

Equality Impact Assessment Template: Please complete alongside the guidance document

Title of work: The future of Sexual Health and BBV Prevention Services in NHS Highland, including Argyll and Bute Health and Social Care Partnership (HSCP)	Date of completion: August 2025	Completed by: Jennifer Dryden Heather McAdam Claire Wallace Caroline McArthur
Description of work: Sexual health and Blood Borne Virus (BBV) prevention services are currently commissioned by NHS Highland. The current provider is Waverley Care, a Third Sector organisation that specialises in sexual health promotion and HIV prevention. The contract with this provider must end in December 2024 and cannot be extended due to procurement rules. The current contract delivers: 1. Community Sexual Health Promotion Service, HIV Prevention/Support Service delivered in the Highland and Argyll and Bute areas. 2. A free condom scheme (for Adults and Young People) delivered in the Highland and Argyll and Bute areas. 3. A Young People's Education and Sexual Health Promotion Service for the Highland Council area only Due to the required end of the above contract, NHS Highlands Sexual Health Strategy Group undertook an options appraisal to review service objectives and provide information on cost and benefits to inform decisions about future service delivery. The following options were considered by the Sexual Health Strategy Group for each element of the service and an analysis of the pros and cons undertaken: Option a) Tender for a new commissioned service Option b) Delivering the services 'in-house'. 'In-house' refers to either specialist health improvement staff or other services (e.g. Health Information Resource Service HIRS) across NHS Highland/Argyll and Bute HSCP and Highland Sexual Health Services in North Highland. In addition to the pros and cons analysis, patient preferences were gathered from Sexual Health Patients in NHS Highland. Finally, advice was sought from NHS Highlands contract team, who reviewed similar contracts advertised across Scotland and advised that there are unlikely to be any experienced third sector organisations who could deliver on these three service areas. Tendering for elements of the service separately could result in more funding being used for management fees.		
Outcome of work: The result of the options appraisal is that NHS Highland Sexual health Strategy Group and NHS Highland Executive Delivery Group endorsed		

the proposal to bring Sexual Health Promotion & STI/BBV Prevention Services back 'in house' to deliver the three key service areas. Further detail is provided below.

Service area 1: Community Sexual Health Promotion Service, HIV Prevention/Support Service delivered in the Highland and Argyll and Bute areas.

Preferred option - In house delivery by specialist Health Improvement Practitioners

Service area 2: A free condom scheme (for Adults and Young People), delivered in the Highland and Argyll and Bute areas.

Preferred option – Incorporate within the existing Health Information and Resource Service (HIRS).

Service area 3: A Young People's Education and Sexual Health Promotion Service for the Highland Council area only.

Preferred option – Bring 'in house' and embed within the Health Improvement Team.

This Equality Impact Assessment relates to the preferred options for each of the above service areas. This EQIA will be updated as the 'in-house' service delivery model develops.

Who:

Stakeholders: (who will this work affect?)

- People living with HIV
- Waverley Care clients & stakeholders
- Wider community, including young people and people living remotely in Highland and Islands
- At risk demographic groups including MSM, BME, and those further impacted by Protected Characteristics and Fairer Scotland Duty such as those living in poverty or have low literacy levels.
- Waverley Care staff
- NHS Highland staff

How do you know:

The options appraisal and the future of Sexual Health and BBV Prevention Services was informed by national policy and background information, engagement and data.

National policy and background information

Community based Sexual Health Promotion/Improvement is fundamental to reducing the spread of Sexually Transmitted Infections (STI's), BBV's including HIV, improving sexual health outcomes, tackling sexual health inequalities, and reducing demand on sexual health specialist services in NHS Highland.

The importance of prioritising sexual health prevention services to reduce harm and promote health is well documented and is part of delivery of the national sexual health standards. Sexual health prevention services include condom provision, provision of home testing kits, training, education, outreach, support for self-management and peer support.

Preventative services help mitigate against increasing demand for specialist sexual health services, which are already stretched, particularly in the Argyll and Bute area where there are currently several risks associated with the lack of specialist clinical expertise. These services can also prevent the costs associated with treating STI's, including HIV, complications of poor sexual health and the costs of dealing with unplanned pregnancy.

Engagement

The Short Life Working Group recognised the importance of gathering the preferences of our NHS Highland Patients and sent a brief survey to all Sexual Health Patients signed up to text messaging service. 224 responses were received from a broad geographical area (across Highland only) and broad age range.

- There was a clear preference for bringing Sexual Health Promotion work back into NHS Highland for Service areas One and Two (81% and 51% respectively). There was a more even spread of preferences for Sexual Health Education – possibly demonstrating the need for a blended approach to include online and face to face delivery.

Engagement work around sexual health prevention services was undertaken within Argyll and Bute

- Planet Youth surveyed 744 young people from years S3 and S4 (aged around 14-16 years old) in five secondary schools in Argyll and Bute and 347 S4 pupils in 5 Highland Schools, on issues around sexual health. Data collected show that there is a significant proportion of young people having sex and many of them are not using protection. Additionally, many young people were using pornography as a way of learning about sex.
- Discussions with a group of young people (years 3 & 4) in an Argyll and Bute secondary school earlier this year, identified a lack of knowledge about condoms and how to use them, along with a lack of knowledge on how to access sexual health support. The young people in the group reported that they had never had a condom demonstration.
- Young people have also taken it upon themselves to question their peers about the impact of a lack of sexual health services in their area following the closure of a dedicated young people's service in 2018. Results were generated from 141 respondents aged 15-18. Over a third (37.6%) reported that they were sexually active and 29% (of the total) reported difficulties in accessing free condoms.
- Engagement with the Argyll & Bute School Health Team identified that there were many young people who were not clear about their own bodies and the prevention of poor sexual health. There was also a lack of knowledge and confidence in this subject within the school health team. They wished to support education staff with Relationships, Sexual Health and Parenthood (RSHP) education and provide consistent messages to young people. The School Health Team have participated in training to improve their knowledge and confidence and are keen to increase their skills. Currently they are exploring the possibility of providing sexual health services for young

people in A&B as currently there is no designated service. The endeavour of the School Health Team is to fully deliver the School Nursing sexual health and pregnancy pathway.

Engagement was undertaken with current service providers Waverley Care through reviewing service areas and identifying key issues, potential risks/challenges and potential opportunities.

- Waverley Care provided feedback on HIV testing, condoms and lube distribution, HIV/sexual health information and materials, prevention advice/support, reducing health inequalities, Living Well with HIV (1-1 and group support), training for professionals campaigning/events, Sexual health/ relationships education (Highland only), Sexual health information/ advice for young people, Service user involvement – young people (Highland only) and Partnership working around young people (Highland only). The feedback gathered will inform this EQIA and the future service development.

Essential issues raised by Waverley Care

- The Old AB Wish website currently redirects to Waverley Care Argyll and Bute service page. This will need to redirect to where people can access Argyll and Bute sexual health service information
 - Need to remove / update current information on condoms by post service, including QR codes
 - Provision of 1 to 1 support for people affected by HIV
 - Confidential one to one coaching support around sexual health for those at risk of HIV and poor sexual health outcomes – six sessions offered, in person, via telephone or online.
 - Topics include: - harm reduction, relationships, testing
- Confidential one to one support at any stage for those living with HIV. Support and advice can be given around diagnosis and treatment as well as around topics such as physical health, emotional support, mental health challenges, financial concerns and relationships. Signposting and/or support into accessing specialist services such a mental health support, addiction support and financial advice. Waverley Care have supported clients with attending hospital appointments in GG&C area.
- Challenges with maintaining a high level of service in a remote and rural area with limited resources and dispersed clients

Data

- STI's are increasing in Scotland – the numbers of infections have more than doubled since 2017. ([Citation 2023](#))
- In Highland new HIV diagnosis have risen by 11.2% between 2020 and 2024. ([Local Data](#))
- The Scottish Governments Health & Wellbeing census suggests that condom and contraception use in young people is low, with only 54% of senior pupils reporting using something to prevent pregnancy during their last sexual intercourse and less than 43% using a condom. ([Citation 2023](#))
- Our local Planet Youth data shows that between 11 – 21% of our young people used pornography as a source of information to learn about sex. ([Local Data](#))
- The number of cyber enabled sexual crimes (sharing of indecent images) has increased dramatically over recent years with the majority

of victims being female and under 16. ([Citation 2017](#))

- Teenage pregnancy rates in Scotland are at the lowest level since reporting began, with NHS Highland recording the lowest rate in Scotland. However, those living in the areas of highest deprivation still have pregnancy rates more than four times higher than those in the least deprived areas. Abortion rates increased by 19% from 2021 to 2022 among Scottish adolescents who were 16–19 years old. ([Citation 2022](#))
- In the UK, more broadly, 18–24-year-olds in 2020–2021 were more likely than older age groups to have had a pregnancy that was unplanned, to have terminated a pregnancy in the past year, and to have used STI-related services (including tests for Chlamydia or HIV) in the past year (Mitchell et al., 2023). For these reasons, the Scottish Government continues to prioritize reducing unintended teenage pregnancy and STI transmission (Public Health Scotland. ([Citation 2022](#)))

What will the impact of this work be? (see appendix 1 for list of protected characteristics and other groups that you may wish to identify)

Waverley Care staff - there is an unavoidable impact on existing Waverley Care staff employed under the NHS Highland/Waverley Care contract, due to the inability to further extend the existing contract. However, TUPE (Transfer of Undertakings (Protection of Employment) Regulations 2006, amendment 2014) regulations protect employee's rights, including when a service transfers to a new provider. NHS Highland continue to provide professional advice around TUPE relating to this work.

NHS Highland staff – delivery on Sexual health and Blood Borne Virus (BBV) prevention services by NHS Highland staff will have an impact on staff delivering the work. Care should be taken to ensure that staff have capacity to undertake work around this topic and are appropriately supported.

Waverley Care clients – Following discussions with Waverley Care during this transition period, it has emerged that particular attention is required to the following section of the Waverley Care contract:

- Provision of one-to-one support on such topics as, but not limited to, health, financial concerns, safer sex, where appropriate/indicated, linking closely with local sexual health services delivered by the Health Board and/or other providers/agencies within Highland, and
- Development and facilitation of group support, where appropriate
- Peer Support, where appropriate.

Risks identified from WC feedback

WC have not identified any individual risks for any of their clients through individual client profiles or through discussion, however they have expressed general concerns regarding one-one support for clients. This includes:

- The need for stability, consistency and trust. The change in service will disrupt this relationship and will take time to rebuild.

- Apprehension about future support and time taken to for clients to be seen / assessed by new services and which services would take on this role.
- Need to consider those who access treatment from NHS GGC in Argyll and Bute and how support would link between the Brownlee Clinic and the support NHSH intend to provide in Argyll and Bute.

Wider community –

- Need for people to know where/how to access sexual health services, particularly those with protected characteristics or those highlighted by the Fairer Scotland Duty
- Gap in service between CBP Waverley Care service last orders on the 25th of November and new NHSH service beginning. Clear messaging needed or a stop gap service.
- WC are aware of low levels of knowledge around topics such U=U and PrEP in HAB particularly amongst the wider community. This highlights the need for continued wider community engagement alongside the targeting of at-risk communities and the need for engaging and accessible (not overly clinical) materials for distribution
- Regarding HIV testing - many service users access confidential testing as they are not comfortable engaging with NHS testing services due to concerns around confidentiality and desire to be anonymous
- Potential risk of costs to individuals who may have to travel further to access services.

Given all of the above what actions, if any, do you plan to take?

Free condoms by post service

- Working with HIRS to develop a comprehensive condom by post delivery scheme, which will minimise gap in service and condom provision. Development of new individual condom ordering platforms for both NH and A&B as well as promotional materials. Opportunity to consider new outlets for advertising including public toilets and commercial sites e.g. bars.
- Waverley Care have been asked to provide information on their platform that a new service will be coming soon
- Waverley Care have been asked to contact areas where information materials have been displayed and ask for their removal
- GP practices in A&B have been contacted regarding potential gap in service and advised to order condoms if they feel this might be necessary
- Current issues with obtaining condom supply are being addressed
- Opportunity to consider offering extra options e.g. dams / repeat orders etc
- Opportunity to consider and explore face to face delivery options

Peer support for those affected with HIV

- Waverley Care have agreed to provide ongoing support to peer support volunteers.

Rapid HIV testing

- Free rapid HIV tests can be provided by post through Terrence Higgins Trust (THT)
- Explore the potential for ADP to provide testing with the re-negotiation of current 3rd sector alcohol and drug contract
- North Highland STI Self Sampling Kits are now being provided for all North Highland residents

Redirection of abwish website

- Opportunity to make new website to tie in with cool to talk contract
- Opportunity to make new website to tie in with reorganisation of sexual health services in A&B

Wider community

Argyll and Bute action - developing a Whole Community Approach which targets those at highest risk of poor sexual health outcomes including unintended pregnancy, STIs, HIV, BBVs. Including young people and at risk groups.

- Development, management and support of Speakeasy Training
- Engage with groups to identify sexual health needs
- Exploring training available in other health boards and negotiating commissioning of these if appropriate
- Exploration of innovative ways to address sexual health inequalities and using a trauma informed approach to deliver these
- Exploring how to reduce the cost implications of changes to these services
- Targeted work to identify and reach communities and individuals at higher risk of poor sexual health outcomes including HIV
 - People living in areas of highest deprivation
 - Looked after and accommodated young people
 - Those in the criminal justice system
 - Minority ethnic populations including people from the Gypsy Traveller community
 - Refugees
 - LGBTQ+ young people
 - People who are affected by addiction
 - People who have been sexually exploited or at risk from sexual exploitation including those who have been trafficked
 - People who have learning disabilities
- Work with other organisations (other 3rd sector and NHS services) to help identify and reach those at risk
- Events
- Engagement

Waverley Care staff - NHS Highland continue to provide professional advice around TUPE relating to this work.

Waverley Care clients - The existing contract states that Waverley Care as a provider must ensure at all times that they operate an up to date, realistic and robust phase out plan and exit strategy. However, due to the potential vulnerability of clients, and length of time they have been supported, it is recommended that NHS Highland should support Waverley Care with transitioning these clients to alternative sources of support. A client transition process has therefore been developed. In Highland the clients and their data are being transferred to Sexual Health Services and therefore all data is transferring. Due to differences in how services are provided, in Argyll and Bute, Waverley Care have been requested to undertake risk assessment with the clients and work with the HSCP to determine an appropriate route for onward referral, as detailed below:

- Waverley Care to compile summary of each long-term client, along with a risk assessment identifying any potential risks and potential alternative sources of support
- NHS Highland/Argyll and Bute HSCP provide details of alternative sources of support for clients including
 - Waverley Care Online Information and Advice
 - Terrence Higgins Trust
 - Physical health support Via GP and/or HIV consultant
 - Brownlee Clinic Services – service has been contacted, and direct email address has been established.
 - Argyll and Bute Addiction Team (ABAT)
 - We are with you
 - Argyll and Bute Community Links
 - Specific mental health risks for specific clients can be referred to Primary Care Mental health services
 - Argyll and Bute Blood Borne Virus service
 - Consolidated information on mental health / suicide prevention / DBI services
- Regular meetings with Waverley Care staff to highlight any concerns / issues
- Client transfer of data where appropriate via referral pathways to above sources of support.
- Remaining client data, where a referral does not take place, will remain with Waverley Care and be dealt with as per their existing retention and data policies.
- Waverley Care were contacted on 18.12.24 to ascertain if there were any outstanding issues / concerns and they advised there were no outstanding enquiries. They provided a summary of where clients had been signposted to.

Those living with HIV -

- In North Highland a 'Living well with HIV' Self-Management programme will be developed in collaboration with people with lived experience and NHS HIV Specialists
- Annual World Aids Day campaign and other communications around tackling HIV stigma and discrimination

What is the impact of this policy/service development on infants, children and young people? (The [United Nations Convention on the Rights of the Child](#) places a compatibility duty on public authorities including NHS Highland to ensure the rights of children are protected and promoted in all areas of their life).

Please view the EQIA Children's Rights Flowchart and Guidance (see below). To ascertain whether completion of the EQIA Children's Rights Questions is required, first complete the Screening Sheet.

For more information or support contact: NHH Child Health Commissioner: deborah.stewart2@nhs.scot

EQIA Children's Rights Questions – Please first complete the Children's Rights Screening Sheet to ascertain if completing the EQIA Children's Rights Questions below is required.

What impact will your policy/service change have on Children's Rights? Will the impact of your policy/service development on Children's Rights be Negative/Positive/Neutral? What articles of the UNCRC does the policy/service development impact on? Will there be different impacts on different groups of children and young people e.g. preschool children; children in hospital; children with additional support needs; care experienced children; children living in poverty?

The planned changes to sexual health services in NHS Highland will have a positive impact on Children's Rights, addressing gaps and expanding support to meet broader needs. This aligns with key articles of the UNCRC:

- **Article 24 (Health and health services):** Improves access to sexual health education and services, reducing health inequalities.
- **Article 12 (Respect for the views of the child):** Involves young people in shaping services to meet their needs.
- **Article 34 (Protection from sexual exploitation):** Provides resources and education to protect young people from exploitation.
- **Article 27 (Adequate standard of living):** Improves access for young people in deprived areas, addressing inequalities in sexual health outcomes

Transition Challenges

Temporary negative impacts may arise as the contract transitions from Waverley Care to NHS Highland, including:

- **Service disruption (Article 24 - Health and health services):** Potential gaps in provision may affect continuity of care for vulnerable groups.
- **Trust and relationship building (Article 3 - Best interests of the child):** Service users may find it difficult to adjust to new providers,

especially those valuing the familiarity of third-sector services.

Mitigation Measures

NHS Highland is taking steps to minimise these impacts:

- **Clear communication (Article 13 - Freedom of expression):** Service users are being informed about the changes and how to access support.
- **Interim services (Article 24 - Health and health services):** Condom distribution and rapid HIV testing will continue through alternative providers.
- **Collaboration with Waverley Care (Article 3 - Best interests of the child):** Transition plans and risk assessments are being developed to ensure continuity of care.

Focus on Prevention

The new approach shifts from focusing solely on HIV prevention to the broader prevention of poor sexual health outcomes. This includes education, condom use, diagnosis, and treatment, as recommended by the UK Government's [Health Matters guide](#).

Supporting High-Risk Groups

Young people under 25, especially those facing inequalities, will particularly benefit. Groups include:

- **Children in poverty (Article 27 - Adequate standard of living):** Addressing financial barriers to resources.
- **Care-experienced children (Article 25 - Review of care):** Providing stable support for those lacking trusted adults.
- **LGBTQ+ youth (Article 2 - Non-discrimination):** Reducing stigma and tailoring education to their needs.
- **Young people in the criminal justice system (Article 40 - Juvenile justice):** Mitigating risks associated with exploitation.
- **Refugees (Article 22 – Refugee children):** Addressing language and cultural barriers.
- **Young people with learning disabilities (Article 23 - Children with disabilities):** Developing accessible and tailored resources.

According to [Public Health Scotland](#), these groups face significant barriers to accessing sexual health resources. Targeted support will improve outcomes and reduce pressure on specialist services in areas like Argyll & Bute.

If a **negative impact is assessed** for any area of rights or any group of children and young people, can you explain why this is necessary and proportionate? What options have you considered to modify the proposal, or mitigate the impact?

The transition of services may result in temporary negative impacts, which are necessary and proportionate to ensure long-term sustainability and equity.

Potential Negative Impacts

1. Service Disruption (Article 24 - Health and health services): Temporary gaps in provision during the transition could affect vulnerable groups.
2. Loss of Trust and Stability (Article 3 - Best interests of the child): Clients may struggle to adjust to new providers.

Mitigation Measures

- Clear communication (Article 13 - Freedom of expression): Service users are informed about what services will be available and how to access them.
- Interim services (Article 24 - Health and health services): Continuation of key services, such as condom distribution and rapid HIV testing, through alternative providers.
- Collaboration with Waverley Care (Article 3 - Best interests of the child): Risk assessments and client summaries ensure individual needs are met during the transition.

Justification

These impacts are unavoidable due to procurement rules and contract limitations. However, the changes will bring long-term benefits, including:

- Greater equity in service delivery.
- Integration of services within NHS Highland.
- Sustainability through reduced reliance on external providers.

In what ways have you taken the views of children and young people in to consideration in the development of this policy/service change? What evidence have you used or gathered on children's views? How will you monitor the impact of the policy / service change and communicate this to children?

How Children's Views Were Considered

The policy was shaped by direct engagement with children and young people, in line with Article 12 (Respect for the views of the child):

1. **Surveys (Article 24 - Health and health services):** Planet Youth surveys gathered feedback from over 1,000 young people aged 14–16 in Highland and Argyll & Bute, highlighting gaps in knowledge and barriers to accessing services.
2. **Focus Groups (Article 17 - Access to information):** Discussions identified the need for accurate health information and accessible services.
3. **School Feedback (Articles 24 - Health and health services and 28 - Right to education):** Concerns raised by young people through

the School Health Team highlighted the need for consistent education on relationships and sexual health.

Evidence Used

- Survey findings from Planet Youth.
- Data from the School Health Team.
- Feedback from Waverley Care on service challenges in rural areas.

Monitoring and Communication

NHS Highland will monitor the policy through:

- **Ongoing Engagement (Article 12 - Respect for the views of the child):** Regular consultations with young people.
- **Service Data Analysis (Article 24 - Health and health services):** Tracking usage rates of resources and services.
- **Feedback Channels (Article 13 - Freedom of expression):** Anonymous online forms to capture user experiences.

Communication will include:

- **Child-Friendly Materials (Article 17 - Access to information):** Developing accessible formats to explain services.
- **Schools and Youth Organisations (Article 28 - Right to education):** Distributing resources through trusted channels.
- **Digital Platforms (Article 17 - Access to information):** Using websites and social media to reach young people.

How will the policy / service change give better or further effect to the implementation of Children's Rights in NHS Highland?

The policy will strengthen the implementation of Children's Rights in NHS Highland by addressing inequalities, promoting inclusion, and empowering children and young people:

Improving Access (Article 24 - Health and health services)

- Expands access to sexual health education and services, ensuring equitable provision, particularly in remote areas.
- Focuses on prevention to reduce risks of poor sexual health outcomes.

Supporting Participation (Article 12 - Respect for the views of the child)

- Involves young people in shaping and improving services through ongoing consultations.
- Empowers young people to make informed decisions about their health.

Providing Accessible Information (Article 17 - Access to information)

- Develops age-appropriate, inclusive resources to ensure all children can access and understand vital information.

Addressing Inequalities (Articles 27 - Adequate standard of living and 2 - Non-discrimination)

- Prioritises support for vulnerable groups, ensuring no child is left behind.
- Promotes inclusion by tailoring interventions for those facing additional barriers.

Protecting Vulnerable Groups (Articles 33 – Drug abuse and 34 - Protection from sexual exploitation)

- Provides education and resources to safeguard young people at risk of exploitation, addiction, or abuse.

Strengthening Parental Support (Article 5 - Parental guidance and responsibilities)

- Equips parents and carers with the tools to support young people's sexual health.

By prioritising prevention, participation, and equity, the policy creates a sustainable framework for advancing Children's Rights across NHS Highland. For more details on the UNCRC articles, refer to the [UNICEF summary](#).

Approved by:

EQIA Children's Rights – Guidance Notes**EQIA Children's Rights – Flowchart****Screening Sheet**

General description of the policy/service development and its aims, supplemented by an initial assessment of the applicability of the policy/service development to children and young people in NHS Highland.

Asks you to consider:

- What aspects will affect children and young people up to 18
- What the likely impact will be
- Which groups of children and young people will be most affected
- Will this require completion of the EQIA Children's Rights questions



Completion of EQIA Children's Rights Questions **NOT Required**.
Explain your reasons.

Sign the EQIA Children's Rights Screening Sheet and return to:



Completion of the EQIA Children's Rights Questions **IS Required**
Sign the EQIA Children's Rights Screening Sheet and return to:

Continue to next stage.



EQIA Children's Rights – Screening Sheet

The [United Nations Convention on the Rights of the Child](#) places a compatibility duty on NHS Highland to ensure the rights of children are protected and promoted in all areas of their life. Completing this Screening Sheet will indicate if completing the **EQIA Children's Rights Questions** is required.

Please note that the actions, or inactions, of public authorities such as NHS Highland can impact children more strongly than any other group in society and every area of policy/service development affects children to some degree, whether directly or indirectly.

For information or support contact: NHS Highland Child Health Commissioner: deborah.stewart2@nhs.scot

Overview

Completing the Children's Rights Screening Sheet is a preliminary check on the proposed policy/service development to help determine whether completing

the Children's Rights questions in the EQIA is required, and provide a record of that decision. The Children's Rights screening questions below; ask basic information about the policy/service development and how it will affect children and young people specifically. Decisions about whether or not to complete the Children's Rights Screening questions as part of the EQIA should take place as early as possible in the formation of the policy/service development. This is the best way of ensuring that children's rights and wellbeing influence the way in which the policy develops, and that NHS Highland duties to act in a manner compatible with the UNCRC (Incorporation) (Scotland) Act 2024 are met. Who takes part in the Screening exercise depends on the complexity and potential reach of the policy/service development under consideration.
1. What aspects of the policy/service development will affect children and young people up to the age of 18? <i>The Articles of the UNCRC apply to all children and young people up to the age of 18, including non-citizen and undocumented children and young people.</i>
While the existing contract concentrates on HIV prevention and condom provision, the aim of the work moving forward will be on the prevention of poor sexual health outcomes, particularly for young people in / and high-risk groups.
2. What likely impact – direct or indirect – will the policy/service development have on children and young people? <i>'Direct' impact refers to policies/service developments where children and young people are directly affected by the proposed changes, e.g. in early years, education, child protection or looked after children (children in care). 'Indirect' impact refers to policies/service developments that are not directly aimed at children but will have an impact on them. Examples include: hospital visiting policy, treatment/support to parents, staff parental leave, access to play areas, transport schemes.</i>
Improved access to sexual health promotion to prevent sexual health inequalities – also support for parents / carers
3. Which groups of children and young people will be affected? <i>Under the UNCRC, 'children' can refer to: individual children, groups of children, or children in general. Some groups of children will relate to the groups with protected characteristics under the Equality Act 2010: disability, race, religion or belief, sex, sexual orientation. 'Groups' can also refer to children by age band or setting, or those who are eligible for special protection or assistance: e.g. preschool children, children in hospital, care experienced children and young people, children in rural areas, young people who offend, victims of abuse or exploitation, child migrants, or children living in poverty.</i>

4. Is completion of the EQIA Children's Rights Questions required?

Please state if completion of the Children's Rights Questions in the EQIA template will be carried out or not. Please explain your reasons.

5. Sign, Date and Authorise

Person Leading the Policy/Service Development:

Email:

Signature & Date of Sign Off:

Line Manager:

Email:

Signature & Date of Sign Off:

Guidance - Screening Sheet

Completing the Children's Rights Screening Sheet is a preliminary check on the proposed policy/service change to help determine whether completing the Children's Rights questions in the EQIA is required, and provide a record of that decision.

The Children's Rights Screening Sheet asks basic information about the policy/service change and how it will affect children and young people specifically.

Completion of the Children's Rights Screening Sheet as part of the EQIA should take place as early as possible in the formation of the policy/service change.

This is the best way of ensuring that children's rights and wellbeing influence the way in which the policy develops, and that NHS Highland duties to act in a manner compatible with the UNCRC (Incorporation) (Scotland) Act 2024 are met.

Who takes part in the Screening exercise depends on the complexity and potential reach of the policy/service change under consideration. Completion of the Screening Sheet will enable you to decide if completing the EQIA Children's Rights questions is required. The impact assessment process is designed to be

proportionate - not every proposed policy/service change will affect children and young people and therefore not automatically require completion of the EQIA Children's Rights questions beyond the Screening stage.

Guidance on Completion of the EQIA Children's Rights Questions

When undertaking the EQIA, you must keep under consideration whether there are any steps which could be taken which would or might secure better or further effect of the UNCRC requirements, and if it is considered appropriate to do so, take any of the steps identified by that consideration.

There are two key considerations when completing the EQIA Children's Rights questions:

Participation: The UNCRC gives children the right to participate in decisions which affect them. When assessing the impacts of the policy/service development, you are recommended to consult with children and young people. You can do this directly, through organisations that represent children and young people or through using existing evidence on the views and experiences of children where relevant. Participation of children and young people should be meaningful and accessible.

Evidence: You are recommended to gather evidence when assessing the impact of the policy/service development on children's rights and also for measuring and evaluating the policy/service development.

The EQIA Children's Rights questions to be completed with guidance on what to consider are:

What impact will your policy/service change have on Children's Rights? Will the impact of your policy/service development on Children's Rights be Negative/Positive/Neutral? What articles of the UNCRC does the policy/service development impact on? Will there be different impacts on different groups of children and young people e.g. preschool children; children in hospital; children with additional support needs; care experienced children; children living in poverty?

Considerations

Will the impact of your policy/service development on Children's Rights be Negative/Positive/Neutral?

Negative impact i) The policy/service development may impede or actually reverse the enjoyment of existing rights, requiring mitigating measures be put in place; ii) The policy/service development fails to comply with UNCRC and other human rights obligations, requiring modification of the proposal; iii) The policy/service development may have a detrimental impact on children, so should be withdrawn and alternatives presented.

Positive impact i) The policy/service development complies with UNCRC requirements; ii) The policy/service development makes changes inline with the UNCRC iii) The policy/service development has the potential to advance the realisation of children's rights.

Neutral impact i) The policy/service development brings no discernible lessening of or progress in children's rights or their wellbeing.

What articles of the UNCRC does the policy/service development impact on?

List all relevant articles of the UNCRC. While all articles of the UNCRC are given equal weight and are seen as complementing each other, the four general principles of the UNCRC; non-discrimination (article 2); the best interests of the child (article 3); the right to life, survival and development (article 6); and the child's right to have their views given due weight (article 12) underpin all other rights in the Convention, and should always be considered in your assessment. Refer to the [UNCRC](#) summary for an overview of UNCRC articles. The most likely articles for consideration are the articles listed above plus; the right to health and health services (article 24). More detailed information on each article can be accessed at: <https://www.unicef.org/child-rights-convention/convention-text>

Will there be different impacts on different groups of children and young people?

Consideration of which groups of children will be affected by the policy/service development is required, along with any competing interests between different groups of children and young people, or between children and young people and other groups. Under the UNCRC, 'children' can refer to: individual children, groups of children, or children in general. Some groups of children will relate to the groups with protected characteristics under the Equality Act 2010: disability, race, religion or belief, sex, sexual orientation. 'Groups' can also refer to children by age band or setting, or those who are eligible for special protection or assistance: e.g. preschool children, children in hospital, care experienced children and young people, children in rural areas, young people who offend, victims of abuse or exploitation, child migrants, or children living in poverty.

If a negative impact is assessed for any area of rights or any group of children and young people, can you explain why this is necessary and proportionate? What options have you considered to modify the proposal, or mitigate the impact?

Considerations

Give careful thought to whether any negative impacts are necessary and proportionate when weighed against the purpose of the policy/service development. For example, are you clear that the public benefits demonstrably outweigh the negative impacts and that your proposals are both justified by evidence, and have the least possible impact on the enjoyment of the Children's Rights in question? Again, you are required to provide evidence, and where possible to have consulted with those groups and communities most likely to be affected. If the assessment indicates a negative impact, you must present options for modification or mitigation of the original proposals. Options should be proportionate, refer to any potential resource implications associated with the change in policy/service development, and indicate how the proposed change(s) will result in a positive impact on Children's Rights.

In what ways have you taken the views of children and young people in to consideration in the development of this policy/service change? What evidence have you used or gathered on children's views? How will you monitor the impact of the policy / service change and communicate this to children?

Considerations

As part of the EQIA Children's Rights process, you should ensure that children and young people's views and experiences are sourced, included and recorded, and make it clear how these views have informed the Children's Rights analysis, and conclusions. Participatory policy-making is at the heart of human rights frameworks. Anyone who will be affected by the policy/service development should be given the opportunity to contribute their views. This includes children and young people, their parents/carers, organisations which work with them. Where children and young people's views are not known on a matter that is likely to have an impact on them, steps should be taken to obtain their views. Consultation with children and young people can take place using one or more of the following methods:

Consultations

- Adding specific questions aimed at children and young people to a broader public consultation;
- Targeted promotion of public consultations to children and young people through relevant websites, schools/colleges, social media – ensuring that consultation materials are written in a style that is accessible to and suitable for children;
- Making use of existing consultation mechanisms through rights, participation and youth work organisations/structures (including, e.g. local young person-led organisations);
- Setting up/commissioning public consultations with children and young people to gather their views on the proposed measure
- Targeted consultations with the specific groups of children and young people who will be affected by the proposed measure, e.g. children in care, traveller children and families, children affected by domestic violence, children in hospital, children accessing NHS Highland services.

Where direct consultation is not possible, consider the following:

- Relevant published research that involved and collected the views of children and young people;
- A re-analysis of children and young people's responses to a recent consultation that is relevant to this policy/service development area;
- Sending out a 'call for evidence' to service providers to ask them for any unpublished or difficult-to-locate information they have collected on the views and experiences of the children and young people who use them;
- Asking organisations which work with or on behalf of children and young people to submit the views of those they work with - this is particularly useful to identify case study information, or the experiences of groups of children and young people living in particular circumstances;
- Looking at inspection reports that reflect the views of children and young people.

However, existing evidence may need to be supplemented. Where there is insufficient, contradictory or only anecdotal evidence, you will have to decide whether you are able to make a well-informed assessment of the potential impact on Children's Rights without commissioning further research and/or consulting with children and young people, and other stakeholder groups, to fill that evidence gap. The reasoning behind your decision should be recorded in the EQIA. If a consultation or the opportunity to work more collaboratively with children and young people are not possible at this stage additional efforts should be made to ensure children and young people are involved at a later date as part of the monitoring and review of the policy/measure.

National and local resources are available to support engagement with children and young people:

National Resource: [Participation of Children and Young People in Decision-making](#)

Local Resource: Insert link to the Highland Children and Young People Participation Strategy, once available.

Local Resource: [NHS Highland Engagement Framework 2022 - 2025](#)

Local Resource: Insert THC Children's rights website, once available.

Training and awareness raising resources on [Children's Rights \(UNCRC\)](#) is available via Turas. Please note that you must be signed in to your Turas account to view and access the eLearning modules.

How will the policy / service change give better or further effect to the implementation of Children's Rights in NHS Highland?

Considerations

Your assessment may reveal that the policy/service development not only complies with the articles of the UNCRC but takes things further and helps progress the realisation of children's rights in Highland; i.e. gives better or further effect to the UNCRC. Completing the EQIA Children's Rights questions can provide a means to record that policy development.

All the information you provide on the EQIA Children's Rights screening sheet and EQIA Children's Rights questions will inform a report by NHS Highland to the Scottish Government that is required by law every 3 years.

For further information and support contact [NHSH Child Health Commissioner@deborah.stewart2@nhs.scot](mailto:NHSH.Child.Health.Commissioner@deborah.stewart2@nhs.scot) or visit the [Children's Rights](#) section of the NHSH Intranet.