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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. Please refer to the EQIA Guidance Document while completing this form. 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:

Glasgow City Health and Social Carer Partnership Carer Strategy.

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.

The Carer Scotland (Act) 2016 came into force on 1/4/18 and created additional duties for Glasgow City Council. Glasgow City Council and NHS Greater Glasgow and Clyde deliver integrated services as Glasgow City Health and Social Care Partnership (GCHSCP) The legislation requires Glasgow City Council to prepare a [carer strategy](#) and review the strategy every three years. (The Carer Strategy is due for review in June 2025.) The Scottish Government produced an [EQiA for the national carer strategy in 2023](#). Glasgow HSCP also commission carer services to support implementation of the Carer Strategy and an EqIA is required for the tender process.

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.)

As of 1/4/2018 Glasgow City Council has a duty to prepare and review a Carer Strategy to comply with the Carer (Scotland) Act 2016. The carer strategy also complies with the National Health and Wellbeing Outcome Framework 6: People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being.

As per the requirements of the Equality Act 2010 and the Public Sector Equality Duty, due regard is required to be evidenced in the delivery of the carer strategy to ensure equitable access to carer support and services regardless of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion, sex and sexual orientation. The ethos of the strategy is to raise awareness of

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unpaid carers in Glasgow. By taking account of the needs of the Cared For and their carers, services should become more inclusive and accessible for all carers.

Glasgow HSCP Carer Strategy plays a key role in delivering Glasgow City HSCP's commitment to making Glasgow a carer-friendly city, where unpaid carers are treated with compassion and kindness. Caring for family and friends is a natural part of all our lives but can be emotionally and physically demanding. Having unpaid caring responsibilities should not be to the detriment of the carer's own health and wellbeing. Unpaid carers have been involved over the last number of years in shaping strategy, ensuring that information and support that is being provided is designed around the personal outcome's carers identified as being important to them.

Glasgow HSCP aims to support adult carers as equal partners in the delivery of.

Young carers are supported by reducing levels of inappropriate and harmful care responsibilities where possible as per United Nations Convention on the Rights of the Child (UNCRC).

Glasgow HSCP Carer Strategy aims to deliver better and consistent support for carers so they can continue to care, if they so wish, in better health acknowledging they are entitled to a life alongside their caring role.

Glasgow HSCP Carer Strategy is also intended to play a key role in supporting carers to manage the long-term impact of the COVID-19 pandemic and the current cost crisis.

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: Elizabeth Lochrie	Date of Lead Reviewer Training: (27 th April 2023)
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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):

Strategic: Fred Beckett Carer Lead. Principal Officer Carer Lead (IJB Carer Rep) Gail Bridges (Carers Act Resource worker) Commissioning: Brian Lithgow and Gillian Keeley Carers: Sune Skaarup (Minority ethnic carers of older people) Glasgow Carer Reference Group Members

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Care Organisations

Alzheimer Scotland: Alison McNair and Janice Stewart

Parkinson's Scotland: Linda Brown

Improving the Cancer Journey Kirsty Whiteside

Glasgow Association for Mental Health

Operational

Liz Simpson Head of Service Children and Families

Jacqui McGoldrick Head of Service Older People Primary Care

Service Managers Older People Primary Care. Matt James, Elizabeth Lochrie and Willie Munro

Carer Managers: Kirstin Patey, Jean McInaw, Julie Young, Margaret McBride, John Haxton, Andy Bell, Liz Brunjes, Ann Thomson.

Community Support Projects:

Acute

Jennifer Watt and Debbie Scofield

Corporate Carers Group 6 x NHSGGC Care leads

Mental Health Strategy

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		Example	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
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 any barriers to collecting this data in your submitted evidence and an explanation for any protected characteristic data omitted.	A sexual health service collects service user data covering all 9 protected characteristics to enable them to monitor patterns of use.	Data re protected characteristics is routinely collated. Equality data is then shared with managers of services delivering support to carers and carer reference group members. The data is also shared publicly in the carer services 'How are we doing?' annual report Equalities data is collated from care management systems: HSCP service data is recorded on Carefirst 6 and commissioned services use Charity Log. The quality of the data recording is monitored by Carers Act Resource Worker. The data is analysed to identify gaps in service delivery or opportunities to improve access to information. https://www.gov.scot/publications/collecting-equality-data/	An unintended consequence of relying on data solely from the carer strategy could be other strategies being less inclusive of carers. The strategic aim is to make Glasgow a 'carer friendly' city and embed carer awareness within all strategies, i.e., Domestic violence, Housing Strategy, Integrated Children's Services Plan. Carer Aware operational and strategic resources monitor the impact of the carer strategy on wider HSCP and NHSGGC services.
		Example	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
2.	Please provide details of how data captured has been/will be used to inform policy content or service	A physical activity programme for people with long term conditions reviewed service	Protected characteristic data is gathered from assessments to review and inform development of the carer strategy. Carer service aim to collate data that demonstrates equality of opportunity for adult and young carers.	The carer census return requires a significant amount of data to be completed to monitor the impact of the Carer Strategy nationally.

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	design. Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes). 1) Remove discrimination, harassment and victimisation x 2) Promote equality of opportunity x 3) Foster good relations between protected characteristics. x 4) Not applicable	user data and found very low uptake by BME (Black and Minority Ethnic) people. Engagement activity found promotional material for the interventions was not representative. As a result, an adapted range of materials were introduced with ongoing monitoring of uptake. (Due regard promoting equality of opportunity)	i.e. Carers are recognised and their contribution is understood and valued by society. That the social and economic contribution, impacts and scale of caring are recognised, understood and reflected in local and national policy making across all areas. Carers are able to access the financial support and assistance to which they are entitled. Carers are able to take up or maintain employment and education alongside caring if they wish to do so. Carers can participate in and are valued by their community and wider society. Carers' voices are heard, and their views and experiences are taken into account in decisions which affect them. Carer Advice and information team analysed referral data to identify where awareness raising should be targeted or materials adapted. Performance monitoring is in place to establish how long carers they were caring before accessing support. i.e., Monitor requests for materials in other languages. Carer awareness briefings and materials can be targeted where carers take longer to be identified. During the COVID-19 pandemic more carers are moved online to access support and information: Glasgow HSCP Carer strategy resources were updated in response to this. The Your Support Your Way Glasgow carer pages on the website has been refreshed.	A proposal for light touch assessment shared with National Carer Leads to request that consideration is given to delivering a level of assessment that is proportionate to personal outcomes of the carer, risk and need. Young carer data has a large focus on providing evidence which can only be gathered by completing YCS. An HSCP could complete low number of YCS but provide significant supporting to families which reduces the need for a YCS. While well intentioned, the national drive to collate performance data could unintentionally lead to labelling children with caring responsibilities and undermining the parenting role. Performance and staff training is being updated to capture evidence of alleviating caring roles and a family-based approach as per carers act guidance and national carer strategy intention.
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			An online carer self-referral was introduced. Carers only have to provide information they are comfortable with which may produce incomplete data. Website guidance FAQs are being updated to encourage carers to provide equalities data. A bank of inclusive social media images was developed for use online to encourage carers to access advice and information. Printed materials have been updated for those carers who are not digitally included. All operational staff are encouraged to attend equalities training. MECOPP Young Carers: Young carers are supported and protected from inappropriate caring and negative impacts on their education, social lives and future opportunities. Young adult carers are supported when moving from education to training and work while balancing an ongoing caring role The National Carers Strategy contributes the following National Outcomes: Children and young people: we grow up loved, safe and respected so that we realise our full potential. Communities: we live in communities that are inclusive, empowered, resilient and safe. Education: we are well educated, skilled and able to contribute to society. Fair work and business: we have thriving and innovative businesses, with quality jobs and fair work for everyone.	
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			Health: we are healthy and active. Human rights: We respect, protect and fulfil human rights and live free from discrimination. Poverty: we tackle poverty by sharing opportunities, wealth and power more equally.	
		Example	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
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 (tick relevant boxes). 1) Remove discrimination, harassment and victimisation X 2) Promote equality of opportunity X	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	 ITEM No 13 - Equalities Progress Re Integration Joint Board's (IJB) Equalities Mainstreaming Report 2020-2024. The report outlines some of Glasgow HSCP key successes and sets out our priorities and challenges for the future. The pandemic has imposed fundamental challenges on people's lives, more so for some protected characteristic groups and those already living in poverty. The recovery phase will be crucial to ensure meaningful mitigation of poverty and inequality. Feedback during the carer strategy consultation: too corporate and took that advice into consideration in the design of website, printed materials and the carer strategy. Carers' assessments: developments, digital, diversity, co-production and good practice: increased	Many Services are currently adapting to the learning from the COVID-19 pandemic. Significant research has been made available during and post pandemic. All carer awareness materials have been reviewed with ongoing support from the HSCP Communications Team to make information to be more accessible and inclusive. Glasgow HSCP Carer Services have been adapting resources to provide an inclusive hybrid blend of printed and online materials. The Carer Strategy has

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	3) Foster good relations between protected characteristics X 4) Not applicable	people. (Due regard to removing discrimination, harassment and victimisation and fostering good relations).	use of online resources for information and support. Carers are supported to recover from the negative impacts of COVID-19.	predominantly been delivered by preventative carer services for over 20 years in Glasgow. A possible unintended consequence is that the carer strategy is viewed as a standalone strategy, when the requirements of the Carers Act need to be embedded across all HSCP Practice. Work is ongoing to embed support for carers across all relevant areas of policy and practice Carer services continue to increase partnership working with condition specific organisations to increase choice and support for unpaid carers and the person they look after. Care Aware briefings are being promoted among communities and services to raise awareness of carers and their rights.
		Example	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
4.	Can you give details of	A money advice		The challenge of identifying

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	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? Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes). 1) Remove discrimination, harassment and victimisation ☐ 2) Promote equality of opportunity ☐ 3) Foster good relations between protected characteristics ☐ 4) Not applicable ☐	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. (Due regard to promoting equality of opportunity) * The Child Poverty (Scotland) Act 2017 requires organisations to take actions to reduce poverty for children in households at risk of low incomes.	Carer strategy consultation was held online shared widely using HSCP, NHS GGC and third sector social media accounts. IJB Public Engagement Committee were approved plans for consultation. Public Engagement Committee and Carer Engagement Forum inform development of the carer strategy. The Glasgow Carer Reference Group has a development session planned early in 2023 to increase opportunities to enable unpaid carers to influence the development and delivery of policy and practice Mecopp supported review of the National Carer Strategy EqiA and Glasgow HSCP EqiA (Sune Skarrup)	carers, willing to be involved in carer engagement became more challenging post pandemic. Online carer surveys are promoted widely on twitter and Facebook to encourage Glasgow's diverse community of carers to have their say in the development and delivery of services. Survey questionnaires include equality monitoring to confirm whether feedback is representative of known Glasgow demographics.
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		Example	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
5.	Is your service physically accessible to everyone? If this is a policy that impacts on movement of service users through areas are there potential barriers that need to be addressed? Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes). 1) Remove discrimination, harassment and victimisation ☐ X 2) Promote equality of opportunity X 3) Foster good relations between protected characteristics ☐ 4) Not applicable ☐	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 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).	All HSCP services are required to consider accessibility in building design and service delivery. Commissioned Carer services specification stipulates building accessibility. Flexible approach to service delivery are specified in commissioned carer services tender specifications: carers will be offered choice home visit, face to face or online platform. With or without person being looked after.	

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		Example	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
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 (tick relevant boxes). 1) Remove discrimination, harassment and victimisation X 2) Promote equality of opportunity X 3) Foster good relations between protected characteristics ☐ 4) Not applicable ☐	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. Written materials were offered in other languages and formats. (Due regard to remove discrimination, harassment and victimisation and promote equality of opportunity).	Carer strategy has been reviewed by HSCP Communications Team to ensure compliance with HSCP Communication Policy.	

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	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.			
7	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required	
(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). Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).	The strategy aims to be inclusive of all age groups with a universal offer of information and advice for all. We know that people are most likely to become carers in their later working years. Potential impacts of this include a carer facing difficulties entering and remaining in employment. We also know that significant numbers of older people either rely on the support of unpaid carers or are carers themselves. Young carers are more likely to report instances of isolation as they may be deprived of social activities and other opportunities their peers without caring responsibilities can enjoy.	The COVID-19 Pandemic restricted the use of printed materials and referrals for carers aged over 65 saw a significant reduction. Post pandemic, online and printed materials were reviewed, and priority was given to developing materials aimed at carers less likely to be digitally included.	

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	1) Remove discrimination, harassment and victimisation ☐ 2) Promote equality of opportunity ☐ 3) Foster good relations between protected characteristics. ☐ 4) Not applicable ☐	Alongside its more general focus on personalisation, the Strategy also includes actions to address challenges related to caring role and age.	
(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 (tick relevant boxes). 1) Remove discrimination, harassment and victimisation X 2) Promote equality of opportunity X 3) Foster good relations between protected characteristics. 4) Not applicable	The strategy aims to deliver personalised information and support for all carers looking after someone resident in Glasgow. Carers should receive support that is personalised to their own needs, risks and personal outcomes.	
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required

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(c))	Gender Identity Could the service change or policy have a disproportionate impact on people with the protected characteristic of gender identity? Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes). 1) Remove discrimination, harassment and victimisation ☐ 2) Promote equality of opportunity ☐ 3) Foster good relations between protected characteristics ☐ 4) Not applicable ☐	Research published in 2007 by the Lesbian, Gay, Bisexual Transgender and Intersex (LGBTI) Centre for Health and Wellbeing reported that 0.8% of respondents from Edinburgh, the Lothians and the Borders provided full-time caring.¹⁰ Some LGBTI parents/carers felt that reporting incidents affecting them would 'out' their children in the neighbourhood and make their children a target for bullying or harassment.¹¹ The LGBT Youth Scotland written response to the Carers (Scotland) Bill consultation provided further evidence of issues affecting LGBT carers: Many LGBT carers or the LGBT people they are caring for may have reduced social networks due to a lack of acceptance of their sexual orientation or gender identity. This can result in accessing less support than other carers. Many LGBT people fear potentially experiencing homophobia, biphobia and transphobia from services or have previous experience of discrimination from a service. There is often a lack of visibility of LGBT identities within services which are necessary to counter LGBT people's expectations of discrimination, or a lack of confidence that services are able to meet their needs (National Carer Strategy EqIA)	
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(d))	Marriage and Civil Partnership Could the service change or policy have a	(The Scottish Government does not require assessment against this protected characteristic unless the policy or practice relates to work, for	

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	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 (tick relevant boxes). 1) Remove discrimination, harassment and victimisation ☐ 2) Promote equality of opportunity ☐ 3) Foster good relations between protected characteristics ☐ 4) Not applicable ☐	example HR policies and practices - refer to Definitions of Protected Characteristics document for details) • No evidence identified. (National Carer Strategy EqIA)	
(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 (tick relevant boxes). 1) Remove discrimination, harassment and victimisation ☐ 2) Promote equality of opportunity ☐ 3) Foster good relations between protected	No evidence identified, but as above carers are predominately female and aged late 40s and early 50s. (National Carer Strategy EqIA)	

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	characteristics. 4) Not applicable ☐		
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(f)	Race Could the service change or policy have a disproportionate impact on people with the protected characteristics of Race? Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes). 1) Remove discrimination, harassment and victimisation ☐ 2) Promote equality of opportunity ☐ 3) Foster good relations between protected characteristics ☐ 4) Not applicable ☐	We know that Black, Asian and ethnic minority carers are less likely to be aware of support services available and also less likely to seek help. The Strategy therefore aims to create awareness in these communities about the various initiatives and encourage these groups to engage, including with national carer organisations, to mitigate any disproportionate negative impacts. (National Carer Strategy EqIA) Commissioned carer services will work in partnership with health, social care, and other Providers to meet the diverse needs of Glasgow's carer population, facilitating communication through a range of formats and use of interpreting services where necessary, interpreting costs will be met by the Provider.	Commissioned carer services are required to monitor, record and analyse ethnicity of carers accessing support to ensure service is inclusive. Support will be provided to analyse data and record actions to improve service delivery. Services will be required to evidence individuals and organisations commitment to accessing cultural competence training.
(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	Discussions with stakeholders, especially MECOPP, and the equalities policy unit highlighted the barriers that carers with certain religions or beliefs may face. They may be from more closed communities and less likely to be aware of public services for carers and discouraged from seeking help from out with their communities. After these discussions, the Strategy's intention was to encourage engagement and improve communication and relationships with	

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	considered (tick relevant boxes). 1) Remove discrimination, harassment and victimisation ☐ 2) Promote equality of opportunity ☐ 3) Foster good relations between protected characteristics. ☐ 4) Not applicable ☐	these groups. (National Carer Strategy EqIA)	
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(h)	Sex Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sex? Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes). 1) Remove discrimination, harassment and victimisation ☐ 2) Promote equality of opportunity ☐ 3) Foster good relations between protected characteristics. ☐ 4) Not applicable ☐	As there is a higher proportion of female carers, they are more likely to be disproportionately affected emotionally, financially, and physically due to their caring role. The Strategy highlights this issue, especially as a result of a perceived expectation to take on caring and the fact that women carers are more likely than men to be unable to work. While all of the Strategy's actions are designed to benefit carers, they should therefore have a greater benefit to women. (National Carer Strategy EqIA)	Family based approach encourages all family members and friends to recognise their caring contribution.

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(i)	Sexual Orientation Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sexual Orientation? Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes). 1) Remove discrimination, harassment and victimisation ☐ 2) Promote equality of opportunity ☐ 3) Foster good relations between protected characteristics. ☐ 4) Not applicable ☐	There is no evidence of any specific impact on eliminating unlawful discrimination, harassment, and victimisation. There is no evidence of any specific impact on advancing equality of opportunity. There is no evidence of any specific impact on promoting good relations. (National Carer Strategy EqIA)	
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(j)	Socio – Economic Status & Social Class Could the proposed service change or policy have a disproportionate impact on the people because of their social class or experience of poverty and what mitigating action have you taken/planned? The Fairer Scotland Duty (2018) places a duty on public bodies in Scotland to actively	The implementation of the Carer Strategy, and the realisation of its strategic outcomes, will improve the health, financial and social care support for carers, including young carers.	

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	consider how they can reduce inequalities of outcome caused by socioeconomic disadvantage in strategic planning. If relevant, you should evidence here steps taken to assess and mitigate risk of exacerbating inequality on the ground of socio-economic status. Additional information available here: Fairer Scotland Duty: interim guidance for public bodies - gov.scot (www.gov.scot)		
(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?		
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 (tick relevant boxes). 1) Remove discrimination, harassment and victimisation ☐ 2) Promote equality of opportunity ☐ 3) Foster good relations between protected characteristics. ☐	No, represents an increased level of investment in preventative services.	Cost-of living disproportionately affected carers. Mitigating actions: i,e commissioned carer services accessed an additional £475k winter recovery funding which includes funding to developing a respite service Income max is offered to all carers who complete a carer support plan.

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	4) Not applicable ☐		
		Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
9.	What investment in learning has been made to prevent discrimination, promote equality of opportunity and foster good relations between protected characteristic groups? As a minimum include recorded completion rates of statutory and mandatory learning programmes (or local equivalent) covering equality, diversity and human rights.	include SWS and MECOPP to equality data Carer Awareness data	

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

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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.

The Carer Strategy acknowledges that carers across the different age groups might not be able to access the same opportunities, including social and employment, as their peers who do not have caring responsibilities due to the additional pressures related to their caring role.

The Carer Strategy acknowledges the rights of adult and young carers and incorporates actions which consider equality policy and legislation. i.e. UN Convention on the Rights of the Child, Carer Charter of Rights.

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* .

FAIR

*

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- **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.

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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:

- ☐ 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)

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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.

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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:

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Lead Reviewer:
EQIA Sign Off:

Name
Job Title
Signature
Date

Quality Assurance Sign Off:

Name	Alastair Low
Job Title	Planning Manager
Signature	Alastair Low
Date	23/06/23

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**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:

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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:			

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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

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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

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