

NHS Greater Glasgow and Clyde Equality Impact Assessment Tool

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

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

Which Way Multiple Risk Curriculum Pack (P7 and S2) - Resource Review

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

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

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

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.

Participating in risk taking behaviours is a normal part of growing up. It is recognised that this is a necessary developmental stage for independent living. For most this will be low risk, but for a small number of young people, adolescence can become reckless and damaging.

Risk behaviours are usually considered individually. It is widely recognised that behaviours often interact and develop as a response to life circumstances. A report by the Scottish Collaboration for Public Health Research and Policy highlighted evidence that many risk behaviours tend to cluster together, particularly in young people from the most deprived backgrounds.

Early initiation of risky behaviours, such as smoking or alcohol use, is linked with other risk-taking behaviours in later teenage years, such as sexual risk taking and binge drinking. Traditional risk behaviours, such as drinking alcohol or taking drugs, are being complicated by other harmful behaviours, for example self-harm, online gambling, sexting, and increased use of social media and handheld devices. This poses increasing concern for those who are more vulnerable.

Early intervention is important to prevent risk clustering in young people, improve health outcomes and to reduce health inequalities. A number of factors have been identified that can protect adolescents or, alternatively, can put them at risk during this stage. These factors relate to different personal and environmental factors, for example personal assets, the community, school, family, peer groups and individual characteristics.

The Which Way Curricular Resource (P7 & S2) is designed to encourage learners to discuss and think more carefully about risk, risk taking behaviours and the decisions that they make. The learners will consider the factors that influence their decision making and how they can manage and cope when making personal decisions. Learners are encouraged through activities to think about how their personal opinions, attitudes and emotions can impact the choices they make. Learners are encouraged to identify where and who they can go to in their community for support and advice. Activities have been designed to incorporate discussion on who and where they can go to for health and support with regards to their health and wellbeing.

The [Glasgow City HSCP Strategic Direction 2023-28](#) focuses on work across populations, places and groups of people to improve health and reduce health inequalities. Wherever possible, Health Improvement adopts a life-course approach, identifying opportunities for minimising risk factors and enhancing protective factors through evidence-based interventions at important life stages, such as during adolescence, and in particular during transition periods.

Prioritising the prevention of ill health and aiming to increase healthy life expectancy are key and so, our health improvement work will focus earlier in the life course to maximise these gains. There are 7 strategic priorities identified which reflect [Scotland's Public Health Priorities](#) and [NHS Strategic Framework: A Fairer, Healthier Scotland](#) priorities at a local level. The Which Way Curricular Resource will address the following priorities:

- Foster a healthy start for children and young people (1)
- Reduce the harm from substances (principally alcohol, drugs and tobacco) on people and communities (6)

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: Mary Kate Harte, Health Improvement Senior, Jennifer Johnstone, Health Improvement Senior	Date of Lead Reviewer Training: 01/02/2023 (met with Glasgow City HI Lead for Equalities and Fairer Scotland – Afton Hill)
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Please list the staff involved in carrying out this EQIA

(Where non-NHS staff are involved e.g. third sector reps or patients, please record their organisation or reason for inclusion):

Mary Kate Harte Jennifer Johnstone

		<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
1.	<p>What equalities information is routinely collected from people currently using the service or affected by the policy? If this is a new service proposal what data do you have on proposed service user groups. Please note any barriers to collecting this data in your submitted evidence and an explanation for any protected characteristic data omitted.</p>	<p><i>A sexual health service collects service user data covering all 9 protected characteristics to enable them to monitor patterns of use.</i></p>	<p>This curriculum pack will be available to all primary and secondary schools across Glasgow City, including both mainstream and additional support needs (ASN) schools. The population of pupils within these schools are representative of Glasgow City's diverse population.</p> <p>Please note that the data below represents the general population. This data would not be collected for children under the age of 12. Rather, data collected for this population group is captured using Scotland's School Health & Wellbeing Census and may not include information specific to equalities and protected characteristics.</p> <p>Age</p> <ul style="list-style-type: none"> • Glasgow City has a population of 635,640, which is 11.6% of the population of Scotland. It is made up of: <ul style="list-style-type: none"> ○ 111,512 (17.5%) children aged 0-17 ○ 438,505 (68.9%) adults aged 18-64 and ○ 85,623 (13.5%) older people aged 65 and over. • Glasgow's population is expected to continue to increase over the next twenty years. Estimates of population growth between 2022 and 2043 indicate an overall increase of around 27,380 people, or 4.3%. • It is estimated that there will be a decrease in the child population of 6.8% in the same period, an increase in the adult age group (18-64) of 1.6% and a much larger increase in the older age group (65+) of 31.8% during this period. • 2.5% of Glasgow children under 15 years are unpaid carers compared to 2.0% of all Scottish children <p>Disability</p>	

- It is estimated that more than 100,000 people in Glasgow have a physical disability, 7.8% of the population.
- Currently, **20,000** people in the City are living with a **cancer diagnosis** and this is forecast to rise to approximately 35,000 by 2030.
- **More than a quarter** of Glasgow adults, 28.6%, live with a **limiting long-term illness or condition**
- More than **8,000** people are estimated to be living with **dementia** in Glasgow
- Around 3,700 people, **0.6%** of Glasgow's population, are recorded as having a **learning disability**, whilst almost 13,600 people, **2.1%**, are reported as having a **learning difficulty**
- It is estimated that around **6,500** people in Glasgow have a form of **autism**
- **6.1%** of the population has been recorded as having a **hearing impairment**, and almost 2.5% of the population have a **visual impairment**
- **6.5%** of the population has been recorded as having a **mental health condition**
- The number of adolescents reporting emotional or mental illness in the city rose from 5% in 2015 to 22% in 2019, with children and young people waiting longer than adults to start treatment (61% start within the 18-week period compared with 89% of adults)
- Nearly a quarter (23%) of Glasgow adults have common mental health problems compared to 17% of Scotland's adults, with higher proportions for females in both Glasgow and Scotland (23% Glasgow and 19% Scotland) than males (22% Glasgow and 15% Scotland)
- A fifth of Glasgow's population, 20.5%, is prescribed drugs for anxiety, depression and psychosis. The Scottish average is 19.3%

Gender Reassignment

- Not asked of this age group

Race

- 88.5% of Glasgow's population are from a White background, with 11.5% from a minority ethnic group.

Religion

- According to the 2011 Census, the largest faith groups in Glasgow are:
- Christian 322,954
- No Religion 183,835
- Religion not stated 42,050
- Muslim 32,117
- Hindu 4,074
- Buddhist 2,570
- Sikh 3,149
- Other Religions 1,599
- Jewish 897

Sex

- Population (2015) 606,340
- Number of Males 294,275
- Number of Females 312,065

Sexual orientation

- 575,890 people in Glasgow aged 16+ (90.6%) are estimated to be straight/heterosexual. 36,231 (5.7%) are estimated to be part of the LGBT+ community.

Socio economic

- Glasgow City contains 4 in 10 of Scotland's 20% most deprived areas. This proportion rises to almost 6 in 10 in the Partnership's North East locality.
- More than a quarter of a million people (over 274,000 and two-fifths of Glasgow's population), live in these deprived areas. Within Glasgow, around a third of North

			<p>West locality's population lives in one of the most deprived areas, compared to almost two-fifths in the South and just under three-fifths in North East.</p> <ul style="list-style-type: none"> • There are 295,761 households across the city. Glasgow has a higher percentage of single parent households (5.3%) than Scotland (4.3%) with more than a quarter of Glasgow S1-4 pupils (28.0%) living in single parent households. • Older people living alone (considered a key indicator of vulnerability) account for 42,600 of Glasgow households (14.4%), lower than the Scotland figure (16.5%). • The percentage of overcrowded households in Glasgow (4.0%) is higher than that of Scotland overall (2.4%). • More than a third of social housing in Glasgow fails the Scottish Housing Quality Standard (SHQS) (35.5% compared with the Scottish average of 41.4%). • 5210 households in Glasgow were assessed as homeless or threatened by homelessness in 2020-21. 	
		Example	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
2.	<p>Please provide details of how data captured has been/will be used to inform policy content or service design.</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p>	<p><i>A physical activity programme for people with long term conditions reviewed service user data and found very low uptake by BME (Black and Minority Ethnic) people. Engagement activity found promotional material for the interventions was not representative. As a result an adapted range of materials were</i></p>	<p>Data was captured from a number of individuals and organisations who have a specialist knowledge in the following areas: Disability e.g. ASN schools, neurodiversity, Religion/beliefs, Race e.g. BAME. We considered the relevant data and sought guidance from colleagues with regards to: sexual orientation e.g. LGBT, and stigma associated with protected characteristics.</p> <p>Individuals were asked to consider; diversity within classrooms, stigma, the accessibility and readability of the resource, and the adaptability of session plans and activities to suit learners' needs.</p>	<p>The Which Way resource offers a universal approach to prevention, education and early intervention in relation to multiple risk behaviours in young people. This resource is offered alongside other approaches across the city. For example, The CRAFFT Substance Use Screening Tool and Training which targets populations and communities aged 12-21 at highest risk of experiencing harm from substance use.</p>

<p>1) Remove discrimination, harassment and victimisation X</p> <p>2) Promote equality of opportunity X</p> <p>3) Foster good relations between protected characteristics. X</p> <p>4) Not applicable <input type="checkbox"/></p>	<p><i>introduced with ongoing monitoring of uptake. (Due regard promoting equality of opportunity)</i></p>	<p>A first draft of the resource was sent to the following groups for comment:</p> <ul style="list-style-type: none"> • Primary education • Secondary education • ASN education • Autism Resource Centre • Organisations with a remit for multiple risk • Health Improvement colleagues with a remit around alcohol and drug prevention, equalities, relationships and sexual health, mental health and stigma. <p>Email and telephone communication methods were used during the consultation.</p> <p>Partners were asked to consider the following;</p> <ul style="list-style-type: none"> • How could lessons and activities could be adapted to suit varying needs of the classroom? • Do the lesson plans and activities meet the HWB experiences and outcomes highlighted within the Curriculum for Excellence? • How could the lesson plans and activities be improved to meet the needs of a wide-range of pupils and to reduce the stigma associated with risk behaviours (i.e. alcohol and substance use)? <p>Feedback from each of these consultations was collated electronically. It was then analysed and used to make updates to the documents.</p> <p>There was a request for the pack to be translated into various languages. Whilst the pack is in English, contact details for Translation Services is detailed on the pack.</p>	
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	Example	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
<p>3. How have you applied learning from research evidence about the experience of equality groups to the service or Policy?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p><i>Looked after and accommodated care services reviewed a range of research evidence to help promote a more inclusive care environment. Research suggested that young LGBT+ people had a disproportionately difficult time through exposure to bullying and harassment. As a result staff were trained in LGBT+ issues and were more confident in asking related questions to young people. (Due regard to removing discrimination, harassment and victimisation and fostering good relations).</i></p>	<p>Research relating to the experience of equality groups was gained from both published research and also from the consultation with the individuals involved.</p> <p>Participating in risk taking behaviours is a normal part of growing up. It is recognised that this is a necessary developmental stage for independent living. For most this will be low risk, but for a small number of young people, adolescence can become reckless and damaging.</p> <p>Risk behaviours are usually considered individually. It is widely recognised that behaviours often interact and develop as a response to life circumstances. A report by the Scottish Collaboration for Public Health Research and Policy highlighted evidence that many risk behaviours tend to cluster together, particularly in young people from the most deprived backgrounds.</p> <p>Early initiation of risky behaviours, such as smoking or alcohol use, is linked with other risk-taking behaviours in later teenage years, such as sexual risk taking and binge drinking. Traditional risk behaviours, such as drinking alcohol or taking drugs, are being complicated by other harmful behaviours, for example self-harm, online gambling, sexting, and increased use of social media and handheld devices. This poses increasing concern for those who are more vulnerable.</p> <p>Early intervention is important to prevent risk clustering in young people, improve health outcomes and reduce health inequalities. A number of factors have been identified that can protect adolescents or, alternatively, can put them at risk during this stage. These factors relate to different personal and environmental factors, for example personal assets, the</p>	

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Prioritising the prevention of ill health and aiming to increase healthy life expectancy are key and so, our health improvement work will focus earlier in the life course to maximise these gains. There have 7 strategic priorities identified which reflect [Scotland's Public Health Priorities](#) and [NHS Strategic Framework: A Fairer, Healthier Scotland](#) priorities at a local level. The Which Way curricular resource will address the following priorities:

- Foster a healthy start for children and young people (1)

			<ul style="list-style-type: none"> • Reduce the harm from substances (principally alcohol, drugs and tobacco) on people and communities (6) 	
		<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
4.	<p>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.</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation X</p> <p>2) Promote equality of opportunity X</p>	<p><i>A money advice service spoke to lone parents (predominantly women) to better understand barriers to accessing the service. Feedback included concerns about waiting times at the drop in service, made more difficult due to child care issues. As a result the service introduced a home visit and telephone service which significantly increased uptake.</i></p> <p><i>(Due regard to promoting equality of opportunity)</i></p> <p><i>* The Child Poverty (Scotland) Act 2017 requires organisations to take actions to reduce poverty for children in households at risk of low incomes.</i></p>	<p>A first draft of the resource was emailed to a representative from each of the following groups for comment. These individuals were chosen as they are experienced in their field and have a clear knowledge of the needs and experiences of the children/young people they work with:</p> <ul style="list-style-type: none"> • Primary education • Secondary education • ASN education • Autism Resource Centre • Health Improvement colleagues with a remit around alcohol and drug prevention, equalities, relationships and sexual health, mental health. <p>Due to the size of the resource we worked with a rep from each of the above-mentioned groups and offered support where required. Learners were not directly consulted however, educators reviewing the pack did trial some of the activities on classrooms as part of their review and provided feedback.</p> <p>Partners were asked to consider the following:</p> <ul style="list-style-type: none"> • How lessons and activities could be adapted to suit varying needs of the classroom • If the lesson plans and activities meet the HWB experiences and outcomes highlighted within the Curriculum for Excellence • How could the lesson plans and activities be improved to meet the needs of a wide-range of pupils and to reduce the stigma associated with alcohol and substance use 	

	<p>3) Foster good relations between protected characteristics <input checked="" type="checkbox"/> X</p> <p>4) Not applicable <input type="checkbox"/></p>		<p>Feedback from each of these groups was collated and used to make updates to the documents to reflect points raised.</p> <p>Comments from the groups highlighted in section highlighted areas for improvement with the following changes being made:</p> <ul style="list-style-type: none"> • Inclusion of image-based activities to support participation from a range of needs • Language changes to engage with various learning needs • Information included on how lessons can be adapted to suit the needs of pupils with physical disabilities and neurodiverse pupils • Information included on factors to consider when discussing alcohol and substance use to address stigma, experiences at home and the impact of religion, culture and beliefs <p>The Which Way resource has highlighted a range of resources that support educators to increase their knowledge and confidence in delivering lessons to a range of needs and also includes where appropriate links to additional resources that will support learners to participate. The Which Way resource has made links to other quality assured health improvement curricular resources that will supplement and extend learning within the curricular pack.</p>	
	<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required	
5.	<p>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?</p>	<p><i>An access audit of an outpatient physiotherapy department found that users were required to negotiate 2 sets of heavy manual pull doors to access the service. A</i></p>	<p>The pack is physically accessible to everyone; educators (as a teaching resource) for use with young people in P7 and S2.</p> <p>The development of the Which Way resource has followed guidance from the NHSGGC Accessible Information Policy using</p>	

	<p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation X</p> <p>2) Promote equality of opportunity X</p> <p>3) Foster good relations between protected Characteristics. X</p> <p>4) Not applicable <input type="checkbox"/></p>	<p><i>request was placed to have the doors retained by magnets that could deactivate in the event of a fire. (Due regard to remove discrimination, harassment and victimisation).</i></p>	<p>simple, clear and concise information to increase accessibility of the resource whole meeting our legislative requirements.</p> <p>The pack adheres to the Clear to All process. It can be viewed and downloaded from an online source and is also compatible with screen reading technology. Sessions can be adapted accordingly, to suit the needs of the learners.</p> <p>It is an Educator resource. The handouts are printable for learners and are image-based. Translations can be available on request, via Translation Services.</p> <p>The pack will be shared and promoted e.g. the Quality Improvement Officer in Education and other relevant networks.</p> <p>The pack will feature on the NHS GGC Website and HWB Education Website and App which streamlines communication, shares quality assured resources from Health Improvement and creates a consistent health and wellbeing offer across the City.</p> <p>In line with the Glasgow City Health Improvement Quality Assurance Process, the resource will be reviewed annually. This process will include educators' feedback.</p>	
	<p>Example</p>	<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>	
<p>6.</p>	<p>How will the service change or policy development ensure it does not discriminate in the way it communicates with service users and staff?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been</p>	<p><i>Following a service review, an information video to explain new procedures was hosted on the organisation's YouTube site. This was accompanied by a BSL signer to explain service changes to Deaf service users.</i></p>	<p>The pack does not discriminate in the way it communicates with service users and staff.</p> <p>Which Way can be accessed, viewed, downloaded and/or printed from the NHSGGC website. The NHSGGC website meets the requirements of NHSGGC Clear to All guidance on sharing information online and Which Way is compatible with screen-reading technology. Links to the resource have been included on the Glasgow City HWB Education Website and App which is a health improvement platform for education staff to</p>	<p>The Which Way resource is not intended for use by parents/ guardians of learners. However, it may be helpful for parents/ guardians to receive information on the topics covered within the lessons. A brief overview of the topics and learning outcomes for Parents/ Guardians will be considered as an addition to the Which Way resource as part of</p>

	<p>considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p> <p>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.</p>	<p><i>Written materials were offered in other languages and formats.</i></p> <p><i>(Due regard to remove discrimination, harassment and victimisation and promote equality of opportunity).</i></p>	<p>access quality assured health improvement information, resources and training. Which Way will be promoted via Educations communication channels and networks including email distribution, featuring on GLOW (Education internal platform, promotion at relevant education groups and events).</p> <p>The pack promotes and encourages capacity building and upskilling opportunities for staff to increase knowledge, confidence and skills around multiple risk and young people.</p> <p>Resources and links included within the pack, are non-discriminatory and aim to support pupils with protected characteristics. These include; games, documents, handouts, videos etc. Considerations have been made for educators to adapt the activities to meet learners' needs i.e. use of verbal vs. written activities, where activities include movement, adaptations suggested.</p> <p>The pack has been mapped to the Experiences and Outcomes highlighted within the Curriculum for Excellence to support educators to map and record learners' progression and development.</p> <p>There is a section within each session plan which signposts educators to additional support and signposting information.</p> <p>The Which Way resource pack will only be available in English and delivered by the Educator to the learners in a classroom setting, therefore there is no identified need for translation of this resource pack. Should there be a need identified in the future, this can be actioned via NHS GGC Translation Services.</p>	<p>ongoing development of Health Improvement Multiple Risk Information and Resources.</p>
7	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required	
(a)	Age	Considering the evidence highlighted below, P7 and S2 age groups were identified as appropriate age and stage groups for		

<p>Could the service design or policy content have a disproportionate impact on people due to differences in age? (Consider any age cut-offs that exist in the service design or policy content. You will need to objectively justify in the evidence section any segregation on the grounds of age promoted by the policy or included in the service design).</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>prevention, education and early intervention approaches to multiple risk.</p> <p>Which Way makes links to other resources that will encourage progressive learning around risky behaviours and other health and wellbeing topics for young people e.g. SMT, RSHP</p> <p>Participating in risk taking behaviours is a normal part of growing up. It is recognised that this is a necessary developmental stage for independent living. For most this will be low risk, but for a small number of young people, adolescence can become reckless and damaging.</p> <p>Risk behaviours are usually considered individually. It is widely recognised that behaviours often interact and develop as a response to life circumstances. A report by the Scottish Collaboration for Public Health Research and Policy highlighted evidence that many risk behaviours tend to cluster together, particularly in young people from the most deprived backgrounds.</p> <p>Early initiation of risky behaviours, such as smoking or alcohol use, is linked with other risk-taking behaviours in later teenage years, such as sexual risk taking and binge drinking. Traditional risk behaviours, such as drinking alcohol or taking drugs, are being complicated by other harmful behaviours, for example self-harm, online gambling, sexting, and increased use of social media and handheld devices. This poses increasing concern for those who are more vulnerable.</p> <p>Early intervention is important to prevent risk clustering in young people, improve health outcomes and reduce health inequalities. A number of factors have been identified that can protect adolescents or, alternatively, can put them at risk during this stage. These factors relate to different personal and environmental factors, for example personal assets, the</p>	
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		<p>community, school, family, peer groups and individual characteristics.</p> <p>The Which Way curricular resource (P7 & S2) is designed to encourage learners to discuss and think more carefully about risk, risk taking behaviours and the decisions that they make. The learners will consider the factors that influence their decision making and how they can manage and cope when making personal decisions. Learners are encouraged through activities to think about how their personal opinions, attitudes and emotions can impact the choices they make. Learners are encouraged to identify where and who they can go to in their community for support and advice. Activities have been designed to incorporate discussion on who and where they can go to for health and support with regards to their health and wellbeing.</p> <p>The Glasgow City HSCP Strategic Direction 2023-28 supports a life-course approach, identifying opportunities for minimising risk factors and enhancing protective factors through evidence-based interventions at important life stages, such as during adolescence, and in particular during transition periods.</p>	
(b)	<p>Disability</p> <p>Could the service design or policy content have a disproportionate impact on people due to the protected characteristic of disability?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation X</p>	<p>Following engagement with key stakeholders, a number of key themes were identified. These focused on the need to ensure the pack could be easily adapted to different learners' needs. This included learners with ASN, neurodiversity and physical disabilities,</p> <p>Suggested adaptations for activities within lesson plans have been included to ensure people with a disability can actively take part where appropriate. This includes:</p> <ul style="list-style-type: none"> Options around movement during activities i.e. raising/lowering hand vs. Standing up/sitting down and use of vocal cues as an alternative to physical 	

	<p>2) Promote equality of opportunity X</p> <p>3) Foster good relations between protected characteristics. X</p> <p>4) Not applicable <input type="checkbox"/></p>	<p>movement. Ensuring supports are in place for teachers to provide support to learners.</p> <ul style="list-style-type: none"> • Inclusion of visual prompts and discussion/vocal activities where physical activities are not appropriate • Suggestions and links to further resource to address needs for neurodivergent learners have been included throughout the curricular pack • Limiting the number of characters in the pack to four, to support ASN learners. • Which Way resource documents (including handouts and worksheets) are compliant with the NHSGGC Accessible Information Policy and are compatible with screen-reading technology 	
	<p>Protected Characteristic</p>	<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>
<p>(c)</p>	<p>Gender Reassignment</p> <p>Could the service change or policy have a disproportionate impact on people with the protected characteristic of Gender Reassignment?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation X</p> <p>2) Promote equality of opportunity X</p> <p>3) Foster good relations between protected characteristic X</p>	<p>Glasgow City School Health and Wellbeing Survey (2019-20) highlights that for learners S1-S4, 9% identify as LGBT, 1% identify themselves as identifying with a gender with a term that is neither male nor female. This included non-binary and gender fluid.</p> <p>The Stonewall Report emphasises the importance of creating inclusive environments in schools and workplaces to support the wellbeing and potential of LGBT young people. It also states that by addressing anti-LGBT bullying, fostering family acceptance and promoting positive role models, we can work toward a more equitable and supportive educational landscape.</p> <p>While Which Way does not specifically target these groups, the resource makes considerations for the disproportionate impact that multiple risk may have on LGBT learners. Which Way also encourages educators to make reasonable adjustments when delivering lessons to meet learners needs and highlights additional resources to support.</p>	

	<p>4) Not applicable <input type="checkbox"/></p>	<p>The Which Way resource is designed to support the wellbeing of all learners and does not discriminate against those who identify as trans. Educators are equipped with and encouraged to, signpost learners to organisations that support young people.</p> <p>To reduce stigma, the curricular pack has used gender neutral names and pronouns throughout the activities.</p> <p>There is no evident detriment to people with the protected characteristic of gender reassignment within this resource.</p>	
	<p>Protected Characteristic</p>	<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>
<p>(d)</p>	<p>Marriage and Civil Partnership</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Marriage and Civil Partnership?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation X</p> <p>2) Promote equality of opportunity X</p> <p>3) Foster good relations between protected characteristic X</p> <p>4) Not applicable <input type="checkbox"/></p>	<p>There is no evident detriment to people with the protected characteristic of marriage and civil partnership within this resource.</p>	

(e)	<p>Pregnancy and Maternity</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Pregnancy and Maternity?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>There is no evident detriment to people with the protected characteristic of pregnancy and maternity within this resource.</p> <p>Which Way makes links to additional quality assured learning and curricular resources (e.g. RSHP) covering topics of sexual health - which can be used as appropriate to support further learning and development around pregnancy and maternity.</p>	
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(f)	<p>Race</p> <p>Could the service change or policy have a disproportionate impact on people with the protected characteristics of Race?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p>	<p>There is no evident detriment to people with the protected characteristic of race within this resource.</p> <p>Information has been included within the pack for educators to make considerations for the influence that race may have on learners' knowledge, experience and understanding around multiple risk.</p> <p>Race may also influence further learning or discussion at home around multiple risk and educators are encouraged to be mindful</p>	

	<p>1) Remove discrimination, harassment and victimisation X</p> <p>2) Promote equality of opportunity X</p> <p>3) Foster good relations between protected characteristics X</p> <p>4) Not applicable <input type="checkbox"/></p>	<p>and considerate of the varying experiences within the classroom. This is through an anti-stigma lens.</p> <p>Images and names throughout the pack are representative of the diverse population.</p>	
(g)	<p>Religion and Belief</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Religion and Belief?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation X</p> <p>2) Promote equality of opportunity X</p> <p>3) Foster good relations between protected characteristics. X</p> <p>4) Not applicable <input type="checkbox"/></p>	<p>There is no evident detriment to people with the protected characteristic of religion and belief within this resource.</p> <p>Information has been included within the pack for educators to make considerations for the influence that religion and beliefs may have on learners' knowledge, experience and understanding around alcohol and substance use. Religion and belief may also influence further learning or discussion at home around alcohol and substance use and educators are encouraged to be mindful and considerate of the varying experiences within the classroom.</p>	

	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(h)	<p>Sex</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sex?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation X</p> <p>2) Promote equality of opportunity X</p> <p>3) Foster good relations between protected characteristics. X</p> <p>4) Not applicable <input type="checkbox"/></p>	<p>There is no evident detriment to people with the protected characteristic of sex within this resource.</p>	
(i)	<p>Sexual Orientation</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sexual Orientation?</p>	<p>There is no evident detriment to people with the protected characteristic of sexual orientation within this resource.</p> <p>The Schools Health and Wellbeing Survey highlights that learners who identify themselves as LGBT are:</p> <ul style="list-style-type: none"> • 2 times more likely to have tried drugs than those not identifying as LGBT • Of the total proportion of smokers, 7% identified themselves as LGBT 	

	<p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation X</p> <p>2) Promote equality of opportunity X</p> <p>3) Foster good relations between protected characteristics. X</p> <p>4) Not applicable <input type="checkbox"/></p>	<ul style="list-style-type: none"> Of the proportion of those who had ever had an alcoholic drink, 43% identified as LGBT <p>This suggests that LGBT young people may be at an increased risk of risk clustering behaviours. The pack encourages the educator to be aware of the individual learners' experiences and needs when delivering lessons.</p> <p>Which Way makes links to additional quality assured learning and curricular resources (e.g. RSHP) covering topics of sexual health - which can be used as appropriate to support further learning and development around sexual orientation and sexual health and wellbeing.</p>	
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(j)	<p>Socio – Economic Status & Social Class</p> <p>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?</p> <p>The Fairer Scotland Duty (2018) places a duty on public bodies in Scotland to actively consider how they can reduce inequalities of outcome caused by socioeconomic disadvantage when making <u>strategic decisions</u>. If relevant, you should evidence here what steps have been taken to assess and mitigate risk of exacerbating inequality on the ground of socio-economic status. Additional information available here: Fairer Scotland Duty: guidance for public bodies - gov.scot (www.gov.scot)</p>	<p>There is no evident detriment to people with the protected characteristic of Socio – Economic Status & Social Class within this resource. However, the following considerations were made.</p> <p>We considered health inequalities and social determinants of health in the development of this resource and their impact on the experience of multiple risk behaviours in children and young people.</p> <p>Alongside the development of the Which Way resource, information on reducing stigma has been included on the associated resource Health and Wellbeing Education Website and App and educators are encouraged to ensure activities are delivered using an anti-stigma approach, considering language and individual experiences of learners.</p>	<p>This is a universal approach and will be available to all schools – mainstream and ASN in Glasgow and will not be targeted to any particular areas or schools.</p>

	<p>Seven useful questions to consider when seeking to demonstrate 'due regard' in relation to the Duty:</p> <ol style="list-style-type: none"> 1. What evidence has been considered in preparing for the decision, and are there any gaps in the evidence? 2. What are the voices of people and communities telling us, and how has this been determined (particularly those with lived experience of socio-economic disadvantage)? 3. What does the evidence suggest about the actual or likely impacts of different options or measures on inequalities of outcome that are associated with socio-economic disadvantage? 4. Are some communities of interest or communities of place more affected by disadvantage in this case than others? 5. What does our Duty assessment tell us about socio-economic disadvantage experienced disproportionately according to sex, race, disability and other protected characteristics that we may need to factor into our decisions? 6. How has the evidence been weighed up in reaching our final decision? 7. What plans are in place to monitor or evaluate the impact of the proposals on inequalities of outcome that are associated with socio-economic disadvantage? 'Making Fair Financial Decisions' (EHRC, 2019)²¹ provides useful information about the 'Brown Principles' which can be used to determine whether due regard has been given. When engaging with communities the National Standards for Community Engagement²² should be followed. Those engaged with should also be advised subsequently on how their contributions were factored into the final decision. 	<p>A report by the Scottish Collaboration for Public Health Research and Policy highlighted evidence that many risk behaviours tend to cluster together, particularly in young people from the most deprived backgrounds. While the Which Way curricular resource offers a universal approach to education in relation to multiple risk, the resource will be promoted alongside a targeted approach to particular areas of concern within Glasgow City. For example, as part of targeted interventions, Which Way will be promoted as a quality assured prevention, education and early intervention resource that can be used within education settings.</p>	
(k)	<p>Other marginalised groups</p> <p>How have you considered the specific impact on other groups including homeless people, prisoners and ex-offenders, ex-service personnel, people with</p>	<p>There is no evident detriment to people with the protected characteristic of other marginalised groups within this resource.</p> <p>We were mindful of marginalised groups in the development of activities and lesson plans and ensuring there is links to</p>	

	<p>addictions, people involved in prostitution, asylum seekers & refugees and travellers?</p>	<p>additional learning, resources and support where appropriate. We linked with key partners to influence the content and language used with a focus on tackling stigma. For example, considerations have been made throughout the pack on the impact that learning around multiple risk might have on children who have or are currently experiencing substance use (including addiction) at home.</p> <p>Which Way uses inclusive language i.e. including both parents and carers, gender-neutral names and pronouns throughout the pack.</p>	
<p>8.</p>	<p>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?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation X</p> <p>2) Promote equality of opportunity X</p> <p>3) Foster good relations between protected characteristics. X</p> <p>4) Not applicable <input type="checkbox"/></p>	<p>There are no perceived cost saving in the review of this resource.</p> <p>As this resource will be shared online, there will be no costs incurred for printing and distribution of this resource to schools across Glasgow. The resource will be promoted digitally and within current structures to increase engagement and uptake of the resource within schools.</p>	
		<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>

<p>9.</p>	<p>What investment in learning has been made to prevent discrimination, promote equality of opportunity and foster good relations between protected characteristic groups? As a minimum include recorded completion rates of statutory and mandatory learning programmes (or local equivalent) covering equality, diversity and human rights.</p>	<p>All Health Improvement staff involved in the review of this resource have completed mandatory Equality and Diversity training which has influenced the development and amendments made to this pack.</p> <p>Teachers/educators working in Glasgow City, currently, do not complete any equalities mandatory training, however this is under review at this present time. The pack provides considerations to diverse population groups and protected characteristics throughout and how these should be considered in delivering lesson plans and activities. There are additional resources linked within the pack to further teacher knowledge, confidence and skills in these topic areas, where appropriate.</p> <p>Educators have access to equalities information, guidance via the Glasgow City Council Education services GLOW platform.</p> <p>Updates have been included on the HWB Education Website addressing the impact of equalities and protected characteristics in relation to health and wellbeing and additional information has been included in relation to tackling stigma.</p> <p>Which Way makes links to additional quality assured Health Improvement curricular resources that support learning around equalities and health and wellbeing,</p>	
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10. In addition to understanding and responding to legal responsibilities set out in Equality Act (2010), services must pay due regard to ensure a person's human rights are protected in all aspects of health and social care provision. This may be more obvious in some areas than others. For instance, mental health inpatient care or older people's residential care may be considered higher risk in terms of potential human rights breach due to potential removal of liberty, seclusion or application of restraint. However risk may also involve fundamental gaps like not providing access to communication support, not involving patients/service users in decisions relating to their care, making decisions that infringe the rights of carers to participate in society or not respecting someone's right to dignity or privacy.

The Human Rights Act sets out rights in a series of articles – right to Life, right to freedom from torture and inhumane and degrading treatment, freedom from slavery and forced labour, right to liberty and security, right to a fair trial, no punishment without law, right to respect for private and family life, right to freedom

of thought, belief and religion, right to freedom of expression, right to freedom of assembly and association, right to marry, right to protection from discrimination.

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

There is no evident detriment to people's human rights within this resource.

Consideration of UNCRC / Human rights (health based)

Curriculum for Excellence – HWB Experiences and Outcomes identified for lesson plans/activities

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

F – consultations with education staff, key partners and topic experts representing people with protected characteristics throughout. Consideration of population data and research specific to this population.

A – completed the EQIA, undertook a published research review, analysed feedback and suggestions from individuals involved in the consultation

I – It is Education's responsibility to deliver learning / signpost to further resource and information / PH priorities. It is Glasgow City Health Improvement's responsibility to share the resource and promote use within schools – link to other learning resources around health and wellbeing.

R – In line with Glasgow City HSCP Health Improvements Quality Assurance process, this resource will be reviewed annually. Feedback from the target audience will be considered as part of this review process and any action required will be considered and completed by the Health Improvement Workforce. The first review will take place May 2025.

*

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

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

X

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

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

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

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

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

Actions – from the additional mitigating action requirements boxes completed above, please summarise the actions this service will be taking forward.

Date for completion	Who is responsible?(initials)

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

This EQIA will be reassessed as part of our Quality Assurance process in May 2025.

Lead Reviewer:
EQIA Sign Off:

Name **Mary Kate Harte**
 Job Title **Health Improvement Senior**
 Signature *Mary Kate Harte*
 Date **13/03/24**

Lead Reviewer:
EQIA Sign Off:

Name **Jennifer Johnstone**
 Job Title **Health Improvement Senior**
 Signature *Jennifer Johnstone*
 Date **20/03/24**

Quality Assurance Sign Off:

Name	Alastair Low
Job Title	Planning Manager
Signature	
Date	12/04/24

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

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

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

		Completed	
		Date	Initials
Action:			
Status:			
Action:			
Status:			
Action:			
Status:			
Action:			
Status:			

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

		To be Completed by	
		Date	Initials
Action:			
Reason:			
Action:			
Reason:			

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

		To be completed by	
		Date	Initials
Action:			
Reason:			
Action:			
Reason:			

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

Action:	
Reason:	
Action:	
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@ggc.scot.nhs.uk