

# Equality and Children's Rights Impact Assessment (Stage 1)

This is a legal document as set out in the

- Equality Act (2010), the Equality Act 2010 (Specific Duties) (Scotland) regulations 2012,
- the UNCRC (Incorporation) (Scotland) Act 2024,

and may be used as evidence for cases referred for further investigation for compliance issues.

Completing this form helps you to decide whether or not to complete to a full (Stage 2) EQIA and/or Children's Rights and Wellbeing impact Assessment (CRWIA). Consideration of the impacts using evidence, and public/patient feedback may also be necessary.

## Question 1: Title of Policy, Strategy, Redesign or Plan

Ramadan Project 2026

## Question 2a: Lead Assessor's details

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## Question 2b: Is there a specific group dedicated to this work? If yes, what is the title of this group?

Project Ramadan Group

## Question 3: Detail the main aim(s) of the Policy, Strategy, Redesign or Plan. Please describe the specific objectives and desired outcomes for this work.

<b>Aim</b>	500 bags containing small quantities of food and drinks will be distributed to 500 healthcare and non-healthcare professionals within NHS Fife (secondary, primary care and Health and social care partnership) with information leaflets about Ramadan and supporting patients.  The goals of the project are as follows:
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	<ul style="list-style-type: none"> <li>• To deliver food and beverage bags to staff working within NHS Fife regardless of whether they are fasting (ideally it is hoped that fasting staff would receive a bag).</li> <li>• To support NHS Fife in its mission for promoting a workplace culture that values equality and diversity, especially given the influx of staff of different nationalities.</li> <li>• To improve staff health and wellbeing through fasting by managing mental, physical and spiritual health.</li> <li>• To provide information to staff that may have a limited awareness of fasting and its health implications, to promote more culturally-sensitive and culturally-aware care giving. There are a number of patients (not necessarily Muslim) and staff (again not necessarily Muslim) that fast and some of these patients include high risk patients such as dialysis and transplant and it has been recognised that there are barriers of healthcare professionals breaching this topic with patients and also patients not alerting their healthcare professional about their dietary habits such as fasting. This can ultimately lead to problems with medication management. This project aims to provide education to staff that can lead to health improvement and potentially a reduction in medication use.</li> </ul> <p>This project started in VHK and expanded to include the acute and community hospitals in 2023. In 2026, the project will be expanded further to Health and Social Care Partnership as well.</p>
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#### Question 4: Identifying the Impacts in brief

Consider any potential Impacts whether positive and/or negative including **social and economic impacts** and human rights. Please note, in brief, what these may be, if any. **Please do not leave any sections blank.**

Relevant Protected Characteristics	Impacts negative and positive Social / Economic Human Rights
<p><b>Age -</b> <i>Think: adults, older age etc.</i></p> <p><i>For impacts on 0-18 year old, please refer to the below Question 5 - children's rights assessment (CRWIA).</i></p>	<p>This is a workforce only initiative, therefore only those of a workforce age (16-65) will receive the bags. We expect this to positively impact all staff, regardless of age.</p> <p>There may be indirect positive impacts on patients of all age groups, if staff have an improved understanding of fasting.</p>

<p><b>Disability –</b>  <i>Think: mental health, physical disability, learning disability, deaf, hard of hearing, sight loss etc.</i></p>	<p>This project will be available to all staff regardless of disability and will be accessible at a range of sites. There is no anticipated negative impact on this group.</p>
<p><b>Race and Ethnicity –</b>  <i>Note: Race = “a category of humankind that shares certain distinctive physical traits” e.g. Black, Asian, White, Arab</i></p> <p><i>Ethnicity = “large groups of people classed according to common racial, national, tribal, religious, linguistic or cultural origin/background”</i></p> <p><i>Think: White Gypsy Travellers, Black African, Asian Pakistani, White Romanian, Black Scottish, mixed or multiple ethnic groups.</i></p>	<p>This project is inclusive of all races and ethnicities and aims to promote cultural humility in the workplace. It is expected to therefore positively impact all staff, regardless of race.</p> <p>As this initiative is for Ramadan, it will positively impact certain race/ethnic groups that have higher Muslim populations; however we anticipate a positive impact to all races/ethnicities due to equal accessibility.</p>
<p><b>Sex –</b>  <i>Think: male and/or female, intersex, Gender-Based Violence</i></p>	<p>NHS Fife workforce is predominantly female however the outputs of this initiative will be equally accessible to all staff regardless of sex.</p>
<p><b>Sexual Orientation -</b>  <i>Think: lesbian, gay, bisexual, pansexual, asexual, etc.</i></p>	<p>There are no anticipated impacts on this group.</p>
<p><b>Religion and Belief -</b>  <i>Note: Religion refers to any religion, including a lack of religion. Belief refers to any religious or philosophical belief including a lack of belief.</i></p> <p><i>Think: Christian, Muslim, Buddhist, Atheist, etc.</i></p>	<p>The project is open, inclusive and accessible to all staff regardless of their religion, belief or lack of belief.</p> <p>It will however have a significantly positive impact on staff of an Islamic faith -e.g. making them feel included, welcome and safe within the workplace. It is also aimed to improve mental and spiritual wellbeing by being able to openly fast and receive food which will facilitate breaking their fast whilst on shift.</p>
<p><b>Gender Reassignment –</b>  <i>Note: transitioning pre and post transition regardless of Gender Recognition Certificate</i></p> <p><i>Think: transgender, gender fluid, nonbinary, etc.</i></p>	<p>There are no anticipated impacts on this group.</p>
<p><b>Pregnancy and Maternity –</b>  <i>Note: Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after birth.</i></p> <p><i>Think: workforce maternity leave, public breast feeding, etc.</i></p>	<p>There are no anticipated impacts on this group.</p>

<p><b>Marriage and Civil Partnership –</b>  <i>Note: Marriage is the union between a man and a woman or between a same-sex couple. Same-sex couples can also have their relationships legally recognised as a civil partnership.</i></p> <p><i>Think: workforce, inpatients visiting rights, etc.</i></p>	<p>There are no anticipated impacts on this group.</p>
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### Question 5: Children’s Rights & Wellbeing Impact Assessment

From July 2024, the UNCRC is enforceable by law. This means public bodies must act compatibly with children’s rights. Please consider here any impacts of your proposal on children’s rights as per the [UNCRC](#) articles. The UNCRC applies to all under 18s, with no exceptions.

Even if your proposal does not directly impact children, there may be indirect impact, so please work through the below regardless.

UNCRC Right	Anticipated Impacts & Relevant Mitigations
<p><b>Article 3 - Best Interests of the Child</b>  <i>Note: Consideration to how any proposal may impact children must be made. Decisions must be made whilst considering what is best for children.</i></p>	<p>There are no anticipated impacts on this group. Healthcare professionals will be in a position to provide advice to parents who are fasting and can provide advice to parents of children who fast. Non healthcare professionals are not expected to provide the same level of advice.</p>
<p><b>Article 6 &amp; 19- Life, Survival and Development &amp; Protection</b>  <i>Think: Children have the right to life. Governments should make sure that children develop and grow healthily and should protect them from things or people which could hurt them.</i></p>	<p>There are no anticipated impacts on these articles.</p>
<p><b>Article 12 &amp; 13 – Respect for Children’s Views and Access to Information</b>  <i>Note: every child has the right to have a say in decisions that affect them this could include making a complaint and accessing information.</i></p>	<p>FOI or DSARs relating to this from children and young people are expected to be unlikely, however should this occur, they will have equal access to information. They will also receive the information in a child-friendly way.</p>

<p><b>Article 22 &amp; 30 – Refugee &amp;/or Care Experienced Children</b>  <i>Note: If a child comes to live in the UK from another country as a refugee, they should have the same rights as children born in the UK. Some children may need additional considerations to make any proposal equitable for them (e.g. The Promise, Language interpretation or cultural differences).</i></p>	<p>These articles won't be impacted by this project as this is a workforce initiative only.</p>
<p><b>Article 23 – Disabled Children</b>  <i>Note: Disabled children should be supported in being an active participant in their communities.</i>   <i>Think: Can disabled children join in with activities without their disability stopping them from taking part?</i></p>	<p>This won't be impacted by this project as this is a workforce initiative only.</p>
<p><b>Article 24 &amp; 27 – Enjoyment of the Highest Attainable Standard of Health</b>  <i>Note: Children should have access to good quality health care and environments that enable them to stay healthy both physically and mentally.</i>   <i>Think: Clean environments, nutritious foods, safe working environments.</i></p>	<p>This won't be impacted by this project as this is a workforce initiative only.</p>
<p><b>Other relevant UNCRC articles:</b>  <i>Note: Please list any other <a href="#">UNCRC</a> articles that are specifically relevant to your proposal.</i></p>	<p>This won't be impacted by this project as this is a workforce initiative only.</p>

**Question 6: Please include in brief any evidence or relevant information, local or national that has influenced the decisions being made. This could include demographic profiles, audits, publications, and health needs assessments.**

<ol style="list-style-type: none"> <li>1. There was positive feedback and requests from various healthcare professionals to re-start this project due to the initial success.</li> <li>2. There are more discussions/presentations nationally occurring about the management of patients with various co-morbidities (including mental health) out with the usual (diabetes, respiratory and cardiovascular) making it important to continue to raise awareness.</li> <li>3. Board consideration should be made as to if Project Ramadan is an appropriate Equality Outcome for NHS Fife for future plans</li> <li>4. The last survey about Project Ramadan has highlighted the appetite for more religious and cultural celebrations across NHS Fife staff.</li> <li>5. The British Islamic Medical Association has published evidence and information about managing patient's medication and disease states during Ramadan and there have been other medical papers.</li> <li>6. This also ties in with Public Health Scotland initiatives for 2026 and beyond.</li> </ol> <p>Publications:</p>
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[https://pharmacistcoop.co.uk/articles/optimising\\_patients\\_medications\\_during\\_ramadan/](https://pharmacistcoop.co.uk/articles/optimising_patients_medications_during_ramadan/)

[Working with your patients for a healthy Ramadan](#)

[Impact of Ramadan Fasting on Mental Health, Body Composition, Physical Activity, and Sleep Outcomes Among University Students - PMC](#)

**Question 7: Have you consulted with staff, public, service users, children and young people and others to help assess for Impacts?**

(Please tick)

Yes	X		
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If yes, **who** was involved and **how** were they involved?

If not, why did you not consult other staff, patients or service users? Do you have feedback, comments/complaints etc that you are using to learn from, what are these and what do they tell you?

Equality and Human Rights Lead

Volunteer Service Manager

HSCP

Fife Charity

Communications

Spiritual care

NHS Fife Clinicians

Director of Planning and Transformation and Head of workforce planning and staff wellbeing

**Question 10: Which of the following 'Conclusion Options' applies to the results of this Stage 1 EQIA and why? Please detail how and in what way each of the following options applies to your Plan, Strategy, Project, Redesign etc.**

*Note: This question informs your decision whether a Stage 2 EQIA is necessary or not.*

Conclusion Option	Comments
<b>1. No Further Action Required.</b> Impacts may have been identified, but mitigations have been established therefore no requirement for Stage 2 EQIA or a full Children's Rights and Wellbeing Impact Assessment. (CRWIA)	As this initiative is anticipated to only positively impact people, there is no requirement for further EQIA.
<b>2. Requires Further Adjustments.</b> Potential or actual impacts have been identified; further consideration into mitigations must be made therefore Stage 2 EQIA or full CRWIA required.	
<b>3. Continue Without Adjustments</b>	

Negative impacts identified but no feasible mitigations. Decision to continue with proposal without adjustments can be objectively justified. Stage 2 EQIA /full CRWIA) may be required.	
<b>4. Stop the Proposal</b> Significant adverse impacts have been identified. Proposal must stop pending completion of a Stage 2 EQIA or full CRWIA to fully explore necessary adjustments.	

**PLEASE NOTE: ALL LARGE SCALE DEVELOPMENTS, CHANGES, PLANS, POLICIES, BUILDINGS ETC MUST HAVE A STAGE 2 EQIA /full CRWIA)**


If you have identified that a full EQIA/CRWIA is required then you will need to ensure that you have in place, a working group/ steering group/ oversight group and a means to reasonably address the results of the Stage 1 EQIA/CRWIA and any potential adverse outcomes at your meetings.

For example you can conduct stage 2 and then embed actions into task logs, action plans of sub-groups and identify lead people to take these as actions.

It is a requirement for Stage 2 EQIA's to involve public engagement and participation.

You should make contact with the Participation and Engagement team at [fife.participationandengagements@nhs.scot](mailto:fife.participationandengagements@nhs.scot) to request community and public representation, and then contact Health Improvement Scotland to discuss further support for participation and engagement.

To be completed by Lead Assessor	
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<b>Signature</b>	F.K.Al-Ghita
<b>Date</b>	23/12/25

To be completed by Equality and Human Rights Lead officer – for quality control purposes	
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<b>Date</b>	23/12/25

**Return to Equality and Human Rights Team at [Fife.EqualityandHumanRights@nhs.scot](mailto:Fife.EqualityandHumanRights@nhs.scot)**