

# Impact Assessment Toolkit Form

Update as at March 2018



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## Section 1 : General Information

		Guidance
1	Name of policy: Community Mental Health Nursing Teams Operational Policy	The word policy is used throughout this document for ease but it could also be a strategy, plan, project or budget option (saving or income generation).
2	Is this policy: <input type="checkbox"/> new <input checked="" type="checkbox"/> reviewed	
3	Lead Service(s) involved in the delivery of this policy: Community Mental Health Nursing Teams	
4	Who else is involved in the implementation of this policy: Mental Health, Learning Disabilities, Psychology and Specialist Drug and Alcohol Services Directorate	e.g. other Services or partner agencies
5	Lead person: Justina Ritchie/Lynda Forrest	The lead person should be someone who has a good knowledge of the policy to be assessed and has been trained in the toolkit.
6	Names and organisations of those involved in the process : Justina Ritchie, NHS D&G; Lynda Forrest, NHS D&G	The tool should be completed by no fewer than two people. It is good practice to involve stakeholders and in particular the relevant Equality and Diversity Group(s) must be involved.
7	Date of Impact Assessment (IA): 4.12.18	
8	Do all participants understand the Guidance? <input checked="" type="checkbox"/> Yes	The lead person should check all attending have read and understood the purpose or process of IA

## Section 2 : Aims of the policy

		Guidance
<p>9 What are the main aims of the policy? To describe the role and function of CMHNTs, the governance structures around this and to describe how it aligns to and supports the overall Mental Health Operational Policy.</p>		<p>This should describe the policy and what you are trying to do. Think about:</p> <ul style="list-style-type: none"> <li>• Why is it needed?</li> <li>• What outcomes does the organisation hope to achieve by it?</li> <li>• In particular will the policy contribute to the organisations' Objectives/Priorities, the Single Outcome Agreement and/or Health and Social Care Integration?</li> </ul>
<p>10 Will the policy assist in meeting the aims of legislation?  <input checked="" type="checkbox"/> Yes      <input type="checkbox"/> No</p> <p>Give details</p> <p>(a) The Equality Act 2010 <input checked="" type="checkbox"/></p> <p>(b) Human Rights Act 1998 <input checked="" type="checkbox"/></p> <p>(c) Climate Change Scotland Act 2009 <input type="checkbox"/></p> <p>(d) Environmental Assessment (Scotland) Act 2005 <input type="checkbox"/></p>		<p>The purpose of IA is to assess which individuals or groups will be most affected and how. Think also about how the policy will be delivered (e.g. through existing outlets?) and how it will be communicated to clients</p>

## Section 3 : Evidence

	<b>Guidance</b>
<p>11 What evidence has or will be used to identify any potential positive or negative impacts?</p> <p>Insert details in the boxes below (a) to (e):</p>	<p>Evidence could be based on a specific geographical area or a community of interest and could include consultations, surveys, focus groups, interviews, pilot projects, user feedback (inc. complaints made), officer knowledge and experience, equalities monitoring data, academic publications, consultants' reports, etc. Also identify where there are gaps in the evidence and set out how these will be filled.</p>
<p>(a) Involvement in development/ review The policy has been reviewed primarily by MH senior management and leadership nursing teams, and also by representatives from other MH services.</p>	<p>Who has been involved in the development so far of your policy?</p>
<p>(b) Research This policy has been developed in line with all relevant and current MH legislation, such as the Mental Health Care (Scotland) Act, and relevant human rights legislation, such as the Equalities Act 2010. Current on-line local and national evidence relating to mental health and equalities issues has been considered in the development of this policy and the associated EQIA</p>	<p>Have you conducted any research or what research are you using?</p>
<p>(c) Officer/Practitioner knowledge and experience Existing management structures such as the Operational Management Group and Senior Management Groups have been used as a forum to circulate and develop the review of this policy. This includes a representative from the Equalities Programme Board.</p>	<p>What expertise or individual information are the group using to inform their judgements?</p>
<p>(d) Monitoring data We are reviewing and developing our current data systems to enable us to better evaluate the reach of our services to people who have or share protected characteristics. This includes senior management representation on the board's Screening &amp; Inequalities Steering Group.</p>	<p>What data is available locally or nationally to inform the group?</p>
<p>(e) Feedback The on-going implementation of this policy and delivery of associated services will be informed by feedback from service users and staff. The policy is also routinely reviewed every 3 years to ensure it remains current and in line with relevant legislation and drivers.</p>	<p>What feedback is available to inform the IA? e.g. both positive and negative users experiences of the policy – surveys, Board or Elected Members enquiries and comments etc</p>

## Section 4: Impact Areas

This section covers the Protected Characteristics, Human Rights, health, climate change and sustainable development.

### 12 AGE

This refers to children and adults of a particular age or age range.

Remember different age groups have different concerns e.g.

- violence is more likely to happen to you if you are a young man but the fear of crime can be debilitating if you are an older or lone woman.
- can all age groups access your service even on a dark winter night?
- children (people under 18) have a right to advice and information but this may need to be in a different format from the same information directed at adults
- when considering age/ children remember that some children are more vulnerable or have particular issues that may need additional consideration, for example children in poverty or Looked After Children (LAC).

Useful website: [UN Convention on the Rights of the Child](#) [Age UK](#)

How does your policy affect this protected characteristic?

Indicate if the impact is positive or negative or if there is no impact	Positive Impact	No Impact	Negative Impact	Comments
<p><b>Eliminate</b> discrimination, harassment, victimisation or any other prohibited conduct</p> <p><b>Advance</b> equality of opportunity by having due regard to:</p> <ul style="list-style-type: none"> <li>removing or minimising disadvantage</li> <li>meeting the needs of particular groups that are different from the needs of others</li> <li>encouraging participation in public life</li> </ul> <p><b>Foster</b> good relations – tackle prejudice, promote understanding</p>	✓	✓		<p>This policy supports evidence-based identification and service-delivery for age-specific conditions, for example, dementia, and that young adult men are more likely to commit suicide is reflected in associated risk assessment procedures.</p> <p>Specifically, services have due regard to, for example, that;</p> <p>3.5% of people aged under 65 are living with dementia, and the risk of developing dementia increases significantly with age.</p> <p>This, and aging itself puts older people at additional risk of neglect, poor mobility, communication difficulties, living alone/loneliness, co-morbidities and poverty.</p> <p>Young adult men are more likely to commit suicide, and more likely to be involved with the criminal justice system.</p> <p>Emergency detentions under the Mental Health Act increases by nearly 20% in the 65-84 age group.</p> <p>People aged between 35 and 60 are more likely to report at least one symptom of depression.</p> <p>People aged 16-24 are more likely to have at least one symptom of anxiety, and are more likely to self-harm.</p>

## 13 DISABILITY

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.

- How does this policy affect disabled people in Dumfries and Galloway?
- Is there any reason to believe that disabled people are being, or could be, adversely affected by this policy?
- Are there any impairment groups who are particularly adversely affected by the policy?
- Could your policy adversely affect individuals as a result of something arising from their disability?
- Does your policy ensure that the rights of people with learning disabilities to dignity, equality and non-discrimination are respected and upheld?

Useful websites and publications: [Disability Rights](#) [Equality and Human Rights Commission](#) [DGVoice](#)  
[Keys to Life Report- Improving Quality of Life for People with Learning Disabilities](#)

How does your policy affect this protected characteristic?

Indicate if the impact is positive or negative or if there is no impact	Positive Impact	No Impact	Negative Impact	Comments
<p><b>Eliminate</b> discrimination, harassment, victimisation or any other prohibited conduct</p> <p><b>Advance</b> equality of opportunity by having due regard to:</p> <ul style="list-style-type: none"> <li>• removing or minimising disadvantage</li> <li>• meeting the needs of particular groups that are different from the needs of others</li> <li>• encouraging participation in public life</li> </ul> <p><b>Foster</b> good relations – tackle prejudice, promote understanding</p>	✓	✓		<p>This policy is specifically aimed to outline the service delivery and procedures designed to provide care and support to people diagnosed with mental ill health, a recognised disability protected under equalities legislation. The policy thereby has a direct positive influence on the health and well-being of this protected group.</p> <p>This policy takes account of the diverse nature of health and well-being, through robust care-planning and on-ward referral, and through emergency and priority assessment where that is required. This helps mitigate against further marginalisation associated with mental ill health, such as; <u>Physical Disability</u></p> <p>Evidence shows that 1 in 10 adults who have a long-term physical condition also showed symptoms of a diagnosed mental health problem.</p> <p>People with mental ill health are less likely to access screening programmes</p>

				<p>People with schizophrenia and bipolar disorder die, on average, up to 25 years earlier than the general population, largely due to physical health problems</p> <p>People with schizophrenia are more likely to smoke, to be obese, and to have diabetes.</p> <p>People who have a physical illness are 6 times more likely to develop a mental illness following 2 or more recent adverse life events than those who are physically well.</p> <p>There is a higher rate of depressive disorder associated with a wide range of physical health conditions such as asthma, arthritis, back pain and diabetes – 20% of new onset depressive or anxiety-related illness occurs with people within one year of being diagnosed with cancer or being hospitalised following a heart attack.</p> <p><u>Intellectual (learning) Disability</u></p> <p>An estimated 25-40% of people with intellectual disabilities have mental health problems, with some (such as depression) going undiagnosed. Some symptoms of mental illness are wrongly regarded as behavioural issues, and so don't receive the proper treatment. People with intellectual disabilities are more vulnerable to risk factors associated with mental ill health, such as social isolation, lack of support, adverse life events, and are less likely to be able to access services than people who do not share this characteristic.</p>
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## 14 SEX (GENDER)

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.

- e.g. does the function or policy take account of different roles and responsibilities?  
 does it assume, perhaps wrongly, that men for example, have no caring responsibilities?  
 is the function or policy flexible enough to provide a service that everyone can access?

Useful websites: [Scottish Women's Convention](#) [Fawcett Society](#) [Engender](#) [Equality and Human Rights](#) [A Voice for Men](#)

How does your policy affect this protected characteristic?

Indicate if the impact is positive or negative or if there is no impact	Positive Impact	No Impact	Negative Impact	Comments
<p><b>Eliminate</b> discrimination, harassment, victimisation or any other prohibited conduct</p> <p><b>Advance</b> equality of opportunity by having due regard to:</p> <ul style="list-style-type: none"> <li>removing or minimising disadvantage</li> <li>meeting the needs of particular groups that are different from the needs of others</li> <li>encouraging participation in public life</li> </ul> <p><b>Foster</b> good relations – tackle prejudice, promote understanding</p>	✓	✓		<p>This policy helps ensure that service delivery is inclusive of all genders on the spectrum.</p> <p>Services recognise and take account of gender-specific issues that are associated with well-being and mental health problems, such as;</p> <p><u>Women</u>            9/10 people in the UK who have an eating disorder are female. We have a specialist service to support people with eating disorders.            Women are more likely than men to have 2 or more symptoms of anxiety.            Women are more vulnerable than men to risk factors associated with mental ill health, such as poverty, social isolation, violence and abuse, childhood sexual abuse, domestic violence (which is associated with depression, anxiety, PTSD and drug abuse for survivors) and, sexual violence and rape.</p>

			<p>Rates of self harm are 2-3 times higher in women than in men.</p> <p>The number of women completing suicide is increasing. Women have a higher life expectancy, and so are more likely to experience bereavement in old age, institutional care (with associated loss of role and independence) and co-morbidities associated with old age.</p> <p>At least 1/10 new mothers will experience a post-natal depression.</p> <p>A specialist pathway has been developed for women who experience perinatal mental health issues.</p> <p><u>Men</u></p> <p><math>\frac{3}{4}</math> suicides are completed by men.</p> <p>Men are 3 times more likely to dependant on alcohol – Scotland has the highest rate of alcohol-related deaths of all the UK nations (for both men and women, especially in the more deprived areas).</p> <p>Men are twice as likely to use class A drugs and be victims of violent crime.</p> <p>In recent decades, males have tended to do less well at school, and poor educational attainment is linked with poor mental health in adulthood.</p> <p>Men have lower access to social, family and community support than women, and are less likely to seek help for emotional disorders. They are more likely to express emotional distress in behavioural and conduct disorders.</p> <p>76% of rough sleepers (9/10 of whom are men) have mental health problems.</p> <p>The proportion of men who report 2 or more depressive symptoms is increasing every year.</p>
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## 15 GENDER REASSIGNMENT (TRANSGENDER IDENTITY)

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.
- e.g. does your policy, function or service include people of different gender identities? Will your facilities impede transgender individuals in any way?

Useful websites: [Equality and Human Rights](#) [Transgender Equality and Rights](#) [Equality Network](#) [LGBT Youth](#)

How does your policy affect this protected characteristic?

Indicate if the impact is positive or negative or if there is no impact	Positive Impact	No Impact	Negative Impact	Comments
<p><b>Eliminate</b> discrimination, harassment, victimisation or any other prohibited conduct</p> <p><b>Advance</b> equality of opportunity by having due regard to:</p> <ul style="list-style-type: none"> <li>• removing or minimising disadvantage</li> <li>• meeting the needs of particular groups that are different from the needs of others</li> <li>• encouraging participation in public life</li> </ul> <p><b>Foster</b> good relations – tackle prejudice, promote understanding</p>	✓	✓		<p>Gender dysphoria is currently coded as a mental health condition, and as such, services are pro-actively inclusive of this protected group.</p> <p>This policy and procedures are covered by NHS D&amp;G equality Policy on Transgender and Gender Neutral people, and we actively recognise and treat people according to their preferred identity.</p> <p>We are aware that individuals in this group can be further marginalised due to the relatively small numbers who identify as transgender - 1 in 10,000-20,000 biological men and 1 in 40,000-50,000 biological women have gender</p>

			<p>identity disorder.</p> <p>Services are aware of and take account of the additional risks that are associated with mental health problems for this group, such as;</p> <p>Transsexual women and men may experience stigma and discrimination that contributes to poorer mental health, with transphobic bullying, reported as a significant contributing factor to mental ill health.</p> <p>Transgender individuals report higher rates of poor mental health, as compared with the general population.</p> <p>Onward referral to specialist services will be made where someone whose main presentation is associated with gender issues, such as gender dysphoria, and whose needs require a level of input that falls out with the resource and capability of the CMHTs to support.</p>
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## 16 MARRIAGE AND CIVIL PARTNERSHIP

The rights and responsibilities that come with marriage and civil partnership are almost identical although civil partnerships in Scotland are currently only available to same-sex couples.

Under the Equality Act 2010 it is unlawful discrimination for people who are married or in a civil partnership to be treated less favourably in employment 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.

Useful websites:

[Registration – Getting Married or Registering a Civil Partnership in Scotland](#)  
[Marriage and Civil Partnership in Scotland](#)

How does your policy affect this protected characteristic?

Indicate if the impact is positive or negative or if there is no impact	Positive Impact	No Impact	Negative Impact	Comments
<p><b>Eliminate</b> discrimination, harassment, victimisation or any other prohibited conduct</p> <p><b>Advance</b> equality of opportunity by having due regard to:</p> <ul style="list-style-type: none"> <li>removing or minimising disadvantage</li> <li>meeting the needs of particular groups that are different from the needs of others</li> <li>encouraging participation in public life</li> </ul> <p><b>Foster</b> good relations – tackle prejudice, promote understanding</p>	✓	✓		Service documentation and delivery supports recognition of people’s entitlement to having a ‘named person’, which is not defined by marriage, gender identity, or sexuality

## 17 PREGNANCY AND MATERNITY

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.

e.g. Do you provide facilities for breastfeeding mothers?

Useful websites:

[Maternity Pay and Leave](#)

[Maternity Leave and Pay – ACAS](#)

How does your policy affect this protected characteristic?

Indicate if the impact is positive or negative or if there is no impact	Positive Impact	No Impact	Negative Impact	Comments
<p><b>Eliminate</b> discrimination, harassment, victimisation or any other prohibited conduct</p> <p><b>Advance</b> equality of opportunity by having due regard to:</p> <ul style="list-style-type: none"> <li>• removing or minimising disadvantage</li> <li>• meeting the needs of particular groups that are different from the needs of others</li> <li>• encouraging participation in public life</li> </ul> <p><b>Foster</b> good relations – tackle prejudice, promote understanding</p>	✓	✓		<p>A specialist peri-natal pathway and associated services have been developed, in recognition that;</p> <p>At least 1 new mother in 10 will have a formal post-natal depression, with 10-15% of women being affected with depression and anxiety during pregnancy and the first post-natal year.</p>

## 18 RACE

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, gypsies and travellers, Jews, English as well as visible minority groups like African, Caribbean and Asian.

Consider the impact your function or policy has on someone from a minority ethnic group. Remember the impact may differ depending on the gender, disability, faith, sexual orientation or age of the person as different cultures have different views on what is acceptable.

e.g. What about language and information? Is it in the right format?

Useful websites: [Equality and Human Rights](#) [BEMIS – Scotland’s Ethnic & Cultural Minority Communities](#) [CEMVO](#)

How does your policy affect this protected characteristic?

Indicate if the impact is positive or negative or if there is no impact	Positive Impact	No Impact	Negative Impact	Comments
<p><b>Eliminate</b> discrimination, harassment, victimisation or any other prohibited conduct</p> <p><b>Advance</b> equality of opportunity by having due regard to:</p> <ul style="list-style-type: none"> <li>removing or minimising disadvantage</li> <li>meeting the needs of particular groups that are different from the needs of others</li> <li>encouraging participation in public life</li> </ul> <p><b>Foster</b> good relations – tackle prejudice, promote understanding</p>	✓	✓		<p>Services are aware of and take account of additional risks faced by people based on race, such as;</p> <p>Rates of psychoses are higher for BME communities living in the UK than for the white population.</p> <p>Immigrants to the UK are at greater risk of developing psychosis due to factors such as discrimination, socio-economic deprivation and stressful life events.</p> <p>Admission rates for people from Chinese and Indian groups are below average in the UK, and Asian groups report less favourably on satisfaction scores.</p> <p>Women asylum seekers and refugees have higher rates of PTSD and other mental illnesses.</p>

				<p>Of all reporting ethnic groups, White British people have lower well-being.</p> <p>Interpretation services are available to support people whose first language is not English, including people who use British Sign Language.</p>
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## 19 RELIGION OR BELIEF

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.

e.g. Does the function or policy take into account different festivals, holidays, religious days and traditions? Will the different faith beliefs impact on, for example, women from that group and exclude or prevent them from using the service?

Useful website: [Interfaith Scotland](#) [National Secular Society](#)

How does your policy affect this protected characteristic?

Indicate if the impact is positive or negative or if there is no impact	Positive Impact	No Impact	Negative Impact	Comments
<p><b>Eliminate</b> discrimination, harassment, victimisation or any other prohibited conduct</p> <p><b>Advance</b> equality of opportunity by having due regard to:</p> <ul style="list-style-type: none"> <li>removing or minimising disadvantage</li> <li>meeting the needs of particular groups that are different from the needs of others</li> <li>encouraging participation in public life</li> </ul> <p><b>Foster</b> good relations – tackle prejudice, promote understanding</p>	✓	✓		<p>As with all NHS services in D&amp;G, MH services have access to a spiritual lead to help support and meet individuals' spiritual or religious needs and beliefs, such as a chaplain.</p> <p>Services are aware that for some, religion and belief (including lack of belief) represents a protective coping factor, whereas it may be associated with additional risks for others. We understand that attention to individuals cultural and religious beliefs can contribute to their sense of well-being. For example, Hindus reported the highest level of positive mental well-being (in line with the Scottish average), whereas Roman Catholics report significantly lower well-being than the Scottish average.</p> <p>People's faith and belief systems can inform how they perceive and understand symptoms of mental ill health, and also how they engage with treatment.</p> <p>Some religious and faith groups face additional risk to their mental health and well-being due to stigma, isolation and discrimination</p>

## 20 SEXUAL ORIENTATION

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.

e.g. What are the issues for this group in terms of your function or policy? Are the needs of this group being met?

Useful website: [LGBT Youth](#) [Stonewall Scotland](#) [Equality Network](#)

How does your policy affect this protected characteristic?

Indicate if the impact is positive or negative or if there is no impact	Positive Impact	No Impact	Negative Impact	Comments
<p><b>Eliminate</b> discrimination, harassment, victimisation or any other prohibited conduct</p> <p><b>Advance</b> equality of opportunity by having due regard to:</p> <ul style="list-style-type: none"> <li>removing or minimising disadvantage</li> <li>meeting the needs of particular groups that are different from the needs of others</li> <li>encouraging participation in public life</li> </ul> <p><b>Foster</b> good relations – tackle prejudice, promote understanding</p>	<p>✓</p> <p>✓</p>	<p>✓</p>		<p>We acknowledge that people from LGBT groups are susceptible to mental ill health as a result of stigma and discrimination, and actively seek to create a welcoming and positive environment, for example by displaying LGBT posters in communal areas</p> <p>All interactions with people who use MH services are free from assumptions about sexual orientation and from inappropriate questions</p> <p>LGB partners and carers are acknowledged in exactly the same way as for heterosexual groups</p> <p>MH services work in partnership with local LGBT groups through signposting.</p> <p>Services are aware that, for example;</p> <ul style="list-style-type: none"> <li>Bisexual people report significantly lower well-being than those people with other sexual orientations.</li> <li>40%of LGBT youths aged 13-25 consider themselves to have a mental health condition (compared to 25% of the general population), with higher levels of poor mental health reported by bisexual women.</li> </ul> <p>• Homophobic and transphobic bullying was reported</p>

				<p>as a significant contributing factor to mental health problems.</p> <p>The MH Directorate has LGBT champions in situ throughout services</p>
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## 21 HUMAN RIGHTS

This is about protecting and promoting individuals' rights and freedoms in relation to the Human Rights Act 1998. The UN Convention on the Rights of the Child has a much broader approach that may be of interest and reference although the focus of the Impact Assessment is the UK legislation, linked below.

1	<b>The right to life</b> – protects your life, by law. The state is required to investigate suspicious deaths and deaths in custody;
2	<b>The prohibition of torture and inhuman treatment</b> – you should never be tortured or treated in an inhuman or degrading way, no matter what the situation
3	<b>The right to liberty and freedom</b> – 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
4	<b>Protection against slavery and forced labour</b> – you should not be treated like a slave or subjected to forced labour;
5 and 6	<b>The right to a fair trial and no punishment without law</b> - 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
7	<b>Respect for privacy and family life</b> – protects against unnecessary surveillance or intrusion into your life
8	<b>Freedom of thought, religion and belief</b> – you can believe what you like and practise your religion or beliefs
9 and 10	<b>Free speech and peaceful protest</b> – you have a right to speak freely and join with others peacefully, to express your views
11	<b>The right to marry</b> - you have the right to marry and raise a family
12	<b>No discrimination</b> – everyone's rights are equal. You should not be treated unfairly – because, for example, of your gender, race, sexuality, religion or age
13,14 and 15	<b>Protection of property, the right to an education and the right to free elections</b> – protects against state interference with your possessions; means that no child can be denied an education and that elections must be free and fair

Please refer to the Guidance for more information.

Useful Websites and documents: [Scottish Human Rights Commission](#), [Equality and Human Rights Commission](#)  
[A Guide to the Human Rights Act for Public Authorities](#)  
[UN Convention on the Rights of the Child](#)

How does your policy affect people’s human rights?

Indicate if the impact is positive or negative or if there is no impact	Positive Impact	No Impact	Negative Impact	Comments
<p><b>Eliminate</b> discrimination, harassment, victimisation or any other prohibited conduct</p> <p><b>Advance</b> the aims of the Human Rights Act</p> <ul style="list-style-type: none"> <li>• Prevent breaches of human rights</li> <li>• Respect people’s rights</li> <li>• <b>Foster</b> good relations – tackle prejudice, promote understanding</li> </ul>	<p>✓</p> <p>✓</p>	<p>✓</p>		<p>This policy has been developed in line with all relevant and current MH legislation, such as the Mental Health Care (Scotland) Act, and relevant human rights legislation, such as the Equalities Act 2010. It has been written to encompass current strategies, such as the MH Strategy (2017-2027), and the Scottish Patient Safety Programme, and reflects the current local and national priorities that set our direction, such as the 18 week RTT LDP for psychological therapies and the Dementia Strategy.</p> <p>All of the legislation that underpins this policy has been based on human rights legislation, including for example, our active promotion of named person and PoA recognition where that is relevant.</p> <p>We also recognise the need to promote understanding of specific MH conditions, for example, EUPD, and actively work to achieve this through having dedicated services that meet the specific needs of this patient group, and associated assessments and actions to remove or mitigate any additional risk to health and well-being.</p>

## 22 HEALTH & WELLBEING and HEALTH INEQUALITIES

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 your potential. It also covers all aspects of poverty including income and fuel poverty, lack of confidence and self-esteem. **The Fairer Scotland Duty places a requirement on public bodies to actively consider how they can reduce inequalities of outcome in any major decision they make.**

Think about the determinants of health and the different causes of health inequalities:

- **fundamental causes** like macro-economic position, societal values about fairness and equity
- **wider environmental influences** like availability of jobs; physical environment e.g. pollution, housing, food production, learning, availability services, democratic engagement
- **individual experiences** like mental health and wellbeing, family income, home and heating, diet and nutrition, exercise and physical activity, substance use, learning, readiness for school, ability to navigate services, connectedness, community involvement and personal resilience
- **socio-economic disadvantage** like low income, low wealth, material deprivation and area deprivation

Think about the different causes and types of poverty:

- Will this policy give people and families experiencing poverty the opportunity to make sure that their **voice is heard**?
- Will the policy support people experiencing poverty to **move from dependence to independence**?
- Will the **information and services be easy to access**?
- Will the policy **provide services that meet the needs of people** experiencing poverty?

Think about how this policy will impact on increasing opportunities for:

- Participation in physical activity
- Accessing healthy food choices
- Promoting positive mental health and wellbeing

Useful websites and publications: [Health Services](#) [Health Inequalities in Scotland](#) [Joseph Rowntree Foundation](#) [Dumfries and Galloway Council Tackling Poverty](#) Fairer Scotland Duty

How does your policy impact on health and wellbeing and health inequalities?

Indicate if the impact is positive or negative or if there is no impact	Positive Impact	No Impact	Negative Impact	Comments
<p><b>Eliminate</b> inequalities and increase access to opportunities for improving health and wellbeing</p> <p><b>Advance</b> opportunities for increasing health and wellbeing across the whole population</p> <p><b>Foster</b> good practice for population wide health and wellbeing</p>	<p>✓</p> <p>✓</p> <p>✓</p>	<p>✓</p>		<p>We actively promote inclusion to help eradicate prejudice by, for example, actively engaging people in vocational rehabilitation that supports them to identify and maintain competitive employment opportunities, including working with employers to find ways to make reasonable adjustments to support this group, where risk of loss of employment is identified.</p> <p>We actively include assessment of individual's physical health, and promote healthy lifestyles through, for example, incorporating diet and exercise as a key component of a person's recovery</p> <p>We work in partnership with community initiatives such as Exercise to Happiness, in order to promote and sustain well-being for people who have mental ill health By providing services that improve the mental health and well-being of specific protected groups we seek to reduce or remove any harm, including, for example, focusing on recovery and wellness of people who, as a result of their characteristics, are more likely to face additional disadvantage, such as misuse substances, and/or have chronic enduring mental ill health, and eating disorders.</p> <p>We are continually building our information technology to enable us to understand demand for specific MH services across the region, and routinely review and re-align our capacity to meet this demand as we strive to ensure equity and equality within our provision.</p>

				<p>The risk assessment policy and procedures supports the identification of risks to individual's mental health and well-being, including risks associated with having or sharing protected characteristics. Thereby, it enables the formulation of care and risk management plans that can provide individualised care and support to people diagnosed with, or at risk of developing mental ill health.</p>
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## 23 ECONOMIC AND SOCIAL SUSTAINABILITY

This is about e.g. pay, employment opportunities, assisting businesses to develop or 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. **The Fairer Scotland Duty places a requirement on public bodies to actively consider how they can reduce inequalities of outcome in any major decision they make.**

How will your policy impact on e.g. social status, employment (paid or unpaid), opportunities to expand on learning experiences, opportunities for volunteering, encourage investment in skills and training, assist people on low incomes or support other disadvantaged groups in any way, help people access advice on financial inclusion, availability or delivery of services for people living rurally, and increase access to facilities for arts, cultural and leisure pursuits.

How will the policy 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)?

Does your policy encourage the payment of the Living Wage?

Useful websites and publications: [Poverty Alliance](#) [Scottish Living Wage](#)

Indicate if the impact is positive or negative or if there is no impact	Positive Impact	No Impact	Negative Impact	Comments
<b>Eliminate</b> disadvantage or inequality		✓		<p>We are aware that people with mental health problems, learning disabilities, and those who misuse substances face additional socio-environmental risks, and this is bi-directional. For example;</p> <p>People living in areas of deprivation are twice as likely to report 2 or more symptoms of anxiety, as compared with individuals living in the least deprived areas.</p> <p>There are associations between childhood psychological problems and the ability of affected children to work and earn as adults.</p> <p>Unemployment has been shown to increase the risk of</p>
<b>Advance</b> opportunities for individuals	✓			
<b>Foster</b> good relations and sustainability of communities	✓			

				<p>mental health problems</p> <p>As such, we actively promote inclusion to help eradicate prejudice by, for example, actively engaging people in vocational rehabilitation that supports them to identify and maintain competitive employment opportunities, including working with employers to find ways to make reasonable adjustments to support this group, where risk of loss of employment is identified as a factor.</p>
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## 24 ENVIRONMENTAL SUSTAINABILITY, CLIMATE CHANGE AND ENERGY MANAGEMENT

This is about enhancing the built environment, preserving local heritage, reducing the need to travel by improving or adding to local facilities, conditions for pedestrians and cyclists and promote public transport, living conditions such as housing and green spaces, biodiversity, the amount of emissions, fuel consumption, fuel use, renewable energy technologies,

If the effect or possible effect is minimal, no action is required under the requirements of Strategic Environmental Assessment (SEA) but there is a duty under the Environmental Assessment Scotland Act 2005 to notify the SEA authorities. There are templates available to help this process. This should be noted on the summary sheet.

If there is any likely positive or negative environmental effect, a full SEA may be required.

In order to comply with the Climate Change (Scotland) Act and [Carbon Reduction Commitment Energy Efficiency Scheme](#) organisations must maintain accurate records and data with regard to its Emissions. If your policy may lead to a change in levels of emissions, has account been taken of the need to accurately record this data?

Will your policy affect infrastructure, land or buildings?

Indicate if the Impact is High (H), Medium (M) or Low (L) or (✓) if No Impact	Positive Impact	No Impact	Negative Impact	Comments
<b>Eliminate</b> bad practice particularly in waste and carbon usage		✓		
<b>Advance</b> good practice, particularly the use of innovative technology		✓		
<b>Foster</b> a culture of personal responsibility		✓		

## 25 SUMMARY OF IMPACT

Summarise your results from section 12 to 24 in the table below:

<u>Impact Area</u>	<u>Positive Impact</u>	<u>No Impact</u>	<u>Negative Impact</u>
Age	✓	✓✓	
Disability	✓	✓✓	
Sex	✓	✓✓	
Gender reassignment and Transgender	✓	✓✓	
Marriage and Civil Partnership	✓	✓✓	
Pregnancy and Maternity	✓	✓✓	
Race	✓	✓✓	
Religion or belief	✓	✓✓	
Sexual orientation	✓✓	✓	
Human Rights	✓✓	✓	
Health & Wellbeing & Health Inequalities	✓✓	✓	
Economic & Social Sustainability	✓✓	✓	
Environmental Sustainability, Climate Change and Energy Management		✓✓✓	
	Total Positive Impacts = 16	Total No Impacts =23	Total Negative Impacts = 0

Positive and No Impact(s) - the Policy needs no further IA at this stage. Transfer the totals to the Summary Sheet for publication

Negative Impact(s) - please complete section 26

26 If Negative Impact(s) have been identified choose the most appropriate option below (a, b or c). Once you have your identified your option, record your decision in the table below highlighting the Impact Area and action to be taken.

- a. **unjustifiable** - your policy must be revised and rewritten to remove the negative impact. This is the concept of 'treat' in risk management
- b. **can be justified** without further consultation. The justification is noted and recorded and the policy is signed off. This is the concept of 'managed' in risk management
- c. **may or may not be justifiable** - the proposed justification for the risk is noted and the policy is then consulted upon at the level that is appropriate. For instance, an employment policy may require only internal consultation where as a service delivery policy may require partner and external consultation.

Impact Area	Option (a), (b) or (c)	Explanation and action to be taken

Once completed transfer the actions to the Summary Sheet for publication

## Section 5 : Monitoring And Reviewing

		<b>Guidance</b>
27	How will the implementation of the policy be monitored?	<p>Monitoring of the implementation of this policy will be supported through agreed governance processes. This will include:</p> <ul style="list-style-type: none"> <li>• Regular audit at timescales agreed via the Directorate's Healthcare Quality Committee.</li> <li>• Clinical Supervision</li> <li>• Ongoing training needs analysis</li> <li>• Reflective practice sessions</li> </ul> <p>• Adverse event and critical incident reviews</p>
28	What (if any) environmental data is to be monitored and who is responsible for the collection of this data?	n/a
29	How will the results of the monitoring be used to develop the policy?	Any deficits or lessons learned through governance processes will be subject to improvement action plans with agree timescales, roles and responsibilities identified.
30	When and how is the policy due to be reviewed?	This policy will be subject to on-going review, as described at item 27

## Section 6 : Quality Assurance and Public Reporting of Results

(Information required for the Summary Sheet)

The organisation is required to publish the findings and results of all IAs conducted.

Monitoring of IA returns will be carried out by expert advisors and may result in additional information being required or a revised assessment.

The lead person is responsible for collating the key comments and actions. All members of the group should receive a copy of the final impact assessment.

The impact assessment information should be reported as part of the approval process for the policy.

The lead person is responsible for sending a copy of this completed Impact Assessment Toolkit form to the relevant service for the lead organisation where it will be quality assured and then part or all will be published on the public website.

For Dumfries and Galloway Council this is the Planning and Performance Unit - email it to [ImpactAssessment@dumgal.gov.uk](mailto:ImpactAssessment@dumgal.gov.uk)

For NHS Dumfries and Galloway email it to [lynsey.fitzpatrick@nhs.net](mailto:lynsey.fitzpatrick@nhs.net)

## Section 7 : Improving the Impact Assessment Process

**Feedback (optional)** - Please use the space below to detail any matters arising from the Assessment which will help us improve the process

Please score from 1 to 6 where 1 is low and 6 is high

Please tick (✓)

	1	2	3	4	5	6
1 How well did this toolkit help you understand the IA process?						
2 Did the toolkit assist you in improving your policy?						
3 Was the language and format easy to follow?						

4 Any other comments

Please send this form to:

Planning and Performance Unit, Dumfries and Galloway Council, Council Offices, Dumfries DG1 2DD Drop Point: 320  
or email: [ImpactAssessment@dumgal.gov.uk](mailto:ImpactAssessment@dumgal.gov.uk)

Equality and Diversity Lead, NHS Dumfries and Galloway, High East, Crichton Hall, The Crichton, Dumfries DG1 4TG  
or email: [lynsey.fitzpatrick@nhs.net](mailto:lynsey.fitzpatrick@nhs.net)