

## Impact Assessment Screening Tool

This screening 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	Joint Independent Advocacy Plan for Dumfries and Galloway 2024 -2027		
Lead person and job title	Liz Forsyth, Strategic Planning Manager, NHS D & G		
Contact Information <i>(telephone and/or email)</i>	Elizabeth.forsyth@nhs.scot	Date of this assessment	29/08/23 updated 16/01/24 and 14/02/24
Names and roles of those involved in the impact assessment process	<p>Alison Telfer, CAMHS Participation Lead            Darren Little, Children's Services manager            Gemma Rosenthal, Senior Advocacy Worker            Jackie Davies, ADP Strategic Lead            Jake Garton, Service Manager, inpatients, midpark Hospital            Jody Fergusson, Service Manager – Inpatients, Midpark Hospital            Keith Hollis, Senior Mental Health Officer            Larel Currie, Commissioning Officer            Laura O'Toole, Contract and Commissioning Officer            Liz Forsyth, Strategy Support Manager, Strategic Planning and Commissioning            Louise Cumbley, Director of Psychology, NHS D&amp;G            Lynsey Fitzpatrick, Equality and Diversity Lead, NHS Dumfries and Galloway            Pamela Deans, Chief Executive, Dumfries and Galloway Advocacy Service            Sara Jackson, Young Carers Manager, Dumfries and Galloway Carers Centre            Selwyn McCausland, National Children's Rights &amp; Advocacy Manager, Barnardo's            Sharon Culross, Mental Health Team Manager            Viv Gratton, Deputy Head of Strategic Planning</p>		
Describe the activity in no more than 200 words <i>Describe the activity. What are the overall aims, outcomes, outputs, measures of success? The reason that this must be recorded here is that often someone looking at the impact assessment recorded in the Tool may not be familiar with the details of the activity.</i>	<p>In line with The Mental Welfare Commission (MWC) Right to Advocacy Report 2023 recommendation that all Health and Social Care Partnerships have a joint plan, with local authority and NHS Board, in place by 31 March 2024. All parties have agreed to work together to develop a joint plan.</p> <p>Engagement with relevant stakeholders will be undertaken for a period of 12 weeks from 07/12/23 – 25/02/24. This seeks to gather the views of stakeholders on their experiences of independent advocacy in Dumfries and Galloway and on the draft joint plan. This will give people the opportunity to highlight what is and is not working for them and enable them to ensure the next plan is one that will meet the needs of themselves and those they</p>		

	support.
How will <b>people</b> be affected by this activity?	<p>People and organisations that use or refer into independent advocacy across Dumfries and Galloway will be affected by changes to the way it is delivered.</p> <p>Proposed changes will impact on how people's needs will be met including what will be prioritised in the plan for independent advocacy</p>
Who has been <b>involved</b> in the development of this activity and in what capacity?	<p>People and organisations that use or refer into independent advocacy across Dumfries and Galloway will be involved throughout the engagement process.</p> <p>This has included people in protected characteristic groups such as people accessing mental health services those in custody and care experienced children.</p> <p>Stakeholder feedback has directly influenced the plan's development and content.</p>
Please include any evidence or relevant information that has influenced the overall decision being considered within this impact assessment	<p>Evidence of current need was shared with stakeholders through the draft plan.</p> <p>The Equality Act 2010 including Fairer Scotland Duty and Human Rights Act 1998 have been considered throughout the consultation periods.</p> <p>All information is accessible to everyone including protected characteristic groups (different formats including Easy Read and translation services available).</p> <p>A range of stakeholders (which will be listed in a Statement of Engagement) includes those delivering and those accessing independent advocacy have been involved through the planning and engagement phase of developing this plan.</p> <p>Equality monitoring questionnaires have been used throughout the process.</p> <p>In order to mitigate against the risk that people may not have their voices heard; proactive efforts have been made to engage with people in all protected characteristic groups. This includes liaising with the equality leads for both the council and NHS, Dumfries prison staff and reaching out to third sector partners.</p>

## Impact Assessment Questions

Use the table below and outline within the comments sections:  
 Relevant information or involvement that has influenced the decision on impact (this may also include desk research, health needs assessment, work based on national guidance, findings from engagement and consultation on **page 4** to support discussion around potential impacts.  
 Measures that will be taken to ensure that no impact is negative

When assessing the impact on each protected characteristic, you should consider the following aims of the Public Sector Equality Duty:  
 Does the proposed activity impact on the **elimination of discrimination**?  
 Do the proposed activity contribute towards **advancing equality of opportunity** by removing or minimising disadvantages for particular groups and encouraging participation in a particular activity?  
 Do the proposed activity **foster good relations** between different groups?

Impact	Are there any positive impacts?	Are there any negative impacts?	Rationale for decision and further comments	What measures will be taken to mitigate any negative impacts?
	Yes	No	<p>Increasing numbers of older people are accessing independent advocacy, therefore it is important their voices are heard.</p> <p>It is also recognised that many people who provide unpaid care are young or older themselves and may need support as well as providing it.</p> <p>The knowledge and experience of Carers/Young Carers and Young Adult Carers is valued and will continue to help shape the future of independent advocacy in Dumfries and Galloway.</p> <p>This will support partners to meet their needs and the needs of the people they support.</p>	<p>People of all ages have been consulted/involved/engage, to ensure everyone has the opportunity to have their views heard on the way forward. This was done through generic and targeted invitations.</p> <p>All information produced will be shared in a plan for independent advocacy accessible to people of all ages.</p>
	Yes	Yes	<p>People with disabilities can be more reliant on support including independent advocacy so it is paramount to get their input.</p> <p>Efforts have been made to ensure resources are accessible for all stakeholders including where English is not their first language or where a person requires Easy Read and/or large print or audio versions of documents.</p> <p>Engagement on a 1-2-1 basis or with the assistance of a support worker is available on request to ensure people could get involved.</p>	<p>As part of our efforts to ensure people with disabilities are involved the Staff Disability Network and other support groups were asked to be consulted.</p> <p>Issues around access to resources; have been mitigated by ensuring all online materials are accessible making it easier for eReaders. This includes description on audio where appropriate.</p> <p>Issues in respect of resources for people with impaired (and people who do not understand English but understand sign language) have been mitigated where appropriate ensuring appropriate resources are available.</p>

				<p>available on request.</p> <p>Audio and visual resources (including voiceover) were been created however, some technical issues meant that publications could not take place. There have been no requests received for an alternative format.</p> <p>An accessible animation will be produced. Independent advocacy will accompany the Joint independent advocacy plan when it is published.</p>
	Yes	No	<p>All resources use gender neutral terms to encourage engagement and reduce exclusion.</p> <p>The draft plan and supporting resources are written so as to ensure people recognise it as being relevant to them regardless of gender or other protected characteristics</p>	<p>Discussions with LGBT+, organisations and the organisation have previously identified that gender identity could be an issue in relation to people's engagement and support. All resources developed for the development of the Draft Independent Advocacy Plan have used inclusive terms and imagery where possible to mitigate against exclusion.</p> <p>Alternative options to engagement including telephone/Teams call were explored.</p>
ent	Yes	No	<p>Care has been taken to ensure that trans (including non-binary) people are not excluded by language around gender in the context of any aspect of resources such as videos and animations.</p>	<p>No issues in relation to being trans or transgender men and women were identified in independent advocacy hearings. However, we aim by offering a range of engagement methods to address any unforeseen issues in relation to engagement for other reason people do not engage.</p>
	Yes	No	<p>Throughout the development of the independent advocacy plan, inclusive, person-centred approaches have been used to discourage assumptions about all protected characteristics including relationship status.</p> <p>The partners all promote respect for individual people and relationships and ensure that care and support is delivered with no favour or discrimination based on marital status.</p>	<p>No issues have been raised in relation to relationship status.</p>
	Yes	No	<p>All engagement resources ensure the rights of pregnant people are acknowledged and respected.</p>	<p>No issues have been raised in relation to offering a range of engagement methods. We aim to mitigate any unforeseen issues.</p>

			<p>People who are pregnant or who have young children may find being able to contribute to the engagement more challenging due to health or caring responsibilities.</p>	<p>relation to this or any other may find it harder to engage.</p> <p>The Breastfeeding etc (S makes it an offence to person feeding milk to the in a public place. This inc where someone could be independent advocacy.</p> <p>Images showing pregnant resources.</p>
Yes	No		<p>Opportunities to get involved in the development of independent advocacy have been shared widely, including but not exclusively with people from minority ethnic communities across Dumfries and Galloway including the Minority Ethnic Staff network.</p>	<p>Resources make it clear services into multiple languages available on request.</p> <p>Ukrainian and Russian languages have been added to our existing increasing numbers of people those languages in our region been displaced due to the</p>
Yes	No		<p>Having access to independent advocacy may positively impact on people's ability to stay connected to their faith group, culture and in some cases people who speak their language.</p>	<p>No issues have been highlighted</p> <p>To mitigate any potential engagement sessions can avoid prayer timings and on request.</p>
Yes	No		<p>It is recognised that a person's ability to access independent advocacy should be person centred, regardless of their sexual orientation.</p> <p>Language and images around communities of interest and communities of experience have been considered and included in the development of the independent advocacy plan.</p>	<p>Engagement with LGBT+ organisation has highlighted resources to be circulated. This is more likely to ensure reluctant to engage have get involved, in person or</p> <p>All stakeholders are invited equality questions at the This will help us to identify characteristic group has been</p>
Yes	No		<p>Resources acknowledge unpaid Carers of all genders and ages, to make it clear that they are included, and their experience is valued.</p>	<p>Potential constraints on a time/ability to get involved considered and alternative to mitigate this including telephone engagement.</p>
Yes	No		<p>The engagement processes have used a Rights Based approach supporting the PANEL principles of Participation, Accountability, Non-discrimination Empowerment and Legality.</p> <p>Engagement resources have sought to</p>	<p>To ensure people in prison detained under the Mental are not excluded, information shared with institutions in of people who are detained</p> <p>A workshop was held with</p>

			ensure that anyone living in Dumfries and Galloway has had the opportunity to share their experience and opinions about independent advocacy, in whatever format is most appropriate for them.	detained at HMP Dumfries officer. This enabled their voices heard. This was supported by an experienced facilitator from the Commissioning Team (L...
& s	Yes	No	Improving communication and providing information in accessible formats is supporting people to have choice and control. This is regardless of their health status, financial circumstances or location in our region.  The impact of poverty on people's ability to engage has been considered. The Poverty Action Group has sought to ensure that the voice of people on low income is heard.	To avoid disadvantage for those who cannot or cannot use digital technology for whatever reason, alternative methods of meetings are available.  To minimise disadvantage for those with access to transport, no W... the team are offering alternative methods of engaging such as face to face, telephone/online sessions with a prepaid envelope.
ll	Yes	No	People who are accessing or may need to access independent advocacy may be experiencing a lack of economic and social sustainability due to their health or other circumstances. The need to ensure travel costs and other economic or social issues are not a barrier to participation has been considered.	Providing opportunities a... (during the day and early... against economic hardship... reducing the cost associated... and improve the level of...  Telephone or postal opportunities... some 1-2-1 meetings aimed... relating to lack of digital a...
	Yes	No	Provider and referrer feedback has influenced the development of independent advocacy Plan. Their input will significantly impact on its content and delivery.	To mitigate against concerns about commenting publicly provide a high level of anonymity for people only get their contact details from volunteer them and even... used to keep them informed
	No	No		No issues or concerns were raised in respect of this characteristic that the development of an independent advocacy plan will impact negatively on the environment
	No	No	The focus of the engagement activities using inclusive, person-centred approaches.  Engagement activity promotes respect for individual people and seeks to ensure that care and support is delivered without favour or discrimination based on employment history or status.	No issues or concerns were raised in respect of this characteristic

<b>Where any potentially negative impacts are identified on page 2, the mitigating/follow up actions must be fully documented in the table.</b>		
Does the activity have the possibility to support or detract from our efforts to promote the inclusion of people from under-represented groups?	<p>Accessible audio/visual resources have taken longer to produce than expected due to various issues. These aim to be corrected and circulated as soon as they are in a suitable format to be shared.</p> <p>Engagement/consultation activities include efforts to include under-represented groups such as bespoke sessions including 1-2-1 and group sessions, alternative format for resources and travel to more remote areas on request.</p> <p>Equality monitoring questions on the survey and records of engagement will seek to provide details of engagement with protected characteristic groups.</p> <p>This will be used as evidence to identify gaps in stakeholders and may lead to further targeted engagement if required.</p>	
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.	<p>This activity aims to fulfil IJB's legal obligations under the Duty, by reducing inequality of outcome in strategic decision making by involving people who are impacted, in the design of new models of care and support.</p> <p>A written record of the decision-making process will be maintained and available at the end of the process to evidence compliance with the Duty.</p>	
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, where relevant:	Easy Read	Available on all relevant documents
	British Sign Language	Available on request
	Alternative Languages	Available on request
	Large Print	All public facing documents will be produced in Arial 12pt minimum and Easy Read will be produced in minimum Arial 14pt
	Other (please specify)	Animation that was created was not accessible and therefore not used. A new animation to support the launch of the plan will be created and shared at time of publication.
How will you monitor the ongoing impact of the activity on protected characteristic groups?	Feedback has been sought from people in protected characteristic groups individually and through groups	

	<p>that represent them. This has provided information on whether people feel they have had the opportunity to get involved.</p> <p>If completed, the equality monitoring questions in the survey will provide feedback on the level of engagement from all groups.</p>
<p>Please outline next steps</p>	<p>Workshops have been offered to stakeholders that previously identified that they have an interest in the Independent Advocacy.</p> <p>Engagement/consultation activities included efforts to involve under-represented groups, such as bespoke sessions including 1-2-1 and group sessions. Alternative formats for resources and travel to more remote areas was also available.</p> <p>This will be used as evidence to identify gaps in stakeholders and may lead to further targeted engagement if required.</p>

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 within both the screening tool and the full impact assessment document. **This is not an exhaustive list, and is provided simply as initial pointers to stimulate thinking and discussion and should be noted within the template.**

Equality Issues: All groups	Points to consider
	<ul style="list-style-type: none"><li>• Don't make assumptions</li><li>• Make yourself aware of the data and research that shows how protected characteristics impact on health and healthcare, and in particular, your own service.</li><li>• 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.</li><li>• 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?</li><li>• Have you <b>engaged with the people affected</b> by any changes to services?</li><li>• Consider how to collect demographic information on each of the groups for profiling of access to/outcomes of services and initiatives.</li><li>• Thinking about the information, language and imagery you are using..<ul style="list-style-type: none"><li>Is it translatable?</li><li>Is it understandable in different formats?</li><li>What alternative arrangements could be put in place to make it accessible?</li><li>How do people know how to access those alternatives?</li></ul></li><li>• Alternative formats include, Easy Read, British Sign Language and languages other than English.</li><li>• Consider <b>access</b> 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</li><li>• Are there particular groups who do not use or under use your service, or who are less satisfied with it?</li><li>• 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</li><li>• 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</li><li>• Remember that everyone on the group has protected characteristics and experiences that they can bring to the assessment.</li></ul>

Age (Children & Young People):	Points to consider
	<ul style="list-style-type: none"><li>• What does local and national data tell you about different age groups? Is demographic information available on who is engaging with your service?</li><li>• 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?</li><li>• Younger people may have less access to transport, older people may be more likely to have</li></ul>

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**

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”?
- 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**

- Have you used non gender-specific language that is inclusive of Trans people?
- Do you consider needs of transgender 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**

- 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**

- 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**

- 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**

- 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 (Male/Female): Points to consider**

- Does the data you are basing this piece of work on clearly show whether or not there 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**

- 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?
- Have you considered access to services and understanding of need, this may include ensuring that you have prominent LGB and T resources in waiting rooms, surgeries, confidential spaces, staff rooms and community spaces.

**Human Rights: Points to consider**

- **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

**Abolition of the death penalty** - no one shall be condemned to such penalty or executed

#### **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)?

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