

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

Application of Silver Diamine Fluoride in the Treatment of Caries in NHS Fife

Question 2a: Lead Assessor’s details

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Department	NHS Fife Public Dental Service	Email	Hannah.collins@nhs.scot

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

No

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.

Aim	Introduction of a clinical treatment, Silver Diamine Fluoride (SDF), within NHS Fife Public Dental Service (PDS) to treat/control caries in the population of Fife. The caries rates in Fife are some of the worst in Scotland, as documented in the most recent National Dental Inspection Programme data (National dental inspection programme 2025 - National dental inspection programme - Publications - Public Health Scotland). The PDS receive approximately 2000 referrals per year, the majority of
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	<p>which are for treatment of caries. We also have many vulnerable patient groups registered in the PDS (children, adults with significant additional support needs and care home residents) who may present with caries at routine dental check-ups (recalls). SDF would be a valuable treatment modality for patients across all ages of the population who are seen within the PDS. SDF is only licensed for the treatment of dental sensitivity and NOT treatment of caries. Any use for caries management is therefore 'off label'.</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>Age - <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>The introduction of the use of SDF is a practical approach to minimal invasive dentistry and helps make dental services more acceptable to people of all ages and could be offered to all age groups. By considering it as an option in patient care helps take into account the best interests of the patient/family/carer. It is an adjunct to care and provides a simple, generally highly acceptable, population-friendly approach, offering a longer-term solution and alternative to extraction of teeth under GA. NHS dental care is free at point of access for any young person under the age of 26 years old, patients who are pregnant or had a baby in the last 12 months, or those patients who receive low-income benefits. The cost to the patient would otherwise be £17.32 (April 2026).</p>
<p>Disability – <i>Think: mental health, physical disability, learning disability, deaf, hard of hearing, sight loss etc.</i></p>	<p>SDF would be an ideal treatment approach for those patients seen either at home with domicillary care, in the hospital or clinic setting. If tolerated, it would be a treatment option for all patients with a disability.</p>

<p>Race and Ethnicity – <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>Interpreters would be used as required to discuss treatment in line with current practice.</p>
<p>Sex – <i>Think: male and/or female, intersex, Gender-Based Violence</i></p>	<p>There is equal access to treatment regardless of sex. There is inconsistent evidence to support a difference in caries experience between sexes.</p>
<p>Sexual Orientation - <i>Think: lesbian, gay, bisexual, pansexual, asexual, etc.</i></p>	<p>No impact.</p>
<p>Religion and Belief - <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>No impact.</p>
<p>Gender Reassignment – <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>No impact.</p>
<p>Pregnancy and Maternity – <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>This is not a suitable treatment for nursing or expectant mothers due to lack of safety evidence in this patient cohort.</p>
<p>Marriage and Civil Partnership – <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>No impact.</p>

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>Article 3 - Best Interests of the Child <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>The treatment is minimally invasive and quick to apply making it ideal for treatment of caries in children and vulnerable patient groups. In addition, successful treatment may avoid further invasive treatment such as extractions or a general anaesthetic which has associated morbidity risks.</p>
<p>Article 6 & 19- Life, Survival and Development & Protection <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>Not applicable.</p>
<p>Article 12 & 13 – Respect for Children’s Views and Access to Information <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>The child will be included in treatment decisions about their care. If the child is deemed to be at the age of Legal Capacity, then they will be able to make to decision about treatment with SDF for themselves.</p>
<p>Article 22 & 30 – Refugee &/or Care Experienced Children <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>Treatment with SDF will be available as a potential treatment option for all children and young people who access the Public Dental Service.</p>
<p>Article 23 – Disabled Children <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>Children with disabilities would be offered SDF if they met the clinical indications and could tolerate application.</p>

<p>Article 24 & 27 – Enjoyment of the Highest Attainable Standard of Health <i>Note: Children should have access to good quality health care and environments that enable them to stay healthy both physically and mentally.</i></p> <p><i>Think: Clean environments, nutritious foods, safe working environments.</i></p>	<p>SDF could improve a child’s oral health and help prevent dental pain and infection. Treatment would be offered to all children accessing the Public Dental Service.</p>
<p>Other relevant UNCRC articles: <i>Note: Please list any other UNCRC articles that are specifically relevant to your proposal.</i></p>	<p>None.</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.

The caries (dental decay) rates in the children of Fife are some of the worst in Scotland ([National dental inspection programme 2024 - National dental inspection programme - Publications - Public Health Scotland](#)).

The British Society of Paediatric Dentistry (BSPD) endorses the use of SDF in the management of dental caries in children. Multiple resources ([Policy Statements](#)) are available for clinicians who wish to implement SDF in practice.

The recently published Scottish Dental Clinical Effectiveness Programme (SDCEP) publication on the management of caries in children has a section dedicated to the use of SDF in managing caries in children ([Prevention and Management of Dental Caries in Children](#)).

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	No	
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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?

The proposal to use SDF off label in NHS Fife has been discussed at various NHS Fife senior management groups and HSCP QMAG suggested that an impact assessment was completed. At local meetings, Dental Officers within NHS Fife Public Dental Service have supported the use of SDF in children to help reduce inequalities and treatment burden.

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
<p>1. No Further Action Required. 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)</p>	<p>All impacts have been identified. Robust procedures have been put in place to ensure use of SDF does not contravene any of the UNCRC rights.</p>
<p>2. Requires Further Adjustments. Potential or actual impacts have been identified; further consideration into mitigations must be made therefore Stage 2 EQIA or full CRWIA required.</p>	
<p>3. Continue Without Adjustments 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.</p>	
<p>4. Stop the Proposal Significant adverse impacts have been identified. Proposal must stop pending completion of a Stage 2 EQIA or full CRWIA to fully explore necessary adjustments.</p>	


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 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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Signature	
Date	28/4/26

To be completed by Equality and Human Rights Lead officer – for quality control purposes	
Name	Isla Bumba
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Telephone (ext)	
Signature	
Date	29/4/26

Return to Equality and Human Rights
Team at
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