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: Environmental Cleans Service

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.

Glasgow City Health and Social Care Partnership provides Environmental Cleans to support people whose home environment presents a significant health, safety, care, or protection risk; prevents the safe delivery of assessed support; or creates a barrier to hospital discharge. Interventions may include specialist cleaning, removal of waste or hazards, needle sweeps, infestation treatment, and the provision or replacement of essential furniture or household items. The referrals arise through hospital and community health and social care services and commonly involve people experiencing disability, mental health needs, cognitive impairment, substance use, poverty, self-neglect, social isolation, or other circumstances which may increase vulnerability or limit their ability to resolve the environmental risk independently.

Following the Step Forward review, the service will move away from the current business as usual arrangements to a more formally managed blended delivery model. Internal and external provision will be retained, with the potential to procure additional external capacity where this is required and supported by market testing, affordability, and procurement requirements. The redesign will introduce formal contracts for external providers, a defined service-level agreement for internal provision, common service specifications, agreed response and quality standards, clearer reporting requirements, and stronger commissioning and contract-management oversight.

A consistent city-wide eligibility and prioritisation framework will also be developed. This will clarify the evidence required, thresholds for intervention, consent, urgent or exceptional circumstances, repeat cleans, and whether another service or reasonable alternative is available. The purpose is to improve consistency and equity rather than apply a blanket reduction in access. Some requests may, however, be redirected where there is no assessed health, care, discharge, or protection need, or where responsibility rests with another organisation or an appropriate alternative is available.

For people using the service, the intended changes are clearer and more consistent decisions, improved provider capacity and resilience, more reliable service standards, better communication, stronger quality assurance, and structured opportunities to provide feedback. Equality considerations, reasonable adjustments, consent, dignity,

communication needs, and individual circumstances will be reflected within referral, provider, and monitoring arrangements.
No charge, contribution, or part-payment is being introduced as part of the agreed redesign. Approved Environmental Cleans will continue to be funded through Partnership arrangements unless a separate future decision is made.

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.

The Environmental Cleans Service was selected for EQIA because it supports people who are disproportionately affected by health and social inequalities, including people experiencing disability, mental health needs, cognitive impairment, substance use, poverty, self-neglect, social isolation, and other forms of vulnerability. Any changes to eligibility, provider arrangements, service standards, or access could therefore have a disproportionate impact on people who are less able to arrange or fund alternative support independently.

The service supports GCHSCP priorities relating to prevention, community-based care, safe hospital discharge, Adult Support and Protection, safeguarding, reducing inequalities, and enabling people to remain safely at home. It also supports wider duties relating to equality and human rights, assessment and care, integrated health and social care, and the safety of staff required to deliver services within people's homes. The agreed redesign will retain a blended internal and external delivery model whilst strengthening commissioning, contract management, provider accountability, eligibility, performance monitoring, and service-user feedback. Equality considerations will be embedded within referral and prioritisation criteria, provider specifications, staff training, communication and reasonable-adjustment requirements, contract monitoring, and the collection of service-user experience and outcome information.

Although charging and contribution arrangements have previously been considered, no decision has been made to introduce them, and they are not included in the current implementation proposal. Finance has identified risks associated with pursuing vulnerable individuals or families for unpaid contributions after an intervention has taken place. If charging, part-payment, or contributions are proposed at a later stage, this could require a separate policy decision, affordability, equality assessment, appropriate consideration of engagement and safeguards, and an updated EQIA before an implementation of the new model.

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) EQIA Lead Reviewer: Operational Service Lead: Gareth Williams, GCHSCP Older People South Planning and Transformation Team. Glenda Cook, GCHSCP Head of Planning and Strategy, Older People South Planning and Transformation Team. Jacqui McGoldrick GCHSCP Head of Older People & Primary Care Date of Lead Reviewer Training:
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)

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

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

Service Evidence Provided:

GCHSCP collects comprehensive service user data through MicroStrategy, and EMIS all of which are stored on EDRMS, and within Care First 6.

Referrals are made through frontline health and social care professionals, and whilst demographic information (such as age, address, and service area) is routinely available, detailed data on protected characteristics may at times be incomplete or unavailable.

This is due in part to the urgent nature of referrals and the fact that cleans are typically authorised as part of a broader intervention, such as a hospital discharge planning, an adult protection process, or homelessness prevention, where priority is predicated on the immediate risk and mitigation.

Where relevant, equalities information may be available through linked case management systems, but it is not routinely recorded specifically in relation to the environmental cleans activity / service.

Possible negative impact and additional mitigating action required:

The absence of consistent equalities data limits the ability to assess how different groups access or experience the service, and could potentially mask the disparities of referral patterns, outcomes, or unmet need.

There is a potential risk that groups with specific barriers; such as those with learning disabilities, language needs, or mental health conditions - may not be adequately considered during a service evaluation.
To mitigate this risk, work is underway to improve the recording of equalities data recorded within referral forms and additional supporting documentation, ensuring that relevant information is captured without introducing delays to an urgent service delivery/process.

This will support future monitoring and reporting, enable a more informed decision making process, and allow for potential inequalities to be identified and addressed proactively.

2. Please provide details of how data captured has been/will be used to inform policy content or service design.

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

1) Remove discrimination, harassment and victimisation ☐

2) Promote equality of opportunity ☒

3) Foster good relations between protected characteristics. ☒

4) Not applicable ☐

Service Evidence Provided:

At present, data on the Environmental Cleans Service is primarily focused on operational delivery; which records the volume of cleans, the type of intervention(s) required, response times, and cost.

This information is used to monitor demand, to assess the provider(s) performance, and ensure that the service remains responsive to urgent needs. Although equalities specific data is limited, there is a growing recognition around the importance of capturing and analysing the demographic patterns, particularly where service users are referred through adult protection, community service teams or hospital discharge pathways.

Future service design will incorporate this data more deliberately to support service planning, ensure equitable access for all, and shape the commissioning decisions.

Possible negative impact and additional mitigating action required:

Without detailed equalities data informing service design, there is a risk that the needs of specific groups may be overlooked, particularly where barriers to access are not immediately visible through operational metrics.

For example, referral processes may inadvertently disadvantage those with communication needs or individuals who lack formal advocacy. To mitigate this, the

service will strengthen links with case management systems to better understand the characteristics of individuals receiving the service.

Insights from operational staff will also be captured to highlight patterns or gaps that may not be evident in quantitative data alone, building a better qualitative profile for analysis and service review; future reporting and contract management processes will incorporate improved data collection and analysis to support a more meaningful insight into access patterns, inform service planning, and ensure that any disproportionate impact on specific groups is identified and addressed, ensuring equality characteristics will/can be reported and monitored throughout all performance reviews.

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

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

1) Remove discrimination, harassment and victimisation ☒

2) Promote equality of opportunity ☒

3) Foster good relations between protected characteristics ☒

4) Not applicable ☐

Service Evidence Provided:

The Step Forward review has drawn on existing service evidence, frontline experience, previous Adult Support and Protection and hospital discharge activity, and learning from related services supporting people affected by disability, mental health, addiction, self-neglect, poverty, and social isolation.

While there remains limited published research specifically relating to Environmental Cleans, the redesign recognises that people within equality groups may experience additional barriers to maintaining a safe home environment or arranging alternative support independently. This has informed the development of clearer eligibility criteria, a blended provider model, strengthened commissioning and monitoring arrangements, and the need for reasonable adjustments and inclusive practice across all providers.

The redesigned service will strengthen the evidence base through improved equality and outcome data, service-user feedback, provider monitoring, and engagement with relevant stakeholders. Equality considerations will also be reflected within provider expectations and training, referral and assessment processes, and any future consideration of charging or financial contributions, to reduce the risk of disadvantage or indirect discrimination.

Possible negative impact and additional mitigating action required:

The absence of direct research specific to environmental cleans and protected characteristics limits the service's ability to proactively address group specific needs or preferences.
Without specific targeted insight, there is a potential risk of applying generic assumptions to diverse and often complex circumstances.

To address this, the service will incorporate learning from linked services, and partners, and engage with stakeholder forums to better understand how a direct disadvantage may influence service use.

This approach will help to build a more evidence informed model which recognises how protected characteristics can shape risk assessment and support service and individual service user need(s).

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:

Formal engagement with equality groups specifically for the Environmental Cleans Service has been limited to date, largely because many referrals arise at a point of crisis, hospital discharge, Adult Support and Protection intervention, or where service users may have limited capacity or ability to participate in formal consultation.

Current evidence is therefore primarily qualitative and has been gathered through frontline staff, case discussions, provider feedback, and comments from service users and families following completed cleans. This feedback has highlighted the importance of timely intervention, respectful communication, sensitivity to dignity, trauma and stigma, and flexibility around access to the home, personal belongings, communication needs, and individual circumstances.

As the redesigned service is implemented, engagement will become a more structured part of delivery and monitoring. This will include routine feedback from service users, families, frontline staff and providers, improved recording of equality and experience information, and opportunities for these views to inform service standards, provider monitoring, referral processes and future service development. This will help ensure that the service continues to respond to the experiences of people who may face additional barriers because of disability, mental ill-health, poverty, social isolation or other protected or vulnerable circumstances.

Possible negative impact and Additional Mitigating Action Required:

The limited direct engagement with people from equality groups presents a gap in fully understanding lived experience and any potential risks when designing services that may not fully reflect service users' needs.

Without capturing voices from those affected; especially disabled people, minorities, and individuals with lived experience of poverty or mental health conditions, the service may miss opportunities to improve trust, accessibility, and dignity when a service is being delivered.

Going forward, there is scope to work with the Patient Experience and Public Involvement team (PEPI), Locality Engagement Forums and relevant community-based organisations. This would aim to explore a structured engagement method(s) that enable safe and meaningful contributions from service users whose homes or living environments have required an environmental intervention.

As a frontline service delivering to operational pressures, in-depth follow up/analysis of the cleans have not been a priority to date, nor does the service have the staff to support this. The feedback from surveys carried out is strictly qualitative and gathered by team leaders; which could be developed into written statements to support this eqia and overall equalities. Feedback will be something that will be implemented via the service delivery as follow up surveys, where possible.

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:

GCHSCP ensures that the Environmental Cleans Service is delivered in people's homes and/or living environments and the service is therefore designed to be accessible at the point of need.

The service does not require individuals to travel or attend specific premises, and cleans are carried out in the individual's own environment. As such, it is not a location-based service with physical premises or routes requiring public access.

Providers are equipped to work in a variety of property types and conditions, including those with limited space, mobility adaptations, or with accessibility restrictions.

Whilst properties are being assessed, it is of note that social workers or staff from the Environmental Cleans Service may highlight specific barriers to service users within their living environment, specific to their need and recommend further assessment that may lead to supportive equipment, which breaks down accessibility barriers they may experience in their day-to-day life.

Possible negative impact and additional mitigating action required:

While the service itself is mobile and delivered in-home, there may be access barriers where properties are difficult to enter due to structural disrepair, hoarding, or a lack of consent for key entry.

In addition, individuals with sensory impairments or cognitive conditions may require additional support to understand the purpose and process of the clean.

To mitigate these risks, the service will continue to ensure that appropriate adjustments are made; such as advanced communication through carers or advocates, and that cleaning staff are trained to work sensitively and flexibly in a range of environments.

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:

The Step Forward redesign will strengthen how communication needs are identified and addressed throughout the Environmental Cleans pathway. Referrals will continue to be coordinated by health or social work professionals, with revised criteria and governance arrangements requiring communication needs, consent, capacity considerations, reasonable adjustments, and relevant cultural or accessibility requirements to be identified as part of the assessment and referral process.

The service supports wider GCHSCP responsibilities relating to assessment, care, protection, safe discharge, equality, and staff safety. Eligibility and prioritisation criteria will therefore be applied on the basis of assessed need and risk and must not create barriers for people because of disability, mental health, cognitive impairment, language, communication needs, or other protected characteristics. Where an individual has difficulty understanding or participating in decisions, appropriate support such as advocacy, carers, interpreters, accessible information, or other reasonable adjustments will be considered.

Inclusive communication will be required both before and during the clean. Providers will be expected to use plain and respectful language, respond sensitively to vulnerabilities, make reasonable adjustments where required, and explain what is happening during the intervention. This is particularly important where individuals may feel distressed or disempowered by an unfamiliar provider entering their home or handling personal belongings.

Provider agreements and commissioning arrangements will include expectations around inclusive communication, dignity, confidentiality, trauma-informed practice, and appropriate staff training. Monitoring and feedback arrangements will provide a mechanism to identify communication barriers or discriminatory practice and allow corrective action to be taken.

Appropriate communication support, including British Sign Language interpretation where required, will form part of the reasonable adjustment arrangements alongside support for other sensory, language, or communication needs.

Possible negative impact and additional mitigating action required :

There remains a risk that, in urgent or crisis-led situations, communication adjustments may not always be implemented in a timely or consistent way due to immediate availability of support staff, or access to wider materials for accessible communication(s).

If inclusive communication is not embedded at all stages of the referral and delivery process, service users may feel disempowered or unclear about the intervention which is scheduled to take place within their home.

To mitigate this, further clarity will be introduced throughout referral processes to prompt practitioners to record any known communication needs, and ensure that these are passed on to the provider in advance of service delivery.

Additional briefings for staff will reinforce the need to plan cleans in a way that respects an individual’s communication preferences, and any legal requirements pertaining to informed consent.

Communication strategies will be built into the service specification and any expectations/agreed approaches will be monitored via contract management and service feedback.

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:

GCHSCP ensures that The Environmental Cleans Service does not impose any age-based eligibility criteria and is accessible to individuals aged 16 and over who meet the relevant criteria for support.

Referrals are based on assessed need rather than age, and the service is routinely accessed by both younger and older adults who may be experiencing complex or crisis-level living conditions.

In practice, a significant proportion of referrals relate to older people, often who are in the process of hospital discharge, experiencing frailty, or a cognitive decline.

However, younger adults with disabilities, mental health conditions, or addiction-related challenges are also supported.

The design of the service ensures that all individuals who are referred for an environmental clean; regardless of age, are eligible where an environmental risk may pose a threat to their health or tenancy.

Possible negative impact and additional mitigating action required:

Although there are no formal age restrictions, there is a risk that younger individuals may be under-represented in referral patterns due to assumptions around capacity for self-management or if they have had a lack of engagement with services to date.

Older adults may also face delays where there is an environmental risk which has been minimised or misinterpreted due to age-related expectations.

To address this, an ongoing analysis of referral data will help to identify any age-related disparities, and staff will be reminded to apply consistent thresholds across all age groups.

The service will also engage with partnership teams and consider data pertaining to mental health, addictions, and hospital-based services, to ensure that age is not a barrier to identifying risk or accessing support within the service.

(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:

The Environmental Cleans Service is frequently accessed by individuals with a range of disabilities, including physical impairments, sensory loss, learning disabilities, and long-term mental health conditions, which may include individuals with cognitive decline, however, due to the fast turn around of the environmental clean, it is unlikely an individual would be recorded as having an incident of cognitive decline whilst this process is underway.

These disabilities may directly contribute to the deterioration of a service user's living conditions, particularly where an individual is unable to maintain their home environment without proper support. This includes hoarding behaviours are present and may stem from underlying trauma, OCD, or other compulsive conditions.

The service is designed to respond to these circumstances by ensuring that individuals are not placed at a further risk due to observed environmental hazards and can continue living safely at home or on return from hospital without an avoidable delay.

There are no exclusions based on disability, and the service operates in alignment with social work and health pathways that already account for assessed need and required adjustments in line with GCHSCP and Scottish Government legislation; such

as identifying physical needs and triggering a referral for a physical adaptation assessment.

Possible negative impact and additional mitigating action required:

Despite being designed to support people with disabilities, there is a risk that specific access needs may not always be adequately communicated between referral teams and internal/external providers, especially with urgent cases.

There is a potential therefore that this could affect the overall quality of interaction, the timing of a service delivery, or the individual's ability to fully understand and consent to the intervention/environmental clean.

To mitigate this, improvements will be made to referral documentation to ensure that relevant information is easy to understand and accessible.

Providers will be required to ensure their staff are briefed appropriately before entering a service user's property, and that reasonable adjustments are made where required to support a safe and dignified engagement.

(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:

GCHSCP ensures that all individuals, including those who have undergone or are undergoing gender reassignment, have equal access to the Environmental Cleans service without discrimination. Services are delivered in an inclusive manner, respecting individuals' gender identity, preferred names, and pronouns, in line with NHS Scotland's commitment to dignity and respect in care provision.

Whilst the Environmental Cleans Service does not collect data on gender reassignment as part of its referral or delivery processes, and referrals are accepted solely on the basis of environmental risk and individual need. There are no barriers within the service design that would exclude individuals undergoing or having undergone gender reassignment.

The service is delivered in a person's home by trained professionals who are expected (and required) to act respectfully and in accordance with equality legislation and organisational codes of conduct.

Where social work is involved, support is provided aligned to GCHSCP's legislation and framework(s) which already recognise the importance of person-centred and inclusive practice.

Possible negative impact and additional mitigating action required:

There are no anticipated negative impacts specific to gender reassignment; however, should any concerns be identified, GCHSCP will ensure that individuals have access to confidential advice and appropriate adjustments to ensure they feel fully supported throughout their environmental clean.

There is a potential risk that individuals who are transgender or non-binary may feel particularly vulnerable during home visits, particularly if they have had negative experiences with external services in the past, or if they are concerned about judgement, misgendering, or breaches of privacy.

As the service involves entering personal living spaces, sensitivity and respectful communication are essential. To mitigate this, the service will reinforce expectations around inclusive practice with both internal teams and external providers.

(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:

The Environmental Cleans Service does not differentiate between individuals on the basis of marital or civil partnership status, and this characteristic does not form part of the referral criteria or eligibility assessment.

The service is accessed on the basis of environmental risk and individual need, irrespective of whether a person lives alone, with a partner, or in any other household arrangement. Where couples are present, the service engages with both individuals where appropriate and seeks consent in line with both GCHSCP legislation and, legal and ethical standards.

Possible negative impact and additional mitigating action required:

There is no current evidence to suggest that the service has a disproportionate impact on people based on marital or civil partnership status. However, there may be occasional complexity in cases where one partner declines support or where disagreements may arise around consent for entry or intervention to deliver an environmental clean.

In such cases, the referring team will be responsible for ensuring that consent is appropriately articulated, authorised and that safeguarding concerns are escalated where necessary.

This approach will ensure that service delivery remains lawful, proportionate, and respectful of household dynamics.

(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:

GCHSCP ensures the Environmental Cleans Service is available for all individuals over the age of 16 who meet the threshold for intervention, and it does not apply any criteria that would exclude or deprioritise individuals on the grounds of pregnancy or maternity need(s).

Whist this characteristic is not routinely recorded, the nature of the service means that it may support individuals in the perinatal period where environmental conditions pose a risk to the health of the parent or an unborn child. The service is capable of responding to such referrals where appropriate and operates in alignment with social work and public health functions that are already attuned to safeguarding during pregnancy and early parenthood.

Possible negative impact and additional mitigating action required:

There is a potential risk that environmental concerns affecting pregnant individuals or those with young infants may not be escalated quickly enough if the referral pathway does not capture relevant health or safeguarding concerns.

Additionally, any failure to make appropriate adjustments during service delivery (such as scheduling cleans at a time when the parent and child are safely

accommodated elsewhere) could impact the overall wellbeing of both parent and child.

To mitigate this, referring teams will be encouraged to flag any pregnancy, or maternity related considerations at the point of referral, enabling providers to prioritise appropriately and ensure service delivery is safe, sensitive, and informed to the needs of the service user and their specific case/clean.

(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:

The Environmental Cleans Service does not apply any criteria whi9ch may differentiate between individuals on the basis of race; and support is provided solely on the basis of an assessed environmental risk.

However, the service recognises that individuals from minority backgrounds may be overrepresented among groups experiencing social disadvantage (e.g. refugees), insecure housing situations, or with barriers to accessing mainstream services; all of which may increase the likelihood of requiring this type of intervention/service.

Whilst data on ethnicity is not routinely captured through the referral process, the broader social work and housing systems in which the service is embedded are already attuned to addressing inequalities and promoting culturally appropriate engagement.

GCHSCP will ensure that translated materials, interpretation services, and culturally sensitive support is available for individuals and families who may require them. Staff awareness training will also reinforce best practices for providing culturally responsive care, ensuring that all individuals feel respected and supported throughout the environmental clean service/process.

Possible negative impact and additional mitigating action required:

Without routine collection and analysis of ethnicity data, the service cannot fully assess whether any racial disparities exist pertaining to access, experience, or outcomes.

There may also be a risk that cultural norms, language barriers, or fear of judgement may prevent individuals from engaging fully with the service, particularly where stigma or privacy concerns exist.

To mitigate this, the service will work with referral teams to improve the quality of demographic data captured at the point of referral and ensure that providers receive appropriate instruction and guidance on cultural sensitivity and inclusive practice, which aligns with GCHSCP's eqia policies.

This will support equitable access and help address any unconscious bias or assumptions that may influence referral or service delivery.

(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:

The Environmental Cleans Service is delivered in response to environmental risk and does not consider or directly record an individual's religion or belief as part of the referral process.

The service is available to all individuals regardless of faith background, and interventions are tailored to personal circumstances rather than cultural or religious identity. Where information is shared throughout social work or with health colleagues, it may include relevant preferences or requirements linked to religious observance, allowing the service to respond respectfully.

As part of the new contractual arrangements, providers will be expected to demonstrate a cultural competence/awareness and a trauma-informed practice when working in diverse home environments. Whilst formal training requirements (such as those aligned with City Building's cultural awareness modules) are not yet embedded, this will be explored as part of contract monitoring and service development; with an emphasis on respectful, inclusive engagement, particularly in sensitive or high-risk cases. Caledonian Maintenance do have their own staff training policies, as do CFM in-line with GCHSCP requirements and policies.

Possible negative impact and additional mitigating action required:

There is a potential risk that aspects of a person's religion or belief may be overlooked during the planning or delivery of a clean, particularly where cases may require a rapid intervention.

To mitigate this, referring professionals and teams will be encouraged to note any relevant religious or cultural considerations at the time of referral.

Providers will be reminded of their responsibility to carry out interventions in a respectful and non-intrusive manner, with sensitivity to beliefs that may influence how individuals perceive or experience the service.

(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:

The Environmental Cleans Service is offered to individuals on the basis of assessed environmental risk and does not apply any criteria that differ by sex.

Both men and women are referred into the service by health and social care professionals, and there is no evidence to suggest that the service design itself privileges or excludes individuals based on their sex. Referrals to date include a broad mix of individuals across genders, with common themes relating to isolation, physical incapacity, and complex need(s).

Possible negative impact and additional mitigating action required:

Whist access to the service is not limited by sex, there is a possibility that male and female service users may experience the intervention differently, especially where there may be a perceived vulnerability, privacy concerns, or the presence of staff of a different gender within their home.

This may be heightened for individuals with a history of trauma or abuse. To address this, providers will be reminded of the importance of delivering the service in a manner that respects personal boundaries and offers reassurance where needed. Referral processes will continue to include safeguarding checks where required, and any specific concerns related to the individual's comfort or safety during a clean will be flagged in advance by the referral or assessment teams, and the service will aim to

address these in advance e.g. if a specific gender is requested for the clean, however in the case of urgent referrals this may not be feasible due to the timeframe required. The service will make sure to uphold requests where possible and this will be communicated at all stages of the environmental clean.

(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:

The Environmental Cleans Service is delivered based on environmental need and does not differentiate between individuals on the basis of sexual orientation.

The referral process does not ask for, nor does it require, the disclosure of this characteristic. There are no elements of the service design that would create barriers to access for lesbian, gay, bisexual, or other individuals who differentiate based on their sexual characteristics.

The service is provided within a broader system of health and social care that promotes inclusive and non-discriminatory practice, and is designed to be person-centred and respectful in nature.

Possible negative impact and additional mitigating action required:

Although there are no structural exclusions, there is a potential risk that individuals from LGBTQ+ communities may feel vulnerable or judged during their in-home interventions, particularly where they may have experienced discrimination from external services.

The highly personal nature of the service requires a high degree of trust.

To mitigate this, staff delivering the service will continue to operate under clear expectations of professional conduct and respectful engagement in line with GCHSCP policies and codes of practice.

(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:

The Environmental Cleans Service is closely associated with poverty and socio-economic disadvantage. Individuals requiring intervention may experience poor housing conditions, insecure tenancies, limited informal support, disability, mental health, addiction, cognitive impairment, social isolation, or other circumstances which reduce their ability to maintain their home environment or arrange alternative support independently.

The service is accessed through health, social work, Adult Support and Protection, hospital discharge, and community pathways. Operational evidence and professional experience indicate that financial hardship and limited access to practical support are common features within the population referred to the service. These factors may increase both the likelihood of environmental conditions deteriorating to crisis point and the individual's inability to resolve the situation without public support.

The Step Forward redesign retains the Environmental Cleans Service through a blended internal and externally commissioned model, while strengthening eligibility, commissioning, governance, monitoring, and provider arrangements. The review has also considered possible service-user or family contributions, part-payment, or separate invoicing arrangements. This introduces an additional equality consideration because the ability to contribute financially will vary significantly across the population using the service.

Fairer Scotland Duty

1. What evidence has been considered in preparing for the decision, and are there any gaps in the evidence?

Evidence considered includes service activity and financial information, provider records, case reviews, workshop evidence, frontline professional experience, referral pathways, and the EQIA itself. This evidence consistently identifies links between Environmental Cleans and poverty, disability, mental ill-health, addiction, self-neglect, social isolation, and limited informal support.

There remain gaps in routinely recorded socio-economic and equality information, including household income, deprivation profile, repeat demand, avoided hospital delay, and longer-term outcomes following an intervention.

2. What are the voices of people and communities telling us, and how has this been determined?

Evidence to date is primarily qualitative and has been gathered through frontline staff, case discussions, provider feedback, and comments from service users and families following cleans. This indicates that people can experience shame, stigma, distress, and difficulty seeking help before environmental conditions reach crisis point.

Formal lived experience engagement has been limited, and the redesigned service will introduce more structured feedback and engagement arrangements to ensure service-user and family experience informs future service development.

3. What does the evidence suggest about the actual or likely impacts of different options or measures on inequalities of outcome associated with socio-economic disadvantage?

Reducing access to the service, restricting eligibility, or introducing financial contributions could disproportionately affect people who do not have the resources to purchase equivalent support privately.

Where a clean is required to support hospital discharge, assessed care, Adult Support and Protection, or management of a significant health or environmental risk, inability to afford a contribution could result in delayed intervention, worsening living conditions, increased safeguarding concerns, delayed discharge, or greater reliance on other public services.

Conversely, clearer eligibility and a more consistent city-wide service may reduce inequality by ensuring that decisions are based on assessed need and risk rather than locality, provider availability, or an individual’s ability to navigate the system.

4. Are some communities of interest or communities of place more affected by disadvantage than others?
Environmental Cleans frequently support people experiencing multiple disadvantage, including poverty, disability, mental ill-health, addiction, social isolation, insecure housing, and limited support networks.

Further monitoring of referral patterns, geography, service-user characteristics, and outcomes is required to establish whether particular communities or areas experience disproportionate need or barriers to access.

5. What does the Duty assessment tell us about socio-economic disadvantage experienced disproportionately according to sex, race, disability, and other protected characteristics?
Socio-economic disadvantage can intersect with protected characteristics and other vulnerabilities. Disability, mental health, cognitive impairment, addiction, age, language barriers, and social isolation may increase both the risk of environmental deterioration and the difficulty of independently arranging or funding support.
The redesign therefore needs to consider financial circumstances alongside reasonable adjustments, communication needs, capacity, safeguarding, and individual risk.

6. How has the evidence been weighed in reaching the final decision?
The selected redesign retains Environmental Cleans through a blended internal and external provider model, with strengthened commissioning, eligibility, governance, and monitoring arrangements.

This reflects evidence that the service provides an important intervention for people who may be unable to resolve significant environmental risks independently, while recognising the need for improved financial control, consistency, provider accountability, and evidence of outcomes. Any future charging or contribution arrangements will require separate consideration of affordability and equality impacts before implementation.

7. What plans are in place to monitor or evaluate the impact of the proposals on inequalities of outcome associated with socio-economic disadvantage?
The redesigned service will strengthen collection and monitoring of referral, equality, geographic, activity, cost, outcome, and service-user feedback information.

Commissioning and contract-monitoring arrangements will include equality considerations, provider expectations, training, service-user experience, and

performance reporting. Where any charging or contribution model is introduced, monitoring will include affordability, declined or delayed interventions, non-payment, financial hardship, and whether particular groups are disproportionately affected. This information will support ongoing EQIA review and allow changes to eligibility, charging, provider arrangements, or service delivery to be assessed for unintended socio-economic impacts.

Possible negative impact and additional mitigating action required:

Introducing full or partial charging could disproportionately affect people on low incomes and those already experiencing multiple disadvantage. Individuals with greater financial resources may be able to meet a contribution or purchase an alternative service, while those unable to pay could face delayed intervention, financial hardship, increased debt, or disengagement from the service.

This risk is particularly significant where an Environmental Clean is required to support safe hospital discharge, Adult Support and Protection, delivery of assessed care, or management of a significant health or environmental risk. Pursuing payment from vulnerable individuals or families after a necessary intervention could also create distress and transfer financial pressure to relatives who may already have caring responsibilities.

Any charging proposal will therefore require an affordability and equality assessment before implementation, including consideration of income, financial hardship, disability-related circumstances, and the consequences of non-intervention. Essential risk-led interventions should not be delayed or withheld solely because an individual is unable to meet a financial contribution.

The redesigned service will also monitor the impact of any charging arrangements on referral acceptance, service uptake, declined interventions, geographic and demographic patterns, and outcomes. Commissioning, Finance, and Equality colleagues will contribute to the development and review of any future charging policy to ensure that cost recovery does not create an avoidable barrier to necessary support.

(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:

The Environmental Cleans Service frequently supports individuals from groups facing extreme marginalisation or exclusion, including those who are homeless, at risk of homelessness, or recently accommodated through statutory support.

Many referrals originate from housing teams, hospital discharge coordinators, and adult protection services, where individuals have intersecting vulnerabilities such as health and social care needs, addiction, or immigration-related instability.

Whilst data on specific group identities is not routinely recorded, case-level evidence suggests that people with a history of institutionalisation (e.g. prison or long-term hospital stays), trauma, or unstable housing are overrepresented amongst those requiring environmental cleans.
The service is designed to meet need regardless of formal eligibility or legal status, and can be delivered in partnership with third sector agencies or support workers who are familiar with the service user's case.

Possible negative impact and additional mitigating action required:

Without explicit recognition of these groups in referral guidance or service monitoring, there is a risk that their needs may not be identified early or consistently addressed.

To mitigate this, GCHSCP will explore opportunities to strengthen links with frontline support services that work directly with these groups and will consider how referral processes can better reflect their circumstances. Ensuring provider staff are briefed on trauma-informed approaches and safeguarding considerations will also help improve the accessibility and appropriateness of service delivery.

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:

The Step Forward review has considered the financial sustainability and value for money of the Environmental Cleans Service alongside service quality, responsiveness, capacity, and equality of access.

The selected redesign does not seek to achieve savings primarily through reducing the scope of the service. It retains a blended internal and external provider model, with additional funding as an option and the potential to secure further commissioned capacity where required. The redesign is intended to improve financial control through clearer eligibility criteria, consistent authorisation, formal provider agreements, improved commissioning oversight, and better monitoring of activity, costs, and outcomes.

Financial considerations will remain part of referral and service planning; however, eligibility and prioritisation will continue to be based on assessed need, risk, statutory responsibilities, and the availability of reasonable alternatives rather than cost alone.

The review has also considered possible charging, part-payment, or contribution arrangements. Any such arrangement would require further financial and equality assessment before implementation, particularly given the number of people using the service who may experience poverty, disability, mental health needs, addiction, cognitive impairment, or limited family and social support.

Possible negative impact and additional mitigating action required:

Any changes to eligibility, provider arrangements, financial controls, or future charging mechanisms could disproportionately affect people with protected characteristics or those experiencing socio-economic disadvantage if they result in delayed access, reduced provision, or an expectation that individuals or families fund an intervention they cannot afford.

There is also a risk that tighter financial controls could unintentionally restrict access where an Environmental Clean is required to enable safe hospital discharge, support Adult Support and Protection, allow assessed care to be delivered safely, or address a significant health or environmental risk.

To mitigate this, revised eligibility and prioritisation criteria will incorporate equality considerations and retain professional assessment of individual circumstances and risk. Decisions will not be based solely on cost or a person's ability to contribute financially.

Commissioning and contract-monitoring arrangements will include equality, quality, responsiveness, service-user feedback, and provider performance alongside financial measures. Referral and outcome information will also be monitored to identify whether changes disproportionately affect particular care groups, protected characteristics, geographical areas, or people experiencing poverty.

Any future charging or contribution policy will require an affordability assessment, appropriate exemptions or safeguards, and consideration of the consequences where an individual or family cannot pay before implementation.

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 GCHSCP staff involved in the coordination and oversight of the Environmental Cleans Service are required to complete mandatory training on equality, diversity, and human rights, with completion rates monitored via staff development systems.

This includes e-learning modules on the Public Sector Equality Duty, unconscious bias, and inclusive communication. In addition, provider organisations commissioned to deliver the service are expected to meet contractual requirements around equality and non-discrimination, with an adherence to organisational policies and relevant legislation.

Partnership working with social work and housing teams also ensures that the service is informed by multidisciplinary expertise when supporting people from a wide range of backgrounds and experiences.

Possible negative impact and additional mitigating action required:

While statutory training provides a baseline level of awareness, there is a risk that staff and providers may not always recognise the specific barriers faced by individuals from protected characteristic groups.

To strengthen and improve practice, the service will consider the introduction of targeted briefings and/or development sessions around inclusive service delivery, tailored to the context of in-home interventions, which will collect feedback for consideration in future service development.

The commissioning process will continue to require a provider compliance with equality standards, and any gaps in awareness or conduct will be addressed through ongoing contract monitoring and escalation protocols.

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.

The Environmental Cleans Service supports people who may be experiencing significant vulnerability and is delivered within an individual's home, requiring particular consideration of dignity, privacy, autonomy, consent, and involvement in decisions. The nature of the intervention, including entering private living spaces, handling or removing personal belongings, and responding to complex environmental conditions, creates potential human-rights risks if the service is not delivered proportionately and sensitively.

The Step Forward redesign will strengthen these safeguards through clearer eligibility and assessment criteria, formal provider agreements, improved commissioning and monitoring, and expectations around consent, communication, confidentiality, dignity, and inclusive practice. Individuals should be involved in decisions about the intervention wherever possible, with appropriate support where capacity, communication needs, mental health, disability, or other circumstances affect their

ability to participate. Advocacy, carers, interpreters, or other appropriate support should be considered where required.

Any future charging or contribution arrangement will also require consideration of whether an inability to pay could prevent access to an intervention required to manage significant health, care, or protection risks. Equally, the service must balance the rights and needs of the individual with GCHSCP's obligations to protect staff from unsafe working environments. Decisions to delay, restrict, or alter an intervention on health and safety grounds should therefore be proportionate, clearly recorded, and accompanied by consideration of reasonable alternatives wherever possible.

The redesigned service will continue to operate on the principles of non-discrimination, proportionality, minimum necessary intervention, and respect for privacy and dignity, with provider performance and service-user feedback used to identify and address any concerns arising during implementation.

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).

The Step Forward review and redesign of the Environmental Cleans Service has been informed by a human rights-based approach, with particular emphasis on dignity, autonomy, protection from harm, equitable access, and proportionate decision-making. The PANEL principles have been used to consider both the rights of individuals receiving the service and the responsibilities of GCHSCP, referring staff, and service providers.

- **Participation** is supported through person-centred assessment and referral processes, with individuals involved in decisions about their home, the proposed intervention, access arrangements, and personal belongings wherever possible. Where capacity, communication needs, disability, or mental health affect participation, appropriate advocacy, communication support, or decision-making safeguards should be considered.
- **Accountability** will be strengthened through clearer eligibility and approval criteria, defined responsibilities, formal provider agreements, commissioning oversight, performance monitoring, and improved recording of decisions and outcomes.
- **Non-discrimination and Equality** are reflected through access based on assessed need, risk, statutory responsibilities, and the availability of

reasonable alternatives rather than protected characteristics or ability to pay. The redesign recognises that disability, mental health, addiction, poverty, and social isolation may increase both environmental risk and barriers to resolving it independently.

- **Empowerment** is supported by enabling people to remain safely at home, return home following hospital admission, receive assessed care safely, and avoid unnecessary escalation. Improved feedback arrangements will also provide greater opportunity for service users and families to influence future service delivery.
- **Legality** is supported through consideration of GCHSCP's wider statutory responsibilities, including safeguarding, equality and human rights, consent and capacity, data protection, and health and safety. Decisions to provide, restrict, delay, or alter an intervention should be necessary, proportionate, clearly recorded, and consider the consequences of non-intervention.

Any future charging or contribution arrangements will require particular human rights and equality consideration to ensure that inability to pay does not create an inappropriate barrier where an intervention is required to support statutory duties or manage significant risk. These principles will continue to inform eligibility criteria, commissioning arrangements, provider standards, monitoring, and implementation of the redesigned service.

*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.

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

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

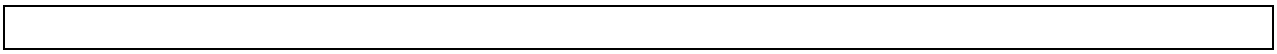
Option 2: Adjust (where a potential or actual negative impact or potential for a more positive impact is found, make changes to mitigate risks or make improvements) ☒

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

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

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

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



Actions.

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

To mitigate the potential risks identified within this EQIA, the following actions will be taken forward through the Step Forward redesign and implementation of the Environmental Cleans Service:

- No charge, contribution, or part-payment will be introduced as part of the current redesign without considering the outline of this EQIA and the approved governance process. At present Environmental Cleans will continue to be funded through existing Partnership arrangements.
- If charging or contributions are proposed in future, this will be treated as a separate policy decision and will require approval before implementation. The proposal will include an affordability assessment, financial-hardship safeguards, consideration of exemptions, engagement with service users and families, and input from Finance, Commissioning, Legal Services, and Equality colleagues.
- The EQIA and Fairer Scotland Duty assessment will be reviewed and updated before any charging arrangement is introduced. No charging mechanism will be implemented solely through provider contracts or operational processes.
- Develop and implement consistent city-wide eligibility and prioritisation criteria based on assessed need, risk, statutory responsibilities, consent, and the availability of reasonable alternatives, rather than cost or ability to pay.
- Include an escalation route for urgent, exceptional, hospital-discharge, Adult Support and Protection, and staff-safety cases where standard criteria or timescales may not be appropriate.
- Improve the recording of equality, demographic, referral, decision, activity, cost, and outcome information to identify gaps in access, inconsistent decisions, or disproportionate impacts.
- Update referral documentation so that communication needs, capacity, consent, reasonable adjustments, cultural or religious requirements, and relevant risks are recorded and shared appropriately with providers.
- Formalise the internal service through an agreed service-level agreement and external provision through appropriate contractual arrangements, with common service specifications, response standards, reporting requirements, equality obligations, and escalation processes.
- Embed trauma-informed, inclusive, respectful, and non-discriminatory practice within provider expectations, staff briefings, training requirements, commissioning arrangements, and contract monitoring.
- Introduce structured feedback from service users, families, referring staff, and providers following completed interventions, and use this information to identify barriers, improve service standards, and inform future development.

- Monitor access and outcomes by referral route, geography, care group, protected characteristics, known vulnerabilities, provider, waiting time, and decision outcome to identify any emerging inequalities.
- Ensure that human rights, safeguarding, dignity, privacy, consent, and staff health and safety are considered within assessment and delivery decisions. Where an intervention is delayed, restricted, or changed for safety reasons, the decision and any reasonable alternative will be clearly recorded.
- Review the EQIA during implementation and formally within six months of the redesigned service commencing, with further review where eligibility, provider arrangements, funding, charging, or service scope materially change.

No actions identified ☐

Date for completion
Who is responsible? (initials) JMcG / GW

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

Lead Reviewer:
Name
Job Title
Signature
Date

Operational Service Lead Sign Off:
Name **Jacqui McGoldrick**
Job Title **Head of Older People & Primary Care**



Signature
Date 04/11/26

Quality Assurance Sign Off:
Name **Dr Noreen Shields**
Job Title **Planning and Development Manager**
Signature 
Date 04/11/26

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

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

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

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

Action:

Status:

Completed
Date
Initials

Action:

Status:

Completed
Date
Initials

Action:

Status:

Completed
Date
Initials

Action:

Status:

Completed
Date
Initials

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

Action:

Reason:

To be completed by
Date
Initials

Action:

Reason:

To be completed by
Date
Initials

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

Action:

Reason:

To be completed by
Date
Initials

Action:

Reason:

To be completed by
Date
Initials

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

Action:

Reason:

Action:

Reason:

Please write your next 6-month review date

Name of completing officer:

Date submitted:

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