider services / supports that are available for Police colleagues to sign-post clients to as and when required.

For the current cohort receiving support they would be signposted or referred on to appropriate services and the service would stop taking new referrals planned from April onwards or when staff and referrers have been suitably informed. Existing service users would not need to be engaged with as they will receive the service as normal until new referrals are ceased. Planned engagement with staff, HR and staff side Trade Unions will be arranged accordingly. Other referring agencies and partners like Police Scotland will be communicated with in a timely manner.

Anticipated impact would likely be on future services users who would not be able to benefit from a referral to POP, rather than those currently receiving the service who the impact is expected to be minimal.

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(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 specific impacts identified at this time

Possible negative impact and additional mitigating action required:

N/A

(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 specific impacts identified at this time.

Possible negative impact and additional mitigating action required:

N/A

(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 specific impacts identified at this time.

Possible negative impact and additional mitigating action required:

N/A

(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:

No specific impact identified at this time. All of the current cohort, and the majority of those who access the service are adult, males of White Scottish ethnicity. There are no issues regarding language or interpreting demands.

HSCP has access to interpretation and translation services including BSL as part of business as usual and can be accessed to provide support when needed.

Possible negative impact and additional mitigating action required:

N/A

(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 specific impact identified at this time.

Possible negative impact and additional mitigating action required:

N/A

(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:

This is a service for males. There will be a disproportionate impact on men.

Possible negative impact and additional mitigating action required:

As highlighted above, removing the service increases the risk of this cohort / client group becoming further involved in the justice system, in addition to increased risks in relation to other wellbeing factors that would otherwise have been addressed through the support of the project (eg increased substance misuse issues).

In terms of mitigating this risk we would seek to ensure all current clients are referred on to appropriate support services as required. In addition, we can share a list of wider services / supports that are available for Police colleagues to sign-post clients to as and when 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 specific impacts identified at this time.

Possible negative impact and additional mitigating action required:

N/A

(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:

1. 19.3% of all people in Glasgow are income deprived compared to 12.1% of all Scotland's people. Rates vary within Glasgow from 16.8% of all people in North West to 18.9% in South and 22.8% in North East.
2. 13.3% of Glasgow's working age population aged 16-64 are employment deprived compared to 9.3% of Scotland's working age population. Rates vary within Glasgow from 11.5% in North West to 13.1% in South and 16.1% in North East.
3. 14.1% of all Glasgow adults live in households with all income derived from benefits. 24.0% of Glasgow adults living in areas that are among Scotland's 15% most deprived data zones live in households with all income derived from benefits compared to 9.0% of adults living in other areas in Glasgow.
4. 44.4% of all Glasgow adults have had difficulty meeting food and/or energy costs, rising to 52.0% for those living in areas that are Scotland's 15% most deprived data zones. Locality rates for Glasgow adults who have had difficulty meeting these costs range from 43.1% in South to 43.7% in North West and 46.6% in North East.
5. 21.8% of all Glasgow adults have experienced food insecurity in the past year with 29.6% of those living in the 15% most deprived data zone areas experiencing this compared to 17.4% of those living in other areas. Locality rates of adults experiencing food insecurity range from 20.3% for South to 21.3% for North East and 23.9% for North West.

The service engages with adult males who are known to police / justice system as a result of their offending behaviour. The current cohort of clients are all White Scottish, aged between 26-50yrs old and are all either unemployed or not seeking employment

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The service generally supports individuals who are impacted by poor socio-economic status.

Possible negative impact and additional mitigating action required:

As highlighted above, removing the service increases the risk of this cohort / client group becoming further involved in the justice system, in addition to increased risks in relation to other wellbeing factors that would otherwise have been addressed through the support of the project (eg increased substance misuse issues).

In terms of mitigating this risk we would seek to ensure all current clients are referred on to appropriate support services as required. In addition, we can share a list of wider services / supports that are available for Police colleagues to sign-post clients to as and when required.

For the current cohort receiving support they would be signposted or referred on to appropriate services and the service would stop taking new referrals planned from April onwards or when staff and referrers have been suitably informed. Existing service users would not need to be engaged with as they will receive the service as normal until new referrals are ceased. Planned engagement with staff, HR and staff side Trade Unions will be arranged accordingly. Other referring agencies and partners like Police Scotland will be communicated with in a timely manner.

Anticipated impact would likely be on future services users who would not be able to benefit from a referral to POP, rather than those currently receiving the service who the impact is expected to be minimal.

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(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:

Many of the clients who utilise the service are impacted by homelessness, addictions and mental health issues, as well as having had experience of police and/or prison custody or wider involvement in the justice system.

Possible negative impact and additional mitigating action required:

As highlighted above, removing the service increases the risk of this cohort / client group becoming further involved in the justice system, in addition to increased risks in relation to other wellbeing factors that would otherwise have been addressed through the support of the project (eg increased substance misuse issues).

In terms of mitigating this risk we would seek to ensure all current clients are referred on to appropriate support services as required. In addition, we can share a list of wider services / supports that are available for Police colleagues to sign-post clients to as and when required.

For the current cohort receiving support they would be signposted or referred on to appropriate services and the service would stop taking new referrals planned from April onwards or when staff and referrers have been suitably informed. Existing service users would not need to be engaged with as they will receive the service as normal until new referrals are ceased. Planned engagement with staff, HR and staff side Trade Unions will be arranged accordingly. Other referring agencies and partners like Police Scotland will be communicated with in a timely manner.

Anticipated impact would likely be on future services users who would not be able to benefit from a referral to POP, rather than those currently receiving the service who the impact is expected to be minimal.

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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 2026-27 paper, being presented to IJB members in March 2026.

As highlighted above, the overarching aims of the Positive Outcomes Project are to reduce demand on public services through creating safer more engaged communities, improve community resilience and cohesion, reduce substance misuse and offending, create better outcomes for people involved in the criminal justice system, victims of crime and to improve the perception of authorities including Council and Police.

The current proposal would remove this project from the wider justice services, resulting in the current cohort being referred into other mainstream services such as ADRS and/or local recovery communities. This will involve re-deployment of 3x WTE staff at SCW Grade 6 level.

Given the stage of this programme of work, this EQIA can only provide a general overview. The EQIA will be monitored and updated in line with the 6 monthly review process.

Possible negative impact and additional mitigating action required:

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The removal of this service could have a negative impact on adult males who are becoming involved in the justice system, resulting in an increased demand on wider statutory justice services and / or mainstream HSCP services.

For the current cohort receiving support they would be signposted or referred on to appropriate services and the service would stop taking new referrals planned from April onwards or when staff and referrers have been suitably informed. Existing service users would not need to be engaged with as they will receive the service as normal until new referrals are ceased. Planned engagement with staff, HR and staff side Trade Unions will be arranged accordingly. Other referring agencies and partners like Police Scotland will be communicated with in a timely manner.

Anticipated impact would likely be on future services users who would not be able to benefit from a referral to POP, rather than those currently receiving the service who the impact is expected to be minimal.

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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:

All staff have access to equality e-learning modules.

Possible negative impact and additional mitigating action required:

Staff will continue to have access to equality e-learning modules.

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 impact on human rights 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).

*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.

No anticipated impact as this service deals primarily with adult males and doesn't tend to refer on for family support.

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.

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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)

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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.

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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'

Ongoing engagement with Staff including HR, staff side and Trade Unions – March 2026 onwards

Communications with Police Scotland and other referral groups – Spring 2026

Provide referral options to Police Scotland – Spring 2026

No actions identified

Date for completion

Who is responsible? (initials) JB

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

Lead Reviewer:

Name Jennifer Butler

Job Title Head of Service

Signature 

Date 2/03/26

Quality Assurance Sign Off:

Name Dr Noreen Shields

Job Title Planning and Development Manager

Signature 

Date 2/3/26

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.

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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

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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

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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

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