

## Impact Assessment Tool

This Tool has been developed to ensure that equalities, human rights, economic and social factors are being considered ahead of the implementation of any new or revised policies, plans, projects, practices or strategies. Please note for the purpose of this document these will be grouped together and simply referred to as ‘**activity**’.

<b>General Information</b>			
Name of activity	Development of DGHSCP Participation and Engagement Strategy 2022-25		
Lead person and job title	Rod Edgar, Comms and Engagement Manager		
Contact Information ( <i>telephone and/or email</i> )	<a href="mailto:Rod.edgar@nhs.scot">Rod.edgar@nhs.scot</a>	Date of this assessment	10 NOV 22
Names and roles of those involved in the impact assessment process	Rod Edgar, comms and engagement manager; Alexander Campbell, comms team lead		
Describe the activity in no more than 200 words	Drafting and approval of a participation and engagement strategy which will govern all participation and engagement work, including formal public consultation exercises, undertaken by the Partnership. Success is the timely approval of a document which is in line with existing regulation, law and best practice, usable by anyone in DGHSCP, and contains actions and measures of output which produce a high quality of engagement activity.		
How will <b>people</b> be affected by this activity?	The new strategy will potentially affect everyone in the region, inside and outside the partnership. Those working for the partnership may be involved in carrying out engagement work. Everyone in the region could potentially be part of a consultation carried out under the new strategy.		
Who has been <b>involved</b> in the development of this activity and in what capacity?	The draft strategy was drawn up after three years of engagement meetings in the region. It will be developed into the final strategy by DGHSCP and approved by IJB based on the results of the consultation exercise currently under way. Identified stakeholders who have been consulted fall into five groups: members of the public, elected representatives, third-sector groups, Partnership staff, and seldom-heard groups. Among these were LGBT Plus, Support in Mind Scotland, Third Sector Dumfries and Galloway, DG Mental Health Association, and DG Voice. Equality and diversity information has been collected through an online survey.		
Please include any evidence or relevant information that has influenced the overall decision being considered within this impact assessment	As detailed in the draft strategy document, the strategy is being drawn up with reference to existing legislation and SG guidance. The draft strategy indicates that it will be implemented with assistance from the Consultation Institute and other external experts.		
<b>Impact Assessment Questions</b>			
<p>Please complete the table below and outline within the comments sections:</p> <ol style="list-style-type: none"> <li>1. any evidence, relevant information or involvement that has influenced the decision on impact (this may also include demographic profiles, audits, research, health needs assessment, work based on national guidance, findings from engagement and consultation). Prompts are available on <b>page 4</b> to support discussion around potential impacts.</li> <li>2. Mitigating measures that will be taken to ensure that no impact is negative</li> </ol> <p>When assessing the impact on each protected characteristic, you should consider the following aims of the Public Sector Equality Duty:</p> <ul style="list-style-type: none"> <li>• Does the proposed activity impact on the <b>elimination of discrimination</b>?</li> <li>• Does the proposed activity contribute towards <b>advancing equality of opportunity</b> by removing or minimising disadvantages, meeting the needs of particular groups and encouraging participation in a particular activity?</li> <li>• Does the proposed activity <b>foster good relations</b> between different groups?</li> </ul>			

<b>Protected Characteristics/Impact Areas</b>	<b>What will the positive impacts be?</b>	<b>What will the negative impacts be?</b>	<b>What measures will be put into place to mitigate any negative impacts?</b>
<b>Age</b>	Better engagement with older and younger age groups as PES recommends using multiple media and exploiting existing HSC contacts	There is potential for a negative impact if engagement was conducted solely through media which are less used by some age groups such as social media	Following the recommendation to use multiple media will avoid this impact as long as the choice of media is made to maximise coverage across age groups (using several different social media platforms, all used by the same age group, would not be an effective mitigation)
<b>Disability</b>	PES explicitly calls for use of disability-friendly media including easy-read and BSL versions of documents, and to consider transport and access restrictions when planning engagement	xApplying only some of these measures for an engagement exercise will mean some groups are still excluded	Ensure that all disability-friendly media and access measures are considered for all engagements, even those not explicitly targeting issues related to disability
<b>Sex</b>	Obligation to collect anonymised data on participants will allow DGHSCP to verify that engagement activities achieve adequate representation		
<b>Gender reassignment and Transgender</b>	Collection of data as above		
<b>Marriage and Civil Partnership</b>	Collection of data as above		
<b>Pregnancy and Maternity</b>	Use of multiple methods of communication will make engagement easier for those with childcare responsibilities		
<b>Race</b>	Collection of data as above		
<b>Religion or belief</b>	Draft strategy contains explicit obligation to seek out and consult		

	with seldom-heard groups, which could include religious minorities as well as linguistic or national minorities, or those overlooked for other reasons		
<b>Sexual orientation</b>	Collection of data as above		
<b>Carers</b>	Strategy recommends involving multiple groups within partnership in all engagement; this would include groups supporting carers, allowing their interests to be represented		
<b>Human Rights</b>	No direct impact		
<b>Health &amp; Wellbeing &amp; Health Inequalities</b>	Strategy aims to produce wider and more inclusive engagement around all partnership service changes, which will serve to reduce health inequalities		
<b>Economic &amp; Social Sustainability</b>	Better quality engagement will build support for Partnership actions and will ensure they take user and staff opinions and specific knowledge into account, which in turn will make them more socially and economically sustainable		
<b>Staff</b>	Strategy emphasises importance of engagement with staff which will build support for policy changes, improve staff morale and wellbeing, and help ensure better policy choices		

Where any potentially negative impacts are identified on page 2 of this document, **the mitigating/follow up actions must be fully documented.**

Does the activity have the possibility to support or detract from our efforts to promote the inclusion of people from under-represented groups?	Yes – the final strategy will explicitly support greater efforts to include under-represented groups in all engagement work	
Does this activity require consideration of the <a href="#">Fairer Scotland Duty</a> ? If yes, please outline the steps taken to meet the needs of the duty.	Adopting this strategy will not have direct effects regarding the Fairer Scotland Duty, but (see above) engagements carried out in line with the strategy will help DGHSCP meet the needs of the duty in all subsequent policy changes	
Please indicate how are you ensuring the information about the activity and around the proposed changes is accessible in terms of communication in the following formats:	Easy Read	Draft strategy published
	British Sign Language	Draft strategy published
	Alternative Languages	Offer of translations on request
	Large Print	No large print version made available
	Other (please specify)	Plain English version published
How will you monitor the ongoing impact of the activity on protected characteristic groups?	The strategy, once implemented, will require public reporting on all engagement activities, including their reach and participation regarding protected characteristic groups	
Please outline next steps	All subsequent engagements conducted under this strategy will include their own EQIA process as appropriate. These will provide evidence that the current strategy is (or is not) achieving its aims as far as equality and inclusion are concerned.	

When complete, the lead person should send a copy of the Impact Assessment Tool to the Equality and Diversity Lead by emailing it to – [dg.odl@nhs.scot](mailto:dg.odl@nhs.scot). The impact assessment will then be published on the NHS Dumfries and Galloway public website at [www.nhsdg.co.uk](http://www.nhsdg.co.uk)

Please take 5 minutes to share your experience of completing this Impact Assessment by completing [this short survey](#)

**Please note** that this is a legal document stating that you have fully considered the impact on the protected characteristics and is open to scrutiny by service users/external partners/Equality and Human Rights Commission.

## Prompts for Impact Assessment

This section is for reference only. It provides some prompts around what to consider when completing the Impact Assessment Tool. **This is not an exhaustive list, and is provided simply as initial pointers to stimulate thinking and discussion which should be noted within the template above.**

### Equality Issues: All groups

### Points to consider

- Consider the following equality impacts:
  - Access: consider whether different groups have the same ability to make use of your information or service
  - Experience: Think about what different people might think and feel during your programme, or as a result of your policy.
  - Outcomes: Consider how people from different groups may be at a disadvantage in the results achieved by your project or policy.
  - Participation: Think about the ways in which people are able or encouraged to take part, or the ways in which they are given the opportunity to make their own choices.
- Don't make assumptions
- Make yourself aware of the data and research that shows how protected characteristics impact on health and healthcare, and in particular, your own service.
- Have you considered local and national statistics and evidence available on the demographic breakdown of those who use your service, and which protected characteristic groups are more likely to be affected by any changes?
- Consider how to collect demographic information on each of the groups for profiling of access to/outcomes of services and initiatives.
- People within each protected characteristic group are not all the same – people may be disadvantaged in more than one way. There are sometimes issues within groups that may make some people more vulnerable.
- Consider intersectionality: the impacts on people with several protected characteristics that could result in them being particularly impacted
- Have you **engaged with the people affected** by any changes to services?
- Thinking about the information, language and imagery you are using..
  - Is it translatable?
  - Is it understandable in different formats?
  - What alternative arrangements could be put in place to make it accessible?
  - How do people know how to access those alternatives?
- Alternative formats include, Easy Read, British Sign Language and languages other than English.
- Consider **access** to services – is the way in which services are accessed changing? Has this been communicated in different formats to ensure understanding? This can be about physical access as well as how we communicate with people about our services, this can be about letters, IT used to access appointments and even the wearing of masks
- Are there particular groups who do not use or under use your service, or who are less satisfied with it?
- Don't just think about your piece of work in isolation - will this change make a difference at another point in the pathway? Impacts may be positive or negative
- How does this piece of work impact on people's ability to share any needs they have and for the organisation to then make any timely adjustments for that person
- Remember that everyone on the group has protected characteristics and experiences that they can bring to the assessment.

## Age

### Points to consider

- This refers to children and adults of a particular age or age range.
- What does local and national data tell you about different age groups? Is demographic information available on who is engaging with your service?
- Are there any discriminatory practices in terms of any age groups that may or may not be justified? E.g. is the service designed with a specific age group in mind?
- Younger people may have less access to transport, older people may be more likely to have underlying medical health conditions, age often connects with other characteristics but beware of making assumptions about the capacity of older or younger people
- Is information given in an appropriate format in relation to the age of your service users?

## Disability

### Points to consider

- A person has a disability if they have a physical or mental impairment (including learning disabilities) which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities
- Have you considered reasonable steps that can be taken to accommodate the needs of disabled people such as:
  - Getting in and out of spaces, availability of information verbal and written, access to toilets, induction loop systems, provision of an interpreter.
  - Employment opportunities for people with disabilities – does your piece of work positively support this?
  - Are you sure that the output from the activity is “accessible to all”? Many people have disabilities that are not visible or that they don't feel comfortable to disclose
- Have you looked at what constitutes as a disability under the Equality Act 2010? This includes physical conditions, mental health, and sensory impairment.
- Do you routinely record the communication needs of patients with a physical or mental health condition, learning disability or sensory impairment for referring to when sending out appointments etc?
- Do you currently monitor whether or not service users have a mental health condition, physical or learning disability, or sensory impairment so that you know how well your service is being used by people with a disability? (this also applies to staff if assessing a piece of work that affects them)
- Have you considered the timing of your service/appointments/meeting to meet the different needs of people who may rely on particular modes of transport?
- Have you considered the accessibility of any technology being used?

## Gender Reassignment

### Points to consider

- This covers both:
- **Gender Reassignment**, which is the process of transitioning from one gender to another. Individuals in this category are often termed transsexual. Gender reassignment does not need to involve any medical supervision or surgical procedures; it could simply involve a permanent change of the social gender role in which the person lives their life, (for example through a permanent change of name and the way they dress).
- **Other transgender identities** - such as polygender, androgyne, intersex, cross-dressing and transvestite people. The terms **transgender** and **trans** are both widely used by equality organisations to refer to a diverse range of people who find their gender identity does not fully correspond with the sex they were “assigned” at birth. Although the term transgender does refer in part to transsexual people (see above), not all transgender people will undergo the process of gender reassignment, but may face similar barriers to access.

- Have you used non gender-specific language that is inclusive of Trans people, including non binary people?
- Where relevant, are there opportunities for people to indicate the pronouns they use rather than relying on assumptions?
- Do you consider the confidentiality of Trans people?
- Do you consider needs of Trans people accessing clinics, admission process etc?
- Are any of your services only available to a single sex? How have the needs of Trans people been considered within these?

### **Marriage and Civil Partnership**                      **Points to consider**

- The rights and responsibilities that come with marriage and civil partnership are almost identical. Under the Equality Act 2010 it is unlawful discrimination for people who are married or in a civil partnership to be treated less favourably than people who are not married or in a civil partnership.
- Equality legislation also protects people in relation to sexual orientation, which means that you cannot be treated less fairly as a same-sex couple than a mixed-sex couple would be treated.
- Have you considered that those in civil partnerships should be given the same rights and benefits as those who are married?

### **Pregnancy and Maternity**                      **Points to consider**

- Pregnancy is the condition of being pregnant/expecting a baby. Maternity refers to the period after the birth. Protection against maternity discrimination covers 26 weeks after giving birth, and this includes treating a woman unfavourably because she is breastfeeding.
- Are you aware that the new law makes it clear that it's against the law for people to get less favourable treatment because they are breastfeeding when receiving services? (this also applies to staff if assessing a piece of work that affects them)
- Are you aware that it is illegal to refuse to employ someone because they are pregnant, on maternity leave, because of an illness related to pregnancy and or to dismiss someone when they reveal this?

### **Race and Ethnicity**                      **Points to consider**

- This refers to a group of people defined by their ethnic or national origins, race, colour, and nationality (including citizenship). All minority race and ethnic groups are covered including, for example, Gypsy/Traveller communities, Jewish communities, English people as well as visible minority groups like African, Caribbean and Asian.
- We are required to provide an interpreter for people whose first language is not English, how will this happen in relation to this piece of work?
- Have you ensured that core information is available in languages other than English?
- Do you routinely record the language that a person speaks so that you can send letters in the correct language or to phone them instead if they can't read?
- Have you thought about your assessment materials and methods and made sure that they are relevant to people from different cultures?
- Have you considered general data available on health needs of equality groups i.e. Type 2 diabetes is up to 6 times more common in South Asian people and up to three times more common in African and African-Caribbean people?

### **Religion, Faith and Cultural**                      **Points to consider**

- Religion is the worship or faith in a God or Gods but belief is wider and includes religious, spiritual and philosophical beliefs. It also includes lack of belief or no belief in religion (e.g. Atheism). Generally, a belief should affect your life choices or the way you live for it to be included in the definition.
- Do you currently record patients' religion in order to assist you in identifying users and non-users of

your service from various religious backgrounds and any specific needs which they may have?

- Is there inclusive prayer/reflective spaces available for those from all religions and beliefs for staff and service users?
- How do you consider necessary dietary requirements?
- Have you considered the gender of staff when caring for females?
- Does the service allow for requests from staff to have time off for religious festivals and functions?

### **Sex/Gender**

#### **Points to consider**

- This covers biological sex - whether you are a man, a woman or non-binary. Non-binary is used for people who don't feel male or female; they may feel like both, or something in between, or they may not relate to gender at all. Some prefer to use the pronoun "they" rather than he or she.
- Does the data you are basing this piece of work on clearly show whether or not there are any differences between the needs of women and men?
- Do you gather data about how women and men use the service/s? If there is a difference in how a service is accessed how do you act on that?

### **Sexual Orientation**

#### **Points to consider**

- Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes. This includes people who are heterosexual, lesbian, gay or bisexual.
- Does your service recognise and respect individual's sexual orientation?
- Does your service recognise same sex relationships in respect to next of kin etc?
- Recording forms / use terminology such as partner / civil partner?
- Does your service make it easy for someone to discuss their sexual orientation if it is relevant?

### **Carers**

#### **Points to consider**

- Will the policy or service change impact on staff who are carers?
- Does the policy or service change include provision for staff who are carers to access support?
- How will you inform and involve patients' carers?
- Have you involved patients' carers in the development of the service or policy?

### **Human Rights**

#### **Points to consider**

- This is about protecting and promoting individuals' rights and freedoms in relation to the Human Rights Act 1998
- **Does the activity affect people's human rights?**

**Right to Life** – protects your life, by law. The state is required to investigate suspicious deaths and deaths in custody

**Freedom from torture and inhuman or degrading treatment** - you should never be tortured or treated in an inhuman or degrading way, no matter what the situation

**Freedom from slavery and forced labour** - you should not be treated like a slave or subjected to forced labour

**Right to liberty and security** - you have the right to be free and the state can only imprison you with very good reason – for example, if you are convicted of a crime

**Right to a fair trial and no punishment without law** - you are innocent until proven guilty. If accused of a crime, you have the right to hear the evidence against you, in a court of law

**Respect for your private and family life, home and correspondence** – you have the right to live your life privately and enjoy family relationships without interference from government

**Freedom of thought, belief and religion** - you can believe what you like and practise your religion or beliefs

**Freedom of expression** – your right to hold your own opinions and to express them freely

**Freedom of assembly and association** – your right to protest by holding meetings and demonstrations with other people

**Right to marry and start a family** - you have the right to marry and raise a family

**Protection from discrimination in respect of these rights and freedoms** - everyone's rights are equal. You should not be treated unfairly – because, for example, of your gender, race, sexuality, religion or age

**Right to peaceful enjoyment of your property** – property can include things such as land, houses, objects you own, shares, licenses, leases, patents, money, pensions and certain types of welfare benefits

**Right to Education** – protects your right to an effective education. Parents also have a right to ensure that their religious and philosophical beliefs are respected during their children's education

**Right to participate in free elections** – support your right to free expression by holding free elections at reasonable intervals

### **Health, Wellbeing and Health Inequalities**

### **Points to consider**

- This is about physical and mental health and wellbeing and includes e.g. feelings of safety and security, leisure activity, participation, creativity, affection and developing/achieving potential. It covers all aspects of poverty including income and fuel poverty, lack of confidence and self-esteem
- Will this activity give people and families experiencing poverty the opportunity to ensure that their voice is heard?
- Will the activity support those experiencing poverty to move from dependence to independence?
- Will information and services related to the activity be easy to access?
- Will the activity provide services that meet the needs of people experiencing poverty?
- Think about how the activity will impact on increasing opportunities for:
  - Participation in physical activity
  - Accessing healthy food choices
  - Promoting positive mental health and wellbeing

### **Economic and Social Sustainability**

### **Points to consider**

- This is about e.g. pay, employment opportunities, assisting businesses to develop and grow, welfare to work schemes and disadvantaged groups, local self-help schemes and valuing and supporting voluntary work. It also covers issues around aspects of poverty including individual and community resilience.
- How will your activity impact on e.g. social status, employment (paid or unpaid), opportunities to expand on learning experiences, opportunities for volunteering, encouragement of investment in skills and training, assistance for people on low incomes or support for disadvantaged groups in any way, help people access advice on financial inclusion, availability or delivery of services for people living rurally and increase in access to facilities for arts, cultural and leisure pursuits?
- How will the activity work in rural areas where the existing infrastructure is typically less developed or where infrastructure does not exist (e.g. mains gas, fast broadband connections)?