

# Impact Assessment Toolkit Form

Update as at March 2018



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## Section 1 : General Information

		Guidance
1	Name of policy: Perinatal Mental Health Integrated Care Pathway	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 checked="" type="checkbox"/> new <input type="checkbox"/> reviewed	
2	Lead Service(s) involved in the delivery of this policy: Mental Health Directorate	
4	Who else is involved in the implementation of this policy: Any other practitioners who are supporting women and their families in the perinatal period, including staff from Women and Childrens Services, Maternity Service	e.g. other Services or partner agencies
5	Lead person: Kirsty McColm/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 : Kirsty McColm, NHS Dumfries and Galloway. Lynda Forrest, NHS Dumfries and Galloway	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): 04/10/2018	
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

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9	<p>What are the main aims of the policy?</p> <ul style="list-style-type: none"><li>• To improve the identification, detection and care of women who have or are at risk of developing perinatal mental health problems, whilst pregnant and up to a year after delivery.</li><li>• To ensure that women who may be vulnerable to perinatal mental health difficulties have their needs identified before becoming pregnant or at an early stage in their pregnancy, to allow appropriate supports to be put in place.</li><li>• To support women and their families to be involved in discussions about their care and treatment options.</li><li>• To support good practice by improving identification and early intervention for children and families who may be affected by perinatal mental health issues.</li><li>• To advocate that practitioners who are supporting women and their families in the perinatal period have the appropriate skills and expertise through training and development to meet the needs of women who may experience mental health issues, and also how this may impact on the welfare of the child/children.</li><li>• To ensure that information is documented and shared appropriately with all relevant practitioners providing care to the woman, this is stored within Clinical Portal.</li></ul>	<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>
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## Section 3 : Evidence

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<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</p> <table border="1" style="margin-left: 20px;"> <tr> <td>Linda McKechnie</td> <td>Kirsty McColm</td> </tr> <tr> <td>Denise Moffat</td> <td>Justina Ritchie</td> </tr> <tr> <td>Natalie Potts</td> <td>Wendy Ackroyd</td> </tr> <tr> <td>Anne Kenny</td> <td>Jackie Stirling</td> </tr> <tr> <td>Jenni Bonn</td> <td>Ann Robinson</td> </tr> <tr> <td>Noelle Aitchison</td> <td>Fiona Paton</td> </tr> </table> <p>Approved by: Mental Health Operational Management Group Women and Children's Directorate</p>	Linda McKechnie	Kirsty McColm	Denise Moffat	Justina Ritchie	Natalie Potts	Wendy Ackroyd	Anne Kenny	Jackie Stirling	Jenni Bonn	Ann Robinson	Noelle Aitchison	Fiona Paton		<p>Who has been involved in the development so far of your policy?</p>
Linda McKechnie	Kirsty McColm													
Denise Moffat	Justina Ritchie													
Natalie Potts	Wendy Ackroyd													
Anne Kenny	Jackie Stirling													
Jenni Bonn	Ann Robinson													
Noelle Aitchison	Fiona Paton													
<p>(b) Research A thorough review of current literature has been undertaken to identify the emerging themes in relation to perinatal pathway and protected characteristics. This includes the DoH EQIAs in relation to developing perinatal services, the National guidance on developing perinatal pathways (which includes well-researched national evidence) and briefing papers by protected groups in relation to mental health and perinatal women. Specifically, RCOG (2011), RCOG (2015), (SIGN 127, 2012), NHS Health Scotland (2001)</p>		<p>Have you conducted any research or what research are you using?</p>												
<p>(c) Officer/Practitioner knowledge and experience Kirsty McColm is a senior CPN experienced in the delivery of perinatal services. Lynda Forrest represents the MH directorate on the Equalities Programme Board, and is experienced in researching equalities issues in healthcare.</p>		<p>What expertise or individual information are the group using to inform their judgements?</p>												
<p>(d) Monitoring data Local databases have been developed to capture demographics of women accessing the perinatal pathway. Gathering equalities data is an on-going priority for the board.</p>		<p>What data is available locally or nationally to inform the group?</p>												

(e) Feedback A qualitative tool has been developed to capture the experiences of women who use the perinatal pathway	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
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## 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>The focus of this pathway is on women of child-bearing age and seeks to improve their access to appropriate services.</p> <p>The pathway highlights that when working with perinatal women, the child’s welfare is paramount.</p> <p>Children are referred to within this pathway in context to perinatal mental health having the potential to impact on family.</p>

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## 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>Women with a disability, due to physical and/or mental health problems, require additional support to ensure they get the best possible care and that the child's welfare is paramount.</p> <p>For example, women with pre-existing major mental disorders, such as psychosis, are at greater risk of compromised maternity care, delivery complications and relapse in pregnancy and the postpartum period.</p> <p>When assessing or treating a mental health problem in the perinatal phase, all practitioners should take account of any learning disability, acquired cognitive impairments, and/or history of mental ill health, and assess the need to refer to specialist services when developing care plans.</p> <p>There must be equal access to services and resources (including information) for all women, including those with additional needs, such as physical or learning disabilities.</p>

				<p>Services require to be joined-up in order to promote understanding of the specific peri-natal needs of women who have a disability. This relies on good communication, and increased awareness. The CMHT support services to understand and meet the needs of this patient group, and the pathway offers some guidance and reassurance that this is in place.</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>✓</p> <p>✓</p>	<p>✓</p>		<p>Women with complex social needs may be less likely to access or maintain contact with antenatal and postnatal services. Examples of women with complex social needs include, but are not limited to, women who:</p> <ul style="list-style-type: none"> <li>• have a history of substance misuse (alcohol and/or drugs)</li> <li>• have recently arrived as a migrant, asylum seeker or refugee</li> <li>• have difficulty speaking or understanding English</li> <li>• are aged under 20</li> <li>• have experienced domestic abuse</li> </ul>

			<ul style="list-style-type: none"><li>• are living in poverty</li><li>• are homeless.</li><li>• are subjected to domestic abuse</li></ul> <p>It is therefore appropriate that special consideration is afforded to these groups of women. NICE's guideline on <a href="#">pregnancy and complex social factors</a> has recommendations about how to make antenatal care accessible to women with complex social needs and how to encourage ongoing contact.</p> <p>Anxiety and depression are the most common complication of pregnancy, affecting 15-20% of women. 10-15% of women experience postnatal depression in the first year following delivery (this equates to approximately 195/1300 births annually in Dumfries and Galloway). It is important that our services work together to raise awareness of this, and refer to specialist services for peri-natal women who experience mental ill health and require additional support. Services should also raise awareness with women using services, and where appropriate, with their partners and families. All risk management plans should be fully inclusive and collaborative.</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>✓</p> <p>✓</p> <p>✓</p>		<p>The needs of transgendered individuals whilst not addressed directly by this pathway are being considered by the wider work of the Mental Health Directorate, including posters on public display, and LGBT champions.</p> <p>However, it is important to understand that some women who require to access perinatal services may plan, or be undergoing transition, or may identify their gender as being out with traditional ‘male’ or ‘female’. And/or, the patient’s partner may be transgendered.</p> <p>All staff are trained in equality and diversity.</p>

## 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>		<p style="text-align: center;">✓</p> <p style="text-align: center;">✓</p> <p style="text-align: center;">✓</p>		<p>Services recognise that some parenting couples will be same-sex, and are sensitive to the particular needs of this group.</p> <p>All staff are trained in equality and diversity</p>

## 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>✓</p> <p>✓</p> <p>✓</p>			<p>This pathway aims to ensure a standardised and quality assured approach to women who have, or are at risk of developing perinatal mental health problems. This pathway covers the patient journey from the pre-pregnancy stage to one year following birth.</p> <p>The scope of this pathway is specifically for women where there are concerns about their mental health, and is not intended to cover the whole spectrum of care for pregnant and post natal women. Individual operational policies and practices for each professional group will continue to apply for women out with this pathway.</p> <p>The impact of this policy is considered positive overall,</p>

				<p>however it is important to highlight that there is no local facility to accommodate the babies of women who require in-patient admission following the birth. This represents inequality of opportunity, in that women who wish to remain with their baby during an admission (which is critical to the well-being of both mother and baby) would require an out-of-area admission to Leverndale Hospital in Glasgow. Otherwise, care for the baby would have to be arranged through family/friends, or foster care etc. Systems are in place to support continuity of care and risk management in such circumstances, and it is important that these are followed.</p>
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## 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>When tailoring psychological interventions to women’s individual needs, practitioners need to ensure that assessments and interventions are culturally competent and that women are able to understand and communicate effectively. An independent interpreter should be provided if needed.</p> <p>Practitioners should ensure that they understand the variation in presentation of mental health problems, and are sensitive to any potential concerns about disclosing mental health problems. This includes ensuring that they are culturally competent in their discussions with women from black, asian and other minority ethnic groups, including travellers, to support full and meaningful discussion. Women should have access to an independent advocate if required. When information is provided, there must be equal access to information for all women, including those with additional needs, and those who do not speak or read English. Women</p>

				<p>receiving information should have access to an interpreter or independent advocate if needed.</p> <p>While acknowledging that communication is an vital component of effective patient care, it is important to also be accommodating of cultural differences in areas such as child-bearing, and attitudes to mental health.</p> <p>An absence of good quality ethnic data means that clinical evidence for the under-representation of ethnic women, and the opportunities to learn and develop from that evidence remains largely anecdotal.</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>Studies have identified a relationship between some aspects of perinatal care and women's culture, values, norms, religious beliefs, and language barriers. For example, some Muslim women choose not to attend prenatal classes that are not exclusively designed for women. Similarly, some women require to be seen by another female throughout the duration of their care, based on their religious beliefs.</p> <p>Staff are trained in equality and diversity, will seek to accommodate the specific needs of women, based on their religion and/or beliefs</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>It is important not to make the assumption that all mothers are heterosexual, and services are sensitive to the particular needs of this group.</p> <p>All staff are trained in equality and diversity, and risk assessment documentation and associated discussions include questions and assessment of need associated with an individual's sexuality.</p>

## 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>		

## 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
<b>Eliminate</b> inequalities and increase access to opportunities for improving health and wellbeing	✓			
<b>Advance</b> opportunities for increasing health and wellbeing across the whole population	✓			
<b>Foster</b> good practice for population wide health and wellbeing	✓			

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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		✓		
<b>Advance</b> opportunities for individuals		✓		
<b>Foster</b> good relations and sustainability of communities		✓		

## 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	1	2	
Disability	2	1	
Sex	2	1	
Gender reassignment and Transgender		3	
Marriage and Civil Partnership		3	
Pregnancy and Maternity	3		
Race	1	2	
Religion or belief	1	2	
Sexual orientation	1	2	
Human Rights	2	1	
Health & Wellbeing & Health Inequalities	3		
Economic & Social Sustainability		3	
Environmental Sustainability, Climate Change and Energy Management		3	
	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

		Guidance
27	How will the implementation of the policy be monitored?	patient feedback/satisfaction questionnaires
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?	Feedback from the questionnaires will be used to inform any changes to the pathway, either when it is reviewed routinely, or as required.
30	When and how is the policy due to be reviewed?	The review of the policy will be in 3 years time by the authors

## 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)