

Equality Impact Assessment Template: Please complete alongside the guidance document

Title of work: Argyll and Bute Alcohol and Drug Partnership (ADP) Strategy 2025–2027	Date of completion: 2- 5 - 2025	Completed by: Rebecca Roberson Laura Stephenson Jim McSorley
Description of work: This is a two-year strategy for Argyll and Bute Alcohol and Drug Partnership, running from 2025 to 2027. It sets out how partners will work together to reduce the harms caused by alcohol and drugs, promote recovery, and improve support for individuals, families and communities. It includes three priority areas: prevention (especially for young people), recovery-oriented systems of care, a public health approach to justice and getting it right for everybody running throughout those pillars. The strategy also focuses on strengthening partnership structures, data use and lived experience involvement.		
Outcome of work: We want to reduce alcohol- and drug-related harm and death, support more people into recovery, and make sure that services are fair, joined up and accessible to everyone in Argyll and Bute. We also want to use a rights-based approach and make sure that people with lived experience are meaningfully involved. The strategy aims to support staff, improve transparency and accountability, and reduce health inequalities.		
Who: Stakeholders: (who will this work affect?) The strategy affects: • People who use alcohol or drugs • People in recovery • Family members and carers • Children and young people (including those affected by parental use) • ADP partners and service providers • Staff in health, justice, education, housing and third sector services • Communities across Argyll and Bute, including rural and island areas • Groups facing health inequalities, discrimination or poverty		

How do you know:

We gathered evidence through:

- Interviews with 24 professionals and stakeholders
- Strategy workshops with people with lived experience and frontline staff
- Feedback from over 40 participants in the strategy day in Arrochar
- A Health Needs Assessment (in progress)
- Experiential research on Medication Assisted Treatment (MAT) delivery
- A whole family approach audit led by Scottish Families Affected by Alcohol and Drugs
- Local and national data (e.g. DAISy, RADAR, drug-related deaths, justice stats)

We also used findings from national policy, the Charter of Rights, the UNCRC, and key Scottish Government strategies including *The Promise* and *Rights, Respect and Recovery*.

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)

Overall, the strategy is expected to have a positive impact on many groups, particularly those already affected by alcohol and drug-related harm. It focuses on reducing stigma, improving access to care, and building a rights-based, trauma-informed approach across the partnership.

Positive impacts are likely for:

- Young people, especially through Planet Youth, school-based prevention programmes, and work to reduce stigma in communities. The strategy also supports youth participation in shaping local responses.
- Older adults, who are currently the age group most affected by alcohol-related deaths. The renewed focus on recovery pathways, advocacy and access to services is likely to benefit them.
- People with disabilities, particularly those with mental health conditions, trauma histories or learning needs. The strategy highlights the importance of trauma-informed care and joined-up support.
- People experiencing poverty, who are more likely to face challenges related to housing, transport, and the cost of living. These factors are recognised in the strategy, and several actions aim to improve access and coordination of support.

- People living in rural and island communities, where access to services, transport and staffing are known issues. The strategy openly acknowledges these challenges and seeks to build more flexible and joined-up support.
- People with experience of the justice system, as the justice workstream focuses on increasing access to treatment and support at every stage in the process, from arrest to prison release.
- Families and carers, who are recognised through the whole family approach. The strategy includes actions to ensure they are involved, supported, and listened to.

There may still be barriers or potential negative impacts for some groups:

- Women, who may face stigma or specific barriers in accessing services, particularly as carers, pregnant people or mothers. The strategy refers to a whole family approach but will need to ensure that services are inclusive and actively reach women.
- Trans and non-binary people, who are not specifically mentioned. There may be barriers related to discrimination, safety, or a lack of inclusive language or policies. More engagement with this group is recommended.
- People from minority ethnic backgrounds, as there is no mention of ethnicity in the current data or engagement work. This is a gap that should be addressed to ensure services are accessible and culturally competent.
- People with additional communication needs, including those with neurodivergent conditions or low literacy, may still face barriers if service design and communications are not tailored or accessible.

There are also some unknowns or areas where more data is needed:

- The strategy does not currently include detailed information about LGBTQ+ people, people of faith, or people with limited English proficiency. These may be important factors in access, confidentiality, or stigma and should be explored further through the Health Needs Assessment or engagement with representative groups.
- Marriage and civil partnership is not directly relevant to service access in most cases but may relate to caring responsibilities and family-based support.

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

The ADP strategy already commits to several important actions that support equality and inclusion. These include completing a Health Needs Assessment to better understand population-level needs and service gaps, promoting the new Charter of Rights, and increasing the meaningful involvement of people with lived and living experience in ADP decision-making. It also highlights the importance of improving access to services, using data more effectively, and taking a trauma-informed, whole-family approach.

These actions lay a strong foundation for reducing inequalities and supporting the rights of children and adults affected by substance use.

To strengthen this work further and ensure that all relevant population groups are considered, the following additional actions are recommended as part of this Equality and Children's Rights Impact Assessment:

- Use the findings from the Health Needs Assessment to address specific data gaps, especially for groups who are not currently well represented in the evidence base, such as people from minority ethnic backgrounds, LGBTQ+ individuals, and people with additional support needs.
- Improve monitoring of service access, outcomes, and lived experience across protected characteristics, to ensure that equity is being delivered in practice and that any disparities can be identified and addressed.
- Ensure that service design, staff training, and engagement efforts are inclusive of under-represented and marginalised groups, including LGBTQ+ people, disabled people, people from ethnic minorities, and those facing language or cultural barriers.
- Explore opportunities to involve children and young people more directly in shaping services, building on Planet Youth and the strategy's commitments to whole family working and early intervention.

These additional actions are intended to help make the strategy more inclusive, responsive, and aligned with NHS Highland's duties under the Equality Act 2010 and the UNCRC (Incorporation) (Scotland) Act 2024. They will also support better long-term outcomes by ensuring that services meet the needs of the whole population, not just the majority.

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?

This strategy aligns with the four general principles of the United Nations Convention on the Rights of the Child (UNCRC): non-discrimination (Article 2), the best interests of the child (Article 3), the right to life, survival and development (Article 6), and the right of the child to be heard (Article 12). These principles underpin all other children's rights and guide the actions set out in this strategy.

The ADP strategy is expected to have a positive impact on children and young people, both directly and indirectly. Directly, the strategy includes clear commitments to prevention and education, such as expanding the Planet Youth programme to all secondary schools in Argyll and Bute. This gives young people a chance to share their views and experiences through survey data and helps shape targeted prevention work in their local area. In doing so, the strategy supports Article 12 of the UNCRC — the right of children to be heard and taken seriously. It also commits to providing evidence-based education about substance use in schools, supporting Article 28, the right to education, and specifically health and wellbeing education.

Indirectly, the strategy aims to improve outcomes for children and young people living in families where alcohol or drug use is present. The whole family approach recognises that young people may be affected by the substance use of a parent, carer or sibling, and aims to offer coordinated, compassionate support. This supports Article 19, the right to protection from harm, and Article 27, the right to a decent standard of living. For example, the strategy includes actions to improve connections between drug and alcohol services, housing, mental health services, and children and families services — particularly when people are being released from prison or accessing treatment. By improving adult recovery pathways and wraparound support, the strategy strengthens family stability and helps prevent harm to children.

The strategy's emphasis on early intervention, reducing stigma and promoting community-based responses also supports Article 3, which says that the best interests of the child must be a top priority. The focus on trauma-informed practice, both for adults and young people, helps uphold Article 24, the right to the highest attainable standard of health, including mental health.

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?

At this stage, there are no clear negative impacts identified. However, while the strategy refers to Planet Youth and some consultation with families, there is currently limited evidence that children and young people have been directly involved in shaping the strategy itself. There is an opportunity to build on the foundations of Planet Youth by involving young people more actively in service design, delivery and monitoring — ensuring a stronger focus on Article 12 in practice, not just in principle.

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?

The strategy has taken some steps to consider the views and experiences of children and young people, particularly through the Planet Youth programme. This approach, which has been rolled out in several secondary schools across Argyll and Bute, involves young people completing detailed surveys about their health, wellbeing, and lifestyle. The data gathered provides valuable insight into the pressures and protective factors influencing young people's lives, and it helps shape local prevention work. This supports Article 12 of the UNCRC — the right of children to express their views on matters that affect them — by giving young people a platform to be heard at a population level.

In addition, feedback from families, frontline workers, and people with lived and living experience was gathered through interviews, community events, and the strategy day in Arrochar. While much of this feedback came from adults, it included the voices of those who care for or work with children and young people, helping to reflect their needs and concerns. The strategy also draws on national frameworks that focus on children's rights and wellbeing, including The Promise and Getting it Right for Every Child (GIRFEC). These commitments show an awareness of the importance of putting children's needs at the centre of service design and decision-making.

However, there are still opportunities to strengthen the involvement of children and young people in a more direct and meaningful way. For example, their views could be gathered specifically in relation to this strategy through school-based discussions, youth forums, or targeted engagement activities. Including young people in the planning and review of services — particularly those affected by parental substance use, or those who use services themselves — would help to embed Article 12 more fully and ensure services are shaped by the people they are designed to support.

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

The ADP strategy supports the implementation of children's rights across NHS Highland by strengthening access to health, education, and family support for children and young people affected by substance use. It takes a whole-system, whole-family approach, recognising that children's wellbeing is closely linked to the support their parents or carers receive. This approach reflects the principles of Article 3 (best interests of the child) and Article 19 (protection from harm), by aiming to reduce the risks associated with substance use within families and provide earlier, more coordinated help.

The strategy also supports Article 24, the right to health, by improving access to trauma-informed services and mental health support, not only for children directly affected but for their families too. By investing in school-based prevention, including the expansion of Planet Youth and evidence-based education on substance use, the strategy helps uphold Article 28, the right to education, and promotes healthy choices that can prevent harm in the long term.

Importantly, the strategy acknowledges the broader social determinants of health, such as poverty, rural isolation, and access to housing or transport — all of which affect children's ability to thrive. In doing so, it contributes to Article 27, which recognises every child's right to an adequate standard of living. Through better use of data, joint working across services, and a strong focus on equity, the strategy also aims to identify children and young people who may be at risk and provide a more timely and joined-up support.

Ongoing monitoring will take place through Planet Youth data and school-based engagement to understand how the strategy impacts young people's wellbeing. The ADP will share findings and updates in accessible ways, for example through schools, youth groups and social media, so that children and young people can see how their input has shaped local action.

By embedding these principles into its core aims and actions, the strategy helps NHS Highland make meaningful progress in realising children's rights, especially for those who may be most marginalised or vulnerable due to the impact of substance use in their families or communities.

Approved by:

Tracy McFell

26/09/2025

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 Questions – Completion

Asks you to set out:

What impact will your policy/service change have on Children's Rights? 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?

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?

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

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>
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>
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](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 NHSH Child Health Commissioner@deborah.stewart2@nhs.scot or visit the [Children's Rights](#) section of the NHSH Intranet.