



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:

Removal of Vacant Posts Local Area Co-ordination (LAC) teams

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 Local Area Coordination (LAC) Team was established in 2013 as part of Glasgow's Learning Disability Day Service reform. Its original purpose was to promote social inclusion and support people with learning disabilities to overcome barriers and access community-based supports. In 2015, the service expanded to include socially isolated older adults, reflecting increasing recognition of the need for preventative community-based support across adult care groups.

Over time, the remit of the LAC Team has continued to grow. The service now accepts referrals for adults with learning disabilities, young people in transition, individuals with an allocated short breaks budget, and older adults aged 65 and over.

The team consists of one full-time Manager and eight Local Area Coordinators (8.17 WTE) working across each Adult Services, with the Manager providing a citywide function. The team currently has one vacant post.

Referrals are received from a wide range of sources including Social Work, HSCP teams, health professionals, third sector organisations, family members and self-referrals. The service provides early intervention and preventative support to vulnerable people, often vulnerable due to disability, age, or cognitive decline, helping them to remain well and independent within their communities.

LAC workers use their specialist knowledge of local resources to help individuals access appropriate services that fit with their level of need and ability. They also support the wider social work workforce by identifying suitable supports that may reduce the need for statutory intervention.

The demographic profile of individuals supported by the team indicates a wide age spread, with significant numbers of younger adults (35% aged 22–40) and older adults (25% aged 66+). The gender split is 58% male and 42% female. Engagement is strong across key care groups, particularly adults and young people with learning disabilities and older adults. This demonstrates broad reach across equality groups, particularly in terms of age and disability.

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Outcomes achieved to date align with key equality principles. The data shows a strong focus on reducing social isolation, increasing physical activity, connecting individuals to community opportunities, and providing information about local resources. These outcomes support independence, wellbeing, and participation while helping to reduce inequalities in access to local supports.

This proposal includes the non-backfilling of current vacancies and planned retirements in the short term, with a commitment to undertaking a service prioritisation exercise to consider more fully the repurposing of the Local Area Co-ordination Team. An EQIA will be undertaken on the service prioritisation exercise, in line with business as usual. This EQIA relates to the non-backfilling of vacancies, to meet savings target, while the service prioritisation exercise is being undertaken. The proposal includes the removal of 3 members of staff (2.8 WTE) posts are currently vacant or are planned retirements.

It is recognised the value of the LAC role and the risk in any reduction or wait for service is likely to have an impact on equality groups, due to the nature of the service being delivered.

It is anticipated that in the short term, while the service prioritisation exercise is being undertaken that risk can be managed through tighter management of prioritisation of cases and clearer KPI's. It is however recognised that a decrease in staff will reduce capacity and flexibility in the system to work within the resources that are available.

As outlined above, a full equality impact assessment will be undertaken on the service prioritisation of the LAC Team and made available, in line with business as usual.

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: Karen Lockhart

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)

Louise Murray, Service Manager

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

Approximately 70% of the team's capacity supports people with learning disabilities, while 30% is dedicated to older adults. Although the service is valued, the work carried out is non-statutory.

Between 30 September 2025 and 25 February 2026, the team received 295 referrals (approximately 60 per month). All referrals were processed, with 159 cases open and receiving ongoing support. Referral distribution shows equity across localities, with the North East (35%), North West (34%) and South (32%) receiving similar proportions.

The demographic profile of individuals supported by the team indicates a wide age spread, with significant numbers of younger adults (35% aged 22–40) and older adults (25% aged 66+). The gender split is 58% male and 42% female. Engagement is strong across key care groups, particularly adults and young people with learning disabilities and older adults. This demonstrates broad reach across equality groups, particularly in terms of age and disability. Outcomes achieved to date align with key equality principles. The data shows a strong focus on reducing social isolation, increasing physical activity, connecting individuals to community opportunities, and providing information about local resources. These outcomes support independence, wellbeing, and participation while helping to reduce inequalities in access to local supports.

Overall, the data indicates that the LAC service is supporting a diverse range of adults across Glasgow. Ongoing monitoring of referral patterns, demographic trends and outcomes will be necessary to ensure that any unintended inequalities are identified and addressed.

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

The demographic profile shows significant engagement from both younger adults and people aged 65 and over, and gender distribution remains broadly balanced. The outcomes achieved indicate that the service plays an important role in reducing social isolation, improving physical activity, supporting community engagement, and connecting people to local resources, key factors in promoting independence and reducing inequalities linked to age and disability. People are matched to a service based on personal interest and ability. LAC would consider issues such as accessibility prior to signposting to an appropriate service

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:

Although no direct research or evidence has yet been gathered specifically on the experiences of equality groups using the LAC service and it is acknowledged that this is an identified gap that will require further work, the wider learning from research and national policy on supporting disabled adults, older people and carers has influenced how the HSCP designs and delivers early intervention and community-based support. This will be explored further as part of the service prioritisation exercise.

The Maximising Independence programme, which underpins the approach across adult and older people's services, is built on strengths-based practice and evidence that highlights the importance of community connections, preventative pathways and promoting autonomy for equality groups, particularly disabled people and older adults. This learning has already informed several key developments that aim to reduce barriers and support equitable access to early help.

Since November 2022, Health and Social Care Connect has provided a single streamlined access point for the public and professionals, ensuring that all individuals, regardless of age, disability or background, reach the right support as early as possible. The new Support Needs Assessment (SNA) has a focus on circles of support across older people and adult services with greater emphasis on demonstrating the value of informal networks and the crucial role of unpaid carers in enabling people to remain connected, independent and safe within their communities across the city. Similarly, the introduction of the Helpful Hints with Home Technology service which has been facilitated by the LAC team since 2024 is grounded in

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evidence that digital tools can enhance independence and improve outcomes for older adults and disabled people when appropriate support is available.

Taken these two examples together, these developments demonstrate that, while direct research on LAC service users is still to be undertaken, the service has been shaped within a wider HSCP approach that is informed by strength-based practice and includes learning about the needs and experiences of equality groups, particularly older adults, disabled people and carers. This trajectory creates a foundation for mitigating potential impacts and ensuring that future changes continue to support fair, equitable, strengths-based access to support and services across the city.

Data was collected previously on manual spreadsheet and only migrated to Care First recently so there was no oversight and monitoring formally available

Possible negative impact and additional mitigating action required:

This proposal includes the non-backfilling of current vacancies and planned retirements in the short term, with a commitment to undertaking a service prioritisation exercise to consider more fully the repurposing of the Local Area Co-ordination Team. An EQIA will be undertaken on the service prioritisation exercise, in line with business as usual. This EQIA relates to the non-backfilling of vacancies, to meet savings target, while the service prioritisation exercise is being undertaken. The proposal includes the removal of 3 members of staff (2.8 WTE) posts are currently vacant or are planned retirements.

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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:

Engagement has not been undertaken at this stage, existing service users will not be impacted by the removal of posts and service delivery may continue, there is potential for a delay in service for new service users.

Engagement with staff is planned to discuss this proposal and planned approach.

Compliments and complaints are subject to the complaints and handling policy of Glasgow City Council.

Possible negative impact and Additional Mitigating Action Required:

There will be ongoing engagement with staff, HR and as appropriate Trade Unions, during this exercise.

Engagement will be undertaken as part of the wider service prioritisation exercise

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:

No anticipated impact. This is not a building-based service, visits are undertaken within individuals own homes and this will continue to be in place.

Possible negative impact and additional mitigating action required:

None

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:

We have access to interpretation and translation services as required as part of business as usual from the HSCP this includes BSL interpreters.

No communication with service users or referrers required, the service will continue while the service prioritisation exercise is being undertaken.

Possible negative impact and additional mitigating action required :

Communication supports will continue to be in place.

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 user group includes a wide spread of ages: 17% aged 16–21, 35% aged 22–40, 23% aged 41–65, and 25% aged 66+.

This distribution means that different age groups may be affected differently by changes to the current service.

The group most impacted by a reduction in LAC services would be 22 – 40 age group.

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It is not anticipated that this proposal will impact on transition arrangements between children services and adults and adults services and older people services.

Risks and Mitigations Identified

It is anticipated that in the short term, while the service prioritisation exercise is being undertaken that risk can be managed through tighter management of prioritisation of cases and clearer KPI's. It is however recognised that a decrease in staff will reduce capacity and flexibility in the system to work within the resources that are available. An equality impact assessment will be undertaken on the service prioritisation of the LAC Team and made available, in line with business as usual.

It is recognised the value of the LAC role and the risk in any reduction or wait for service is likely to have an impact on age, due to the nature of the service being delivered.

The above groups are likely to be disproportionately affected due to their reliance on early intervention and community-based support. The reduction in capacity may also shift additional pressure onto frontline social work teams, who are already focused on statutory responsibilities, potentially resulting in delays, reduced preventative work, and greater risk of crisis intervention. To mitigate these impacts, clear prioritisation processes, strengthened governance and data monitoring, and improved operational guidance will be required. Communication with service users and referrers, along with targeted preventative activity, will also be essential to ensure the staff reduction does not unintentionally widen inequalities or reduce access to support across Glasgow.

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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:

Adults with Learning Disabilities (110 people) are expected to be the most affected by any reduction in service, as many rely on structured routines, purposeful daytime activities, and consistent support. A reduced LAC team will limit the coordination of supports and reduce the time available to help individuals settle into identified resources, which may increase anxiety, contribute to social isolation, and lead to a loss of daily activity programmes. This may also place greater pressure on carers as their support needs increase.

It is anticipated that in the short term, while the service prioritisation exercise is being undertaken that risk can be managed through tighter management of prioritisation of cases and clearer KPI's. It is however recognised that a decrease in staff will reduce capacity and flexibility in the system to work within the resources that are available. An equality impact assessment will be undertaken on the service prioritisation of the LAC Team and made available, in line with business as usual.

It is recognised the value of the LAC role and the risk in any reduction or wait for service is likely to have an impact on disability, due to the nature of the service being delivered.

Mitigations will need to prioritise continuity for those with highest needs, and ensure appropriate support is given to carers. Mitigations include prioritising referrals for those at greatest risk, strengthening pathways into day services, and maintaining access to technology support such as Helpful Hints for Home.

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Individuals with short break budgets (73 people) may face reduced choice, control, and carer respite, increasing stress for families.

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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 direct impact identified at this time

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 impact identified at this time

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 impact identified at this time

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. 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 impact identified at this time

We have access to interpretation and translation services as required as part of business as usual from the HSCP this includes BSL interpreters.

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 impact identified at this time.

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:

This proposal is more likely to impact on women as a higher proportion of older people seeking carer support are women and a higher proportion of women with caring responsibilities are women.

Slightly more men than women access the service (58% male and 42% female).

Possible negative impact and additional mitigating action required:

It is anticipated that in the short term, while the service prioritisation exercise is being undertaken that risk can be managed through tighter management of prioritisation of cases and clearer KPI's. It is however recognised that a decrease in staff will reduce capacity and flexibility in the system to work within the resources that are available. An equality impact assessment will be undertaken on the service prioritisation of the LAC Team and made available, in line with business as usual.

It is recognised the value of the LAC role and the risk in any reduction or wait for service is likely to have an impact on disability, due to the nature of the service being delivered.

Mitigations will need to prioritise continuity for those with highest needs, and ensure appropriate support is given to carers. Mitigations include prioritising referrals for those at greatest risk, strengthening pathways into day services, and maintaining access to technology support such as Helpful Hints for Home Technology.

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Individuals with short break budgets (73 people) may face reduced choice, control, and carer respite, increasing stress for families.

Carers may need to take on additional responsibilities, increasing stress and risk of burnout.

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(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 impact identified at this time

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:

Although direct data is not collected there is a risk that any reduction or delay in accessing the service is more likely to impact on people living in poverty due to who is accessing the service as Disabled people are more likely to experience poverty than their non-disabled counterparts and unpaid carers are also more likely to be experience poverty.

This service does not include financial support advice.

Possible negative impact and additional mitigating action required:

It is anticipated that in the short term, while the service prioritisation exercise is being undertaken that risk can be managed through tighter management of prioritisation of cases and clearer KPI's. It is however recognised that a decrease in staff will reduce capacity and flexibility in the system to work within the resources that are available. An equality impact assessment will be undertaken on the service prioritisation of the LAC Team and made available, in line with business as usual.

It is recognised the value of the LAC role and the risk in any reduction or wait for service is likely to have an impact on disability, due to the nature of the service being delivered.

Mitigations will need to prioritise continuity for those with highest needs, and ensure appropriate support is given to carers. Mitigations include prioritising referrals for those at greatest risk, strengthening pathways into day services, and maintaining access to technology support such as Helpful Hints for Home Technology.

(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:

No direct impacts identified

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

This proposal includes the non-backfilling of current vacancies and planned retirements in the short term, with a commitment to undertaking a service prioritisation exercise to consider more fully the repurposing of the Local Area Co-ordination Team. This EQIA relates to the non-backfilling of vacancies, to meet savings target, while the service prioritisation exercise is being undertaken. The proposal includes the removal of 3 members of staff (2.8 WTE) posts are currently vacant or are planned retirements.

As outlined above, a full equality impact assessment will be undertaken on the service prioritisation of the LAC Team and made available, in line with business as usual.

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:

Training will continue to be available

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.

UNCRC has not been considered fully at this stage, but will be considered as part of the service prioritisation activity.

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 group, HR and Staff side/Trade Unions as required – March 2026 onwards

Service Development with team to look at procedures, KPIs and Prioritisation of Cases – March 2026 onwards

No actions identified

Date for completion

Who is responsible? (initials) LM

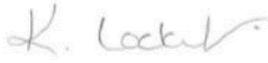
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Ongoing 6 Monthly Review: please write your 6 monthly EQIA review date:

Lead Reviewer:

Name Karen Lockhart

Job Title ACO Adults Services

Signature 

Date 10/03/2026

Quality Assurance Sign Off:

Name Dr Noreen Shields

Job Title Planning and Development Manager

Signature 

Date 9/3/26

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

Initials

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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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