

**Equality Impact Assessment Template: Please complete alongside the guidance document**

<b>Title of work:</b> <b>Highland Alcohol and Drug Digital Support Service</b>	<b>Date of completion:</b> <b>04/03/2025</b> <b>With updates added to Children's Rights section 07/07/2025</b>	<b>Completed by:</b> <b>Kirstin Edmiston, Bev Fraser, Eve MacLeod, Frances Matthewson</b>
<p><b>Description of work:</b></p> <p>A Highland wide alcohol and drug service for adults, 16 years and over and their families who live in Highland (excluding Argyll and Bute), within the boundaries of The Highland Council area.</p> <p>The tender will deliver:</p> <ul style="list-style-type: none"> <li>a) A Highland wide alcohol and drug service for adults from 1<sup>st</sup> August 2025 for one year, with the option to extend for up to 2 years depending on funding;</li> <li>b) A Highland wide alcohol and drug service that is of high quality, robust and reliable;</li> <li>c) A service which has been secured in compliance with procurement regulations.</li> </ul> <p>To deliver a range of evidence-based interventions that compliments the work of NHH DARS and maximises use of digital technology to provide Highland wide access. The service will increase the uptake of treatment options through a stepped care model and proactively support individuals and families affected by problematic alcohol and drug use, to sustain recovery. The service will act as a first point of contact for those not ready to engage in NHS treatment as well as act as a bridge into or out of NHS treatment when a person is stabilised and chooses or is ready to move on. The service will provide a range of low threshold treatment and support options including; community alcohol and drug support, psychosocial interventions (Tier 1 and 2), links to advocacy support, peer support and development, 1-1 structured support, whole family support alongside mutual aid and group work opportunities to individuals and family members.</p>		
<p><b>Outcome of work:</b></p> <p>This tender is expected to achieve:</p> <p>Increased numbers of people who are considered hard to reach, engaged in harm reduction, treatment, recovery support and community rehabilitation</p> <p>Increased numbers of people proactively identified and provided with support</p> <p>Increased access for family members to receive support in their own right</p> <p>Improved pathways between DARS, partner agencies and the Third Sector are established</p> <p>Increased use of advocacy services and increased awareness of human rights approaches</p> <p>Increased assertive outreach referrals (targeting harder to reach people/groups)</p>		

Increased options for joined up, person centred, trauma-informed support services  
Increased provision for people underrepresented in treatment e.g. younger people, women  
Increased peer support options and opportunities for meaningful use of time  
Increased participation of people and families with living/lived experience in policy and practice development including embedding of MAT Standards

**Who:**

Stakeholders: (who will this work affect?)

People who use alcohol and other drugs in a problematic way

Their families

NHS Highland, including DARS

Third sector organisations and mutual aid organisations who support people within problem alcohol or drug use

HADP partners

**How do you know:**

There are a lack of options to step up or down support for people, noting from drug-related death review process. There is demand for third sector support, including social interventions that this service could refer to.

MAT Experiential data (2023) shows that 52% of people hadn't been offered non-medication support. Engagement Group support has highlighted a need for 'listening ear' type support rather than only counselling level support. Primary care has limited time to support individuals in this way.

Waiting lists exist for NHS DARS, clients are mapped on a quadrant basis. In a waiting list audit of a single site, 40% of 126 referrals reviewed were deemed to be suitable for this level of service.

**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)

**Age:** The service is available for those ages 16 and over. The service is not for people under the age of 16, and they will be able to seek support if required elsewhere. Primary care could also support and online options eg Know the Score, are available. Further detail of options for younger people is available here: [Prevention and Intervention Model – Highland Substance Awareness Toolkit](#). Highland works to a GIRFEC model.

A significant proportion of referrals to DARS are in the mid to older age brackets.

**Sex:** The service is available irrespective of sex. There are increases in harms reporting for women, and this service will be one approach to support addressing those concerns. In Highland, a higher proportion of men (26%) drink at a risky level compared to women (14%). A similar pattern is observed with more men using and seeking support for their drug use, than women. This service will support and improve access for more at risk groups, more flexibly and earlier. For example, women may have childcare commitments that could act as a barrier to accessing support, but could access this support from home. This will be the case of a number of groups.

**Disability:** Depending on the individual, this service may be more or less accessible to them compared to, for example, a face-to-face service. This includes, but is not restricted to, people with physical disabilities (including visual impairments and hearing impairments), neurodiversity, poor mental health, and learning disabilities.

The contractor is required to ensure the service is accessible to all individuals aged 16 and above, regardless of their accessibility needs. This includes providing communication or interpretation support when required and making documents available in appropriate formats. The contractor is required to deliver a service that aligns to the AAAQ framework – Availability / Accessibility / Acceptability and Quality.

**Ethnicity:**

Highland is home to a broad range of ethnicities, including people who have experienced war in their country, and with that related trauma. There are also communities of gypsy / travellers, Eastern European communities and communities from black or other ethnic minority backgrounds. People who are marginalised in communities are more at risk of inequitable social conditions, including issues with alcohol and drugs.

The contractor is required to ensure the service is accessible to all individuals aged 16 and above, regardless of their ethnicity. This includes providing communication or interpretation support when required and making documents

available in appropriate formats. The contractor is required to deliver a service that aligns to the AAAQ framework – Availability / Accessibility / Acceptability and Quality.

**Religion:**

The contracted service will not be underpinned by a particular religious faith.

The contractor is required to ensure the service is accessible to all individuals aged 16 and above, regardless of their religious belief. The contractor is required to deliver a service that aligns to the AAAQ framework – Availability / Accessibility / Acceptability and Quality.

**Sexual Orientation:**

The Contractor shall provide a LGBTQIA+ inclusive service. The contractor is required to deliver a service that aligns to the AAAQ framework – Availability / Accessibility / Acceptability and Quality.

Depending on the individual, this service may be more or less accessible to them compared to, for example, a face-to-face service.

**Gender Reassignment:**

The Contractor shall provide a LGBTQIA+ inclusive service. The contractor is required to deliver a service that aligns to the AAAQ framework – Availability / Accessibility / Acceptability and Quality.

Depending on the individual, this service may be more or less accessible to them compared to, for example, a face-to-face service.

**Pregnancy and Maternity:**

The service is available to any person aged 16 or over who is pregnant or has a child. The contractor will need to link with local child protection protocols where required. Further support is available via community midwives and DARS.

For people who may become pregnant, referral may be made to primary care or sexual health service and awareness raising regarding risk of alcohol and drug use in pregnancy can be shared.

**Digital Inclusion:** The contractor is required to provide digital inclusion. There are options within Highland to support digital inclusion.

**Geography:** Depending on the individual, this service may be more or less accessible to them compared to, for example, a face-to-face service. A digital service will provide increased accessibility to Highland's geographical spread.

**Out of Hours provision:** The Contractor is required to provide out of hours support. The Contractor will regularly review the availability of service provision and service opening hours and ensure these are taking cognisance of service users' needs and choice. A non-appointment drop-in service provision will be available in addition to an appointment-based system. Service hours are expected to operate during standard office hours, plus with a level of provision available after 5pm, over weekends and public holidays. This will support people in employment or with other commitments, and offer flexibility. This may also benefit carers, people who are care experienced, people who are homeless, and lone parents or families with young children.

While considering the protected characteristics, conversations were also had considering accessibility, poverty (including the affordability of transport, digital technology and internet connection or data, indirect costs of taking part in activities), the remote and rural setting of Highland, literacy, and digital literacy. It is also acknowledged that families who are affected by alcohol and drug use can experience a range of challenges, including aforementioned aspects, and also the significant impact of stigma. In addition, intersectionality of protected characteristics, and wider issues, can make circumstances more challenging for people.

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

While we stipulate the contractor must provide demographic data, we will work with them to plan for this to ensure we understand the population accessing the service.

Route of escalation to be developed to child and adult protection concerns.

As part of contract initiation, Contractor to link with Red Chair Highland regarding digital technology inclusion.

As per the Contract Specification, continue to review and the availability of service provision and service opening hours and ensure these are taking cognisance of service users' needs and choice.

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: NHS Highland Child Health Commissioner: [deborah.stewart2@nhs.scot](mailto: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?

**Provision of this service will be beneficial for children, providing a support option for parents or other family members with alcohol or drug problems that is more accessible and flexible than existing provision. Young people aged 16+ are also able to access the service. This in turn could reduce trauma or adverse childhood experiences.**

**This service will support Article 2 – No Discrimination, Article 3 - Best interests of the child, Article 5 – Family Guidance as Children Develop, Article 6 – Life, Survival and Development, Article 9 – Keeping Families Together, Article 12 – Respect for Children's Views , Article 13 – Sharing Thoughts Freely, Article 16 – Protection of Privacy , Article 17 - Access to Information, Article 19 – Protection From Violence, Abuse and Neglect, Article 24 – Health, Water, Food and Environment , Article 27 – Food, Clothing and a Safe Home, Article 28 – Access to Education, Article 33 – Protection From Harmful Drugs, Article 36 – Protection from Exploitation, Article 39 – Recovery and Reintegration, Article 42 – Everyone Must Know Children's Rights.**

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?

n/a

**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?

**We understand from Highland Planet Youth data and other information, including the Highland Young People's Drug Related Death Review, that children and young people are affected by alcohol and drug use, and their experience may differ from that of adults. In a survey completed by young people in August 2024, young people told HADP they had worries about alcohol and drugs in Highland. In response, HADP have set an action in the upcoming strategy to further support young people's concerns about alcohol and drugs.**

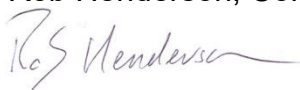
**The successful bidder for the new service highlighted the following in their application; Highland had a younger demographic of drug-related deaths than the rest of Scotland, which highlights the need for services that meet the needs of young people. An increase in prevalence of harmful substances requires a focus on harm reduction, prevention and early intervention. The provider has significant experience in engaging with younger populations, and can apply experience to tailor provision and advertising of the service.**

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

**Young people aged 16 and over will have access to a new, rights-based service, that will provide information and support, to exercise their rights. For example, the new service being in place will support young people to;**

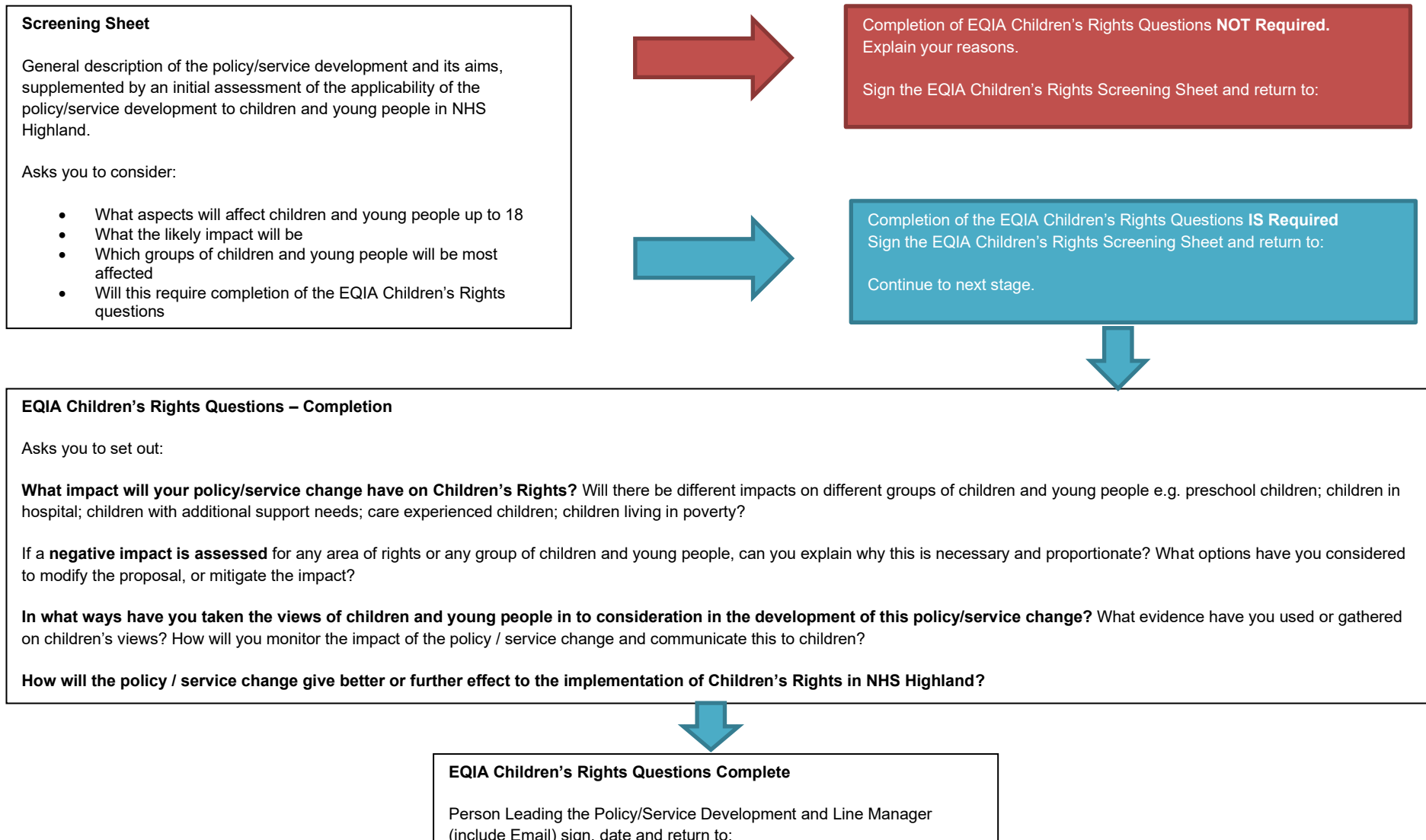
- have their views, feelings and wishes heard and taken seriously (Art. 12), as part of service delivery**
- have access to information to support informed choices (Art. 13), as part service delivery**
- achieve the best possible health (Art 24), via introduction of a new service without lower level threshold for access, and access in a way young people are familiar with**
- access an additional source of support that will support Art. 33 and Act. 34, by prevention or reduction of associated harms with alcohol and drug use,**
- recover their health, dignity, self-respect and social life (Art 39), as part of service delivery.**

**Approved by: Rob Henderson, Cons. in Public Health Medicine**



## EQIA Children's Rights – Guidance Notes

### EQIA Children's Rights – Flowchart





## 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](mailto: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?

*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.*

**The service will be available for young people aged 16 and over. Articles highlighted above.**

## 2. What likely impact – direct or indirect – will the policy/service development have on children and young people?

*'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.*

**Indirect impact for children under 16, whose parents / families receive support from the service. Direct impact for babies in utero, whose mothers are receiving support from the service. Direct impact for young people aged 16 and over who are attending the service.**

## 3. Which groups of children and young people will be affected?

*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.*

**All of the above. Children and young people affected by alcohol and drug problems.**

## 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.

**Yes, completion of the Children's Rights Questions is required, and completed.**

## 5. Sign, Date and Authorise

Person Leading the Policy/Service Development: *Eve MacLeod*

Email: [eve.macleod@nhs.scot](mailto:eve.macleod@nhs.scot)

Signature & Date of Sign Off: 18/07/2025

Line Manager: Rob Henderson

Email: [robert.henderson@nhs.scot](mailto:robert.henderson@nhs.scot)

Signature & Date of Sign Off: , 29<sup>th</sup> July 2025

## **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](https://www.unicef.org/child-rights-convention/convention-text) 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 NHS Child Health Commissioner@deborah.stewart2@nhs.scot or visit the [Children's Rights](#) section of the NHS Intranet.