

Equality Impact Assessment Tool

This Tool has been developed to ensure that equalities, human rights, economic, social factors and the Armed Forces Covenant Duty are being considered ahead of the implementation of any new or revised policies, provisions, criteria, functions, practices and activities, including the delivery of services. Please note for the purpose of this document these will be grouped together and simply referred to as 'activity'.

General Information			
Name of activity	<p><i>Implementation of the Branching Out programme in Dumfries and Galloway (D&G).</i></p> <p><i>Relevant Policy Context</i></p> <ul style="list-style-type: none"> • https://ispah.org/wp-content/uploads/2020/11/English-Eight-Investments-That-Work-FINAL.pdf • https://www.publichealthscotland.scot/publications/physical-activity-referral-standards/ • https://www.publichealthscotland.scot/publications/a-systems-based-approach-to-physical-activity-in-scotland/ • https://www.gov.uk/government/publications/uk-chief-medical-officers-physical-activity-guidelines-communications-framework/uk-cmos-physical-activity-guidelines-communications-framework-main-guidance • https://www.gov.scot/publications/rehabilitation-recovery-once-scotland-person-centred-approach-rehabilitation-post-covid-era/pages/4/ • https://publichealthscotland.scot/publications/estimating-the-burden-of-disease-attributable-to-physical-inactivity-in-scotland/ 		
Lead person and job title	Christopher Topping		
Contact Information (telephone and/or email)	<table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">Mobile: 07824 708 175 Email: christopher.topping@nhs.scot</td> <td style="width: 50%;">Date of this assessment 23 August 2023</td> </tr> </table>	Mobile: 07824 708 175 Email: christopher.topping@nhs.scot	Date of this assessment 23 August 2023
Mobile: 07824 708 175 Email: christopher.topping@nhs.scot	Date of this assessment 23 August 2023		
Names and roles of those involved in the impact assessment process	<p>Impact Assessment Completed by:</p> <ul style="list-style-type: none"> • Lusi Alderslowe - Branching Out Leader and DGOWL Co-chair • Romena Huq - Engagement Programme Manager, Scottish Forestry • Simon McRae - Branching Out Leader and DGOWL Secretary • Amy Murray - Branching Out Leader and DGOWL Coms/meeting organiser • Sissy Stravridi - Branching Out Leader • Jen Stephenson - Branching Out Leader • Elizabeth Tindal - Branching Out Leader and DGOWL Co-Chair • Christopher Topping – Health and Wellbeing, D&G Health and Social Care Partnership • Emma Young - Branching Out Project Officer <p>Impact Assessment reviewed by:</p> <ul style="list-style-type: none"> • Eileen Jennow - Senior Health Improvement Officer, Place and Equity (Sub-Dept), Public Health Scotland • Amy McKie – Public Health Work Placement Student, NHS Dumfries & Galloway • Nathalie Moriarty - Branching Out Manager, Scottish Forestry • Barbara Zaman - Alcohol and Drug Partnership 		
Describe the activity in no more than 200 words	<p>Branching Out is a national award-winning programme developed by Scottish Forestry and Public Health Scotland. Branching Out was established in 2007, and aims to improve the health related quality of life of adults experiencing severe and long-term mental health problems. The programme can also be therapeutic for those experiencing issues such as chaotic family lives, homelessness, addiction, abuse, extreme isolation and lack of support, obesity and obesity related health problems.</p> <p>Branching Out provides referred participants with three hours of ecotherapy each week, over a 12-week period. Groups of 6-12 participants work together in a range of activities in an outdoor</p>		

	<p>woodland setting. Activities include creating bird boxes, litter picking, Qigong, building fires, cooking, and wreath making, to name a few. The activities are tailored to the needs of local groups, and are chosen on the basis that they are enjoyable, beneficial to the area, can be completed using a limited selection of hand-held tools, and provide moderate physical activity.</p>
<p>How will people be affected by this activity?</p>	<p>There is strong evidence that greenspace and outdoor activities can be an <i>'effective supplementary therapy for people with a range of mental and physical disorders'</i> (Forestry Commission Scotland, 2017).</p> <p>Branching Out is a person centred group based community programme for adults 18+ living in Dumfries and Galloway who meet one or more of the following criteria;</p> <ul style="list-style-type: none"> • <i>Are receiving support from mental health services and organisations</i> • <i>Are recovery ready from problem substance use</i> • <i>Have one or more health conditions</i> • <i>Feel socially isolated</i> • <i>Are resettling from another country</i> • <i>Have experienced domestic abuse</i> <p>Each week, participants will take part in 3 hours of woodland activities which are adapted to suit the group, site and time of year, and may include:</p> <ul style="list-style-type: none"> • <i>nature connection activities such as sit spots, listening to birds, and relaxing in hammocks</i> • <i>putting up a tarpaulin shelter</i> • <i>fire lighting, foraging and campfire cooking</i> • <i>environmental art such as photography and willow sculptures</i> • <i>conservation activities such as rhododendron clearance and bird box construction</i> • <i>gentle exercise such as a short walk and some stretches or tai chi</i> <p>Branching Out promotes the 'five ways to better mental health' bringing together <i>'healthcare workers and outdoor staff like countryside rangers to help people recover from long-term mental health problems. Through a 12-week programme of woodland activities, Branching Out teaches participants about coping strategies to maintain positive mental health. It offers participants a chance to increase their self-confidence, explore new places and activities, and feel engaged with their community'</i> (Forestry Commission Scotland, 2017).</p> <p>Branching Out has been extensively evaluated nationally in terms of health and economic outcomes. Branching Out is considered a cost effective way to improve mental health, with a cost per quality-adjusted life year (QALY) of £17,300, lower than the NICE benchmark of £20,000-£30,000. Studies have shown Branching Out significantly increases physical activity levels and improves mental health and vitality, particularly for people with <i>'severe mental health problems'</i> before commencing the programme.</p> <p>Local evaluation has shown that participation in Branching Out has led to significant improvements in the life satisfaction and happiness of participants. Participants have also indicated a range of physical and social benefits to taking part in the programme, including learning new transferable skills and making new connections. The estimated monetary value of wellbeing the programme provides is £884,000 per year.</p>
<p>Who has been involved in the development of this activity and in what capacity?</p>	<p>Branching Out was developed by Scottish Forestry in partnership with Public Health Scotland. The programme is led by Scottish Forestry and is now delivered in each Health Board area in Scotland by highly skilled community based organisations.</p> <p>Branching Out was successfully delivered by an external company to Dumfries and Galloway prior to the Covid-19 pandemic. In order to progress Branching Out across the region and allow the programme to be delivered sustainably within local capacity, the Directorate of Public Health and Scottish Forestry partnered with the Dumfries and Galloway Outdoor and Woodland Learning Group (DGOWL). DGOWL aim is a network of people with an interest in outdoor learning, including countryside Rangers, teachers, Forest School leaders, organisations, charities and individuals dedicated to increasing the use of Scotland's outdoor environments for learning</p>

(<https://owlscotland.org/local-groups/dumfries-and-galloway-owl-group/>).

Initial funding was provided by the Dumfries and Galloway Alcohol and Drug Partnership (ADP) to train six DGOWL leaders to become qualified in delivering Branching Out sessions. Further funding has since been received locally from the ADP and NHS Endowment Fund, and nationally from Scottish Forestry and the Scottish Government (Communities Health and Wellbeing Fund). Funding is vital to the Branching Out programme as it ensures it can be delivered for free to all participants. Outdoor clothing (e.g., waterproof jackets and boots) is also provided for participants to keep, which encourages uptake and post-programme behaviour maintenance.

In 2023, DGOWL became a Community Interest Company (CIC) to reflect the aims and outcomes of the programme and to support the longer term sustainability of Branching Out in D&G.

Further information on the Branching Out programme in D&G can be found at:

<https://dgdoingmore.co.uk/how-to-do-more/branching-out/>

Branching Out has worked with a range of Health and Social Care (H&SC) Services to grow and develop effective referral pathways and ensure programmes consider and are adapted to the needs of different patient groups (e.g. mental health services, prison, people in recovery from problem substance use). DGOWL request training from services to ensure programmes are tailored to need while ensuring learning and development for leaders.

DGOWL have worked with the NHS Information Governance Team to establish robust protocols regarding data management. A data impact assessment and information sharing agreement has been completed for Branching Out in D&G.

Please include any evidence or relevant information that has influenced the overall decision being considered within this impact assessment

The report considers the evidence for:

- *The design, delivery and evaluation of a Community Based Physical Activity Referral Programme (CBPARP) delivered within the Active Lives Partnership across D&G*
- *The design and delivery of a workforce physical activity programme to support staff raise the issue of physical activity with patients including screening and signposting.*

The following reports, studies and local data analysis have been included;

- Allcock, A. 2018. ESSS Outline Disability and access to leisure. Iriss esss. https://www.sharedcarescotland.org.uk/wp-content/uploads/2018/10/Iriss-ESSS-Outline_-_Disability-and-access-to-leisure-FINAL.pdf
- Bakhshi, S., Sun, F., Murrells, T. and While, A., 2015. Nurses' health behaviours and physical activity-related health-promotion practices. *British Journal of Community Nursing*, 20(6), pp.289-296.
- Carers UK. 2021. Carers and Physical Activity A study of the barriers, motivations and experiences of unpaid carers aged 55 and over in England. ISBN Number ISBN - 978-1-9161712-5-1. <https://www.carersuk.org/media/rr2lwmg/carers-and-physical-activity-report.pdf>
- Chatterjee, R., Chapman, T., Brannan, M.G. and Varney, J., 2017. GPs' knowledge, use, and confidence in national physical activity and health guidelines and tools: a questionnaire-based survey of general practice in England. *British Journal of General Practice*, 67(663), pp.e668-e675.
- CJC Consulting. 2016. Branching Out Economic Study Extension. Final Report to Forestry Commission Scotland May 2016. <https://forestry.gov.scot/publications/322-branching-out-evaluation-2016-full-report/viewdocument/322>
- Counsel-ItD. 2020. Equality and Sport Research 2020 EXECUTIVE SUMMARY FOR sportscotland NOVEMBER 2020. https://sportscotland.org.uk/media/6401/equality-and-sport-research-2020-executive-summary_final.pdf
- Dumfries and Galloway Council. DG Doing More. <https://dgdoingmore.co.uk/how-to-do-more/branching-out/>
- Dumfries and Galloway Integration Joint Board (D&GIJB). 2020. Health and Social Care Strategic Needs Assessment Summary. <https://dghscp.co.uk/wp-content/uploads/2022/12/SNA-Summary-v3.pdf>
- NHS Dumfries and Galloway. 2014. NHS Dumfries and Galloway Staff Physical Activity and Wellbeing Survey Results - July 2014
- Office for Veterans' Affairs. 2020. Veterans Factsheet 2020. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/874821/6.6409_CO_Armed-Forces_Veterans-Factsheet_v9_web.pdf
- Public Health Scotland (PHS). 2023. COVID-19, physical activity, inequalities evidence review. <https://www.publichealthscotland.scot/media/18058/covid-19-physical-activity-inequalities-evidence-review.pdf>
- Public Health Scotland (PHS). 2022. A systems-based approach to physical activity in Scotland A framework for action at a national and local level. <https://www.publichealthscotland.scot/media/16184/a-systems-based-approach-to-physical-activity-in-scotland.pdf>
- Research Scotland. 2016. Equality and Sport Research. <https://sportscotland.org.uk/media-imported/1886385/equality-and-sport-research-final-report.pdf>
- Scottish Government. 2015. Active Scotland Outcomes: Indicator Equality Analysis. ISBN: 9781785448324
- Scottish Government. Scottish Health Survey 2017-2021. <https://scotland.shinyapps.io/sg-scottish-health-survey/>

- Scottish Government. 2018. Active Scotland Delivery Plan. ISBN: 9781787810143
- Scottish Government. 2020. Scottish Health Survey 2018: main report - revised 2020. ISBN: 9781839605550
- Scottish Government. 2022. Scottish Household Survey 2019. Scotland's People Annual Report. ISBN: 978-1-83960-984-8
- Scottish Government. 2022. The Scottish Health Survey 2021 - volume 1: main report. ISBN: 9781805251514
- Sustrans. 2016. Transport Poverty in Scotland August 2016. https://www.sustrans.org.uk/media/2880/transport_poverty_in_scotland_2016.pdf
- Sustrans. 2023. Dumfries & Galloway / Sustrans Active Travel Workplace Engagement Programme 2021-22 Impact Report
- sportscotland. 2022*. Equality and Sport Research 2020 (see Counsel-ItD. 2020). <https://sportscotland.org.uk/about-us/our-publications/archive/equality-and-sport-research-2020/>
- sportscotland. 2022**. Equality and Sport Research 2020 (see Counsel-ItD. 2020). <https://sportscotland.org.uk/equality-diversity-and-inclusion/equality-diversity-and-inclusion-toolbox/our-characteristics/gender-reassignment/#:~:text=The%20often%20gendered%20nature%20of,Mixed%20sports%20teams>
- UK Chief Medical Officers' Physical Activity Guidelines (UKCMO). 2019. UK Chief Medical Officers' Physical Activity Guidelines. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/832868/uk-chief-medical-officers-physical-activity-guidelines.pdf
- Walker, R.A., Colclough, M., Limbert, C. and Smith, P.M., 2022. Perceived barriers to, and benefits of physical activity among British military veterans that are wounded, injured, and/or sick: a Behaviour Change Wheel perspective. Disability and rehabilitation, 44(6), pp.900-908.
- Wheeler, P.C., Mitchell, R., Ghaly, M. and Buxton, K., 2017. Primary care knowledge and beliefs about physical activity and health: a survey of primary healthcare team members. BJGP open, 1(2).
- Wilson, N. 2009. Branching Out Greenspace and Conservation on Referral - Branching Out Evaluation 2009: Full Report. <https://forestry.gov.scot/publications/320-branching-out-evaluation-2009-full-report/viewdocument/320>
- World Health Organisation. 2018. Global action plan on physical activity 2018–2030: more active people for a healthier world. ISBN 978-92-4-151418-7

Impact Assessment Questions

Please complete the table below and outline within the comments sections:

1. any evidence, relevant information or involvement that has influenced the decision on impact (this may also include demographic profiles, audits, research, health needs assessment, work based on national guidance, findings from engagement and consultation). Prompts are available on **page 4** to support discussion around potential impacts.
2. Mitigating 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**?
- Does the proposed activity contribute towards **advancing equality of opportunity** by removing or minimising disadvantages, meeting the needs of particular groups and encouraging participation in a particular activity?
- Does the proposed activity **foster good relations** between different groups?

Protected Characteristics/Impact Areas	Are there any positive impacts?	Are there any negative impacts?	Rationale for decision and further comments	What measures will be put into place to mitigate any negative impacts?
Age	<p>YES</p> <ul style="list-style-type: none"> • No lower or upper adult age range for participants to attend Branching Out • Monitoring data shows Branching Out is engaging people from different age ranges, from 16-84 years • There is strong uptake in Branching Out in younger adults due to engagement from the Better Lives Partnership. Local evidence from other community based physical activity programmes show a higher uptake in older adults • Marketing materials comply with accessibility standards, details on leaflets/posters include descriptions of site • Emailing forms directly to clients will combat issues of PDF/Apple connectivity. • Sites chosen are as accessible as possible • Taster sessions available to encourage uptake and remove concerns and anxiety about committing to a 3 month programme. 	<p>YES</p> <ul style="list-style-type: none"> • Older community members may not be able to access online marketing. • Potential participants may not feel that woodland environment is accessible despite sites being chosen for their accessibility • Older adults often cite transport as a barrier to physical activity participation, need to ensure potential participants are aware of transport arrangements 	<p><u>Physical Activity Evidence – general review</u></p> <ul style="list-style-type: none"> • Scotland & D&G have an ageing population. • Strong evidence that being physically active (including muscle strengthening and balance) supports healthy ageing, reduces/prevents falls, and benefits cognition (UK CMO, 2019). • Clear and consistent evidence from national and international surveys that levels of moderate to vigorous physical activity (MPVA) significantly declines with age (SHS, 2022). • Barriers to physical activity vary by age. ‘Health not being good enough’ was a barrier reported by 54% of adults 75+ compared with 8% of adults aged 16-24 years. 17% younger adults reported ‘cost’ as a barrier compared with <1% of adults 75+. ‘Lack of time’ was the most common response in adults aged 15-54 (cited by 37-51%) and thereafter declined with age to 4% among those aged 75 and over (SHS,2020) <p><u>Physical Activity Evidence - Impact of Covid 19 review</u></p> <ul style="list-style-type: none"> • Reduction in ‘age-based physical activity inequalities’. Physical activity levels of younger age groups most severely disrupted by the pandemic. • Mixed evidence for differential impact of COVID-19 on the activity levels of middle and older-aged adults. Any decreases will have profound implications for de-conditioning and muscle loss (PHS, 2023). <p><u>Branching Out Evidence – National Review</u></p> <ul style="list-style-type: none"> • The mean age of Branching Out participants was between 40-45 years old. There is representation across age groups, with the youngest participant aged 20 years old, and the oldest 69 years old. <p><u>Branching Out Evidence – Local Review</u></p> <ul style="list-style-type: none"> • Data from the local Branching Out review shows highest uptake between the ages of 16 - 34 year olds. Those 65+ years are the lowest represented age group. There is also a dip in 35 - 44 year olds. 	<ul style="list-style-type: none"> • Physical leaflets, posters(available in larger print) in settings, GP, day care centres etc. • Phone calls with participants to elevate any concerns regarding accessibility etc.

	<ul style="list-style-type: none"> ● Activities are accessible to all age ranges ● Chairs and adaptable equipment available i.e. kneelers ● Direct phone calls are made prior to the start of the programme to ensure contact is made with participants instead of relying on emails/text. ● Branching Out outcome evaluation survey includes age as a standard variable. ● Age is included in referral form which allows uptake / adherence levels to be reported by age. 			
Disability	<p>YES</p> <ul style="list-style-type: none"> ● Programmes are inclusive and accessible and tailored to the needs of the participants in discussion with services. ● Venues chosen specifically for accessibility to maximise engagement. ● Wheelchair accessible compost toilets are made available where possible, or other toilet arrangements are made prior to commencement of programme. ● Branching Out benefits all by increasing physical activity levels which improves physical, mental and social well being ● Leaders undertake training in Equality and Diversity to raise 	<p>YES</p> <ul style="list-style-type: none"> ● Participants may not be able to access online marketing ● Potential participants may not feel that woodland environment is accessible despite sites being chosen for their accessibility ● Some participants may need a support worker/carer present, cost and availability may be an issue ● Support workers not always present for full programme 	<p><u>Physical Activity Evidence – general review</u></p> <ul style="list-style-type: none"> ● Although loneliness can affect people of any age and in any circumstances, key groups are at increased risk including those with disabilities (Scottish Health Survey) (Counsel-Ltd, 2022) ● People with disabilities are typically less active across life and less likely to participate in sport. Walking does not reduce the inequality gap for disability unlike for most other protected characteristics (Scot Gov, 2015). ● In Scotland, disabled people are less active, have poorer experiences of physical education in school, and are less likely to participate in sport as adults (Research Scotland 2016). ● Common barriers to leisure for those with learning disabilities identified by Mencap (2017) include (In: Allcock, 2018): <ul style="list-style-type: none"> ● <i>Lack of accessible venues and facilities</i> ● <i>Lack of accessible information</i> ● <i>Financial constraints</i> ● <i>Mobility and transport considerations</i> <p><u>Review - Impact of Covid-19</u></p> <ul style="list-style-type: none"> ● People with LTCs and their carers who have been disproportionately affected by the pandemic in particular – reduction in physical activity levels and muscle strength and increased mental health problems. (PHS, 2022) ● Evidence from 61 results is inconclusive regarding changes to disability-related physical activity inequalities among adults (PHS 2023) <p><u>Branching Out Evidence – National Review</u></p>	<ul style="list-style-type: none"> ● Site details included in initial form, to remove possible barriers regarding participation. ● Videos of accessibility also to be created for website ● Check with carers centre regarding funded carers for participants in need of support to attend

	<p>awareness and understanding</p> <ul style="list-style-type: none"> ● Assistance can be provided with filling out the necessary paperwork ● Branching Out outcome evaluation survey includes disability as a standard variable. 		<ul style="list-style-type: none"> ● Literacy issues were not perceived as a barrier to participation. ● Participants felt able to pace themselves depending on physical / mental capability - tasks/goals set were achievable ● Some difficulties with external activity facilitators – use of non-PC language, and some participants having difficulty following their instructions 	
Gender	<p>YES</p> <ul style="list-style-type: none"> ● Branching Out programme is accessible to males and females with equal uptake and completion rate. ● Toilets are possibly a perceived barrier but toilets on site are individual and accessible ● Branching Out outcome evaluation survey includes gender as a standard variable. 	<p>NO</p>	<p><u>Physical Activity Evidence – general review</u></p> <ul style="list-style-type: none"> ● Gender differences are found across almost all the Active Scotland outcome indicators. (Scot Gov, 2015) <ul style="list-style-type: none"> ● <i>Men are more likely than women to meet physical activity guidelines; less likely to be inactive</i> ● <i>more likely to report a useable greenspace within a 5 minute walk</i> ● <i>more likely to feel safe walking after dark</i> ● <i>more likely to participate in sport and do so frequently and when older</i> ● <i>more likely to engage in active volunteering.</i> ● The most commonly cited barriers to engaging in physical activity were similar for men and women with significant differences only found between the genders for two barriers (SHS,2020); <ul style="list-style-type: none"> ● <i>3% of women were deterred from physical activity because there was no one to do it with compared to 1% of men</i> ● <i>3% of men were deterred by the weather compared to 1% of women.</i> <p><u>Impact of Covid-19</u></p> <ul style="list-style-type: none"> ● Evidence from 50 results suggests that gender-based physical activity inequalities between men and women reduced in the early phases of the pandemic. However, this may in part be attributable to men becoming less active on average (PHS 2023) <p><u>Branching Out Evidence – National Review</u></p> <ul style="list-style-type: none"> ● Males made up 70-80% of participants, however females had higher completion rates (80%) than males (57%). ● Inclusion of the low secure forensic service – a male-only service – is likely to have skewed this figure to an extent. <p><u>Branching Out Evidence – Local Review</u></p> <ul style="list-style-type: none"> ● Over 50% of referrals to the programme were male, although completion rates were higher for females (70%) than males (58%). ● D&G Active Communities programme attendance is 88% female, so Branching Out is reaching a male population underrepresented in group-based community programmes. 	
Gender reassignment and Transgender	<p>YES</p> <ul style="list-style-type: none"> ● Branching Out programmes are inclusive and accessible to all 	<p>YES</p> <ul style="list-style-type: none"> ● Branching Out outcome evaluation survey does not include gender reassignment as a 	<p><u>Physical Activity Evidence – general review</u></p> <ul style="list-style-type: none"> ● Very limited quantitative data on the situation for different sexual orientation groups with respect to physical activity, sports participation and the wider indicators of activity levels in Scotland from the Active Scotland Outcomes Framework. This is particularly the case for bisexual and transgender people. 	<ul style="list-style-type: none"> ● DGOWL to identify training options for Leaders. DGOWL to seek advice / training support from NHS Equality and Diversity Lead ● Branching Out outcome evaluation

	<ul style="list-style-type: none"> • Clothing provided to participants is gender neutral • Branching Out outcome evaluation survey includes Transgender as a standard variable. 	standard variable.	<p>Available data suggests lesbian and gay groups do not differ markedly from heterosexuals but those identifying themselves as 'other' or 'prefer not to say' are less active and participate in less sport. (Scot Gov, 2015)</p> <ul style="list-style-type: none"> • Very limited data on non-binary and transgender people's inclusion in sport in Scotland (sportscotland, 2021) • Wider UK analysis of transgender and non-binary people's sport participation shows that 60% of trans people do less physical than the recommended level; this rises to 64% for non-binary people. The often gendered nature of sports spaces (e.g. use of gendered sports kit, changing facilities, gendered division of teams) can mean that trans and non-binary people experience greater exclusion (sportscotland, 2022) <p><u>Impact of Covid-19</u></p> <ul style="list-style-type: none"> • No data on physical activity levels according to gender reassignment, pregnancy and maternity, religion or belief, or sexual orientation (PHS. 2023). <p><u>Branching Out Evidence – Local Review</u></p> <ul style="list-style-type: none"> • Low percentage referral rate of transgender (2%), gender fluid (1%), and 'unknown' (6%) gender participants completing the Branching Out pre/post evaluation survey. The 1 gender fluid referral did, however, complete the programme compared to the other two categories having a 0% uptake & completion. 	<p>survey to add gender reassignment as a standard variable if possible. This will require altering the standardised reporting system used to monitor behaviour change which will incur a cost to DGOWL.</p>
Marriage and Civil Partnership	<p>YES</p> <ul style="list-style-type: none"> • Branching Out programmes are inclusive and accessible to all 	NO		
Pregnancy and Maternity	<p>YES</p> <ul style="list-style-type: none"> • Branching Out programmes are inclusive and accessible to all • Activities within programmes are all risk assessed • Some activities e.g. Qi Gong are beneficial to pregnant women • Pregnancy included in the referral form. This will enable Leaders to discuss and adapt any activities if required. 	NO	<p><u>Physical Activity Evidence – general review</u></p> <ul style="list-style-type: none"> • The benefits of physical activity during pregnancy identified by the review were reduction in hypertensive disorders; improved cardio respiratory fitness; lower gestational weight gain; and reduction in risk of gestational diabetes. The benefits of physical activity in the postpartum period (up to one year) were identified as a reduction in depression; improved emotional wellbeing; improved physical conditioning; and reduction in postpartum weight gain and a faster return to pre-pregnancy weight (UKCMO, 2019) <p><u>Impact of Covid-19</u></p> <ul style="list-style-type: none"> • There were no results comparing the differential effect of COVID-19 on physical activity levels according to pregnancy and maternity (PHS. 2023). 	<ul style="list-style-type: none"> • Leaders happy to look into delivering Branching Out to groups with parents and babies. • DGOWL to approach Women's, Children's & Sexual Health Directorate regarding a possible Branching Out programme for people affected by Post Natal Depression
Race	<p>YES</p> <ul style="list-style-type: none"> • Branching Out programmes are 	<p>YES</p> <ul style="list-style-type: none"> • Perceptions of an outdoor environment 	<p><u>Physical Activity Evidence – general review</u></p> <ul style="list-style-type: none"> • <p><u>Impact of Covid-19</u></p>	<ul style="list-style-type: none"> • DGOWL to raise awareness of Branching Out with Dumfries and Galloway Multicultural Association

	<p>inclusive and accessible to all</p> <ul style="list-style-type: none"> ● Branching Out outcome evaluation survey includes race as a standard variable. 	<p>needs to be addressed, this is discussed in phone call/taster sessions</p> <ul style="list-style-type: none"> ● 		
Religion or belief	<p>YES</p> <ul style="list-style-type: none"> ● Branching Out programmes are accessible to all & tailored to suit the beliefs of participants ● Food offered is in line with religious beliefs of group members e.g. Halal, Kosher ● Group members need for religious fasting or prayer time is considered when dates and delivery times are planned ● Information may be gathered in phone call prior to commencement of programme to ensure all needs of participant are met and that programme activity and scheduling could be adjusted if required ● All religions and beliefs are respected 	<p>NO</p>	<p><u>Physical Activity Evidence – general review</u></p> <ul style="list-style-type: none"> ● <p><u>Impact of Covid-19</u></p> <ul style="list-style-type: none"> ● 	<ul style="list-style-type: none"> ● DGOWL to meet with Dumfries and Galloway Multicultural Association to raise awareness of Branching Out and discuss any opportunities or adaptations to increase accessibility and inclusion. ● Continuation of training for leaders to ensure that the needs of different religions and beliefs are met to create inclusive programme
Sexual orientation	<p>YES</p> <ul style="list-style-type: none"> ● Branching Out programmes are inclusive and accessible to all ● Confidentiality is assured 	<p>YES</p> <ul style="list-style-type: none"> ● Perceptions of an outdoor environment needs to be addressed, this is discussed in phone call/taster sessions 	<p><u>Physical Activity Evidence – general review</u></p> <ul style="list-style-type: none"> ● People from LGBT communities are shown to be at risk of other disadvantages and adverse outcomes, such as lower levels of mental health and experiences of discrimination at sporting events. This relates both to direct discrimination and indirect discrimination or exclusion or services simply not being appropriate and welcoming. (Counsel-Ltd, 2022) ● Although loneliness can affect people of any age and in any circumstances, key groups are at increased risk including those from LGBTI or minority communities (Scottish Health Survey, 2021) <p><u>Impact of Covid-19</u></p> <ul style="list-style-type: none"> ● There were no results comparing the differential effect of COVID-19 on physical activity levels according to sexual orientation (PHS. 2023). 	<ul style="list-style-type: none"> ● Further training in up to date language and working with/facilitating conversations within group settings ● Conflict management training ● DGOWL will email LGBTQ+ community to raise awareness of Branching Out and discuss any opportunities or adaptations to increase accessibility and inclusion.
Carers	<p>YES</p> <ul style="list-style-type: none"> ● Branching Out programmes are 	<p>YES</p> <ul style="list-style-type: none"> ● Participants may incur extra cost in needing a 	<p><u>Physical Activity Evidence – general review</u></p> <ul style="list-style-type: none"> ● 54% of carers in the UK report that they have reduced the amount of exercise they take because of caring (Carers UK 2017). Mobility and transport considerations 	<ul style="list-style-type: none"> ● Check with carers centre regarding funded carers to allow potential participants with caring

	<p>inclusive and accessible to all</p> <ul style="list-style-type: none"> ● Carers/support workers have been included in the development of individual programmes ● Carers are cared for during sessions ● Carers given same opportunities as participants ● Branching Out offers flexibility in attendance as carers may not need to attend the full 12 weeks ● Branching Out outcome evaluation survey includes carers as a standard variable. 	<p>carer to attend with them</p> <ul style="list-style-type: none"> ● Carers who attend as a participant themselves will have to balance responsibilities out with session which may create a barrier for attendance 	<p>(Allcock, 2018)</p> <ul style="list-style-type: none"> ● Although loneliness can affect people of any age and in any circumstances, key groups are at increased risk including carers (Scottish Health Survey 2021) ● Carers aged over 55 are less active than other adults aged over 55 (Carers UK, 2021) <p><u>Impact of Covid-19</u></p> <ul style="list-style-type: none"> ● People with LTCs and their carers who have been disproportionately affected by the pandemic in particular – reduction in physical activity levels and muscle strength and increased mental health problems. (PHS, 2022) 	<p>responsibilities to attend</p> <ul style="list-style-type: none"> ● DGOWL will email Carers Lead to raise awareness of Branching Out and discuss any opportunities or adaptations to increase accessibility and inclusion.
Human Rights	<p>YES</p> <ul style="list-style-type: none"> ● Branching Out programmes are inclusive and accessible to all ● Branching out complies with confidentiality ● Branching out specifically targeted refugees as a participating group 	<p>NO</p>	<p><u>Physical Activity Evidence – general review</u></p> <ul style="list-style-type: none"> ● The National Physical Activity Delivery Plan sets out an inclusive approach, the actions in this plan incorporate a commitment to engaging and empowering individuals and communities to actively participate in the development of solutions as part of a rights-based approach. (Scot Gov, 2018) ● The WHO Constitution enshrines that the highest attainable standard of health is a fundamental right of every human being. As an essential resource for everyday living, health is a shared social and political priority for all countries. In the 2030 Agenda, countries committed to invest in health, achieve universal health coverage and reduce health inequalities for people of all ages and abilities. Implementation of this Global action plan should employ a rights-based approach and incorporate a commitment to engaging and empowering individuals and communities to actively participate in the development of solutions. (WHO, 2018) 	
Health, Wellbeing & Health Inequalities	<p>YES</p> <ul style="list-style-type: none"> ● Branching Out programmes are inclusive and accessible to all ● Branching Out removes cost as a barrier by providing free programme attendance, food, clothing and transport ● Healthy food provided where possible. Cooking and foraging skills included within Branching Out. 	<p>NO</p>	<p><u>Physical Activity Evidence – general review</u></p> <ul style="list-style-type: none"> ● Dumfries and Galloway contains a high percentage of Access Deprived areas ● 32% of people in D&G report living with 1 or more long term conditions (D&G IJB) ● D&G has a greater percentage of high risk data zones for transport poverty (Sustrans, 2016) ● In Scotland, 18% of people have limited regular social contact in their neighbourhoods (Scottish Social Attitudes survey, 2013 In: D&GIJB) ● Nationally, people living with a long-term condition were less active (54%) compared with those with no condition (88%). (SHHS, 2019). ● People on low income are statistically less likely to participate in sport however - of those on a low income who do participate in sport/exercise there is greater likelihood of more frequent participation in comparison to those on higher incomes.. (Scot Gov, 2015) ● Rural residents often find themselves experiencing a lack of local services. Young people & older people, are two of the demographic groups usually found to be 	<ul style="list-style-type: none"> ● Run a postcode analysis on Branching Out to review uptake by deprivation. The result will determine and influence future promotional and engagement strategies.

	<ul style="list-style-type: none"> ● Programme designed to improve physical, social and emotional well-being of participants ● Programme content set at a balance to suit the needs of all participants ● Evaluation data confirming the programme is benefitting many areas of health and wellbeing of participants. 		<p>most likely to experience exclusion in rural areas (Shucksmith et al. 1994), alongside those in self-employment, those from minority groups and those with disabilities (Pacione 2004) (In: Counsel-ltd. 2020).</p> <p><u>Impact of Covid-19</u></p> <ul style="list-style-type: none"> ● Evidence from 58 results comparing the differential effect of COVID-19 on physical activity levels between those of high and low socioeconomic status among adults is mixed. When a widening of inequalities was evident, this was primarily driven by disproportionate decreases in activity levels among those lower social grades. (PHS 2023) 	
<p>Economic & Social Sustainability</p>	<p>YES</p> <ul style="list-style-type: none"> ● Branching Out programmes are inclusive and accessible to all ● Branching Out removes cost as a barrier by providing free programme attendance, food, clothing and transport ● The clothing provided is useful and encouraged to be used outwith the programme ● Healthy food where possible ● Programme designed to improve physical, social and emotional well-being of participants. ● Programme content set at a balance to suit the needs of all participants ● Branching Out allows participants to experience outdoor activities that can be used outwith the group i.e. in family 	<p>YES</p> <ul style="list-style-type: none"> ● Perceptions of cost of clothing, transport 		<ul style="list-style-type: none"> ● Run a postcode analysis on Branching Out to review uptake by deprivation. The result will determine and influence future promotional and engagement strategies. ● Expand on volunteer opportunities ● DGOWL to explore the delivery of Branching Out out-with working hours (evenings/weekends) to widen access and uptake of the programme.

	<p>setting.</p> <ul style="list-style-type: none"> ● Cooking, tool use can build skills for life 			
Staff	<p>YES</p> <ul style="list-style-type: none"> ● Staff are trained to national standard and have experience in delivering programmes. ● Staff willing to further expand CPD ● Staff benefit from being outdoors and meeting participants ● Programme is built around leaders offering flexible employment opportunities ● Leaders can support each other and all work well together. 	<p>YES</p> <ul style="list-style-type: none"> ● COVID has impacted on how programmes were delivered – cancellation ● Weather – cancellation 	<p><u>Training – Knowledge & Promotion of PA</u></p> <ul style="list-style-type: none"> ● Evidence has shown knowledge of physical activity guidelines in health professionals is low (Chatterjee et al, 2017) and physical activity is often promoted less than other health behaviours (Wheeler et al, 2017) <p><u>Physical Activity Levels of H&SC Staff</u></p> <ul style="list-style-type: none"> ● 88% of H%SC staff in D&G attending the Workforce Engagement programme met MPVA guidelines. Additionally, almost two thirds of respondents (64%) spend less than 50% of their working time on their feet. This shows that for a large proportion of respondents, it is not purely their jobs that is providing physical activity...(Sustrans, 2023) ● Registered Nurses more active themselves are more likely to promote physical activity in practice, 47% of nurses reported ‘promoting physical activity to some degree’ in professional practice (Bakhshi et al, 2015) <p>An NHS D&G staff survey carried out in 2014(NHS Dumfries and Galloway. 2014):</p> <ul style="list-style-type: none"> ● 62% of NHS Dumfries & Galloway employees reported meeting minimum recommended levels of physical activity with just under a quarter (24%) achieving guidelines more than once a month but not weekly. 15% achieved recommendations less than once a month. This is consistent with the national SHS (2012) which reported that 62% of all adults nationally met recommended levels of physical activity although this figure includes older adults where levels fall more sharply. ● NHS Staff achieving guidelines on a weekly basis were higher in males (72%) compared with females (60%) and this difference was statistically significant . ● The proportion of NHS staff that met physical activity guidelines on a weekly basis was highest in those that were not off sick for any days in the preceding year (68%) compared to those that had 1 or more days sickness (range 30-60% achieving guidelines on a weekly basis). ● There was a decline in average wellbeing scores with reduced frequency of meeting physical activity guidelines. 	<ul style="list-style-type: none"> ● Finalise cancellation policy to ensure a consistent process of compensation for DGOWL Leaders related to lost income.
Environmental	<p>YES</p> <ul style="list-style-type: none"> ● Use minibuses – central pick up point to reduce carbon emission ● Sustainable low impact activities ● Branching Out creates a sense of belonging to the site for participants ● Learning about local woodlands and outdoor spaces gives participants the, confidence to continue using them after programme 	<p>NO</p>	<ul style="list-style-type: none"> ● In Scotland, 21% feel that they don't have a strong sense of belonging to their local community (Scottish Household Survey, 2017 In: D&GIJB) ● Dumfries and Galloway has the third highest proportion of the mainland population (21%) living in remote rural locations. Issues such as transport, access to services and rural deprivation can have a marked (but often hidden) impact. (National Records of Scotland small area population estimates 2018; SG Urban Rural classification, 2016 In: D&G IJB) <p><u>Branching Out Evidence – National Review</u></p> <ul style="list-style-type: none"> ● A mini-bus was used to transport clients to and from the Branching Out sites (usually departing from, and returning to, the participant's regular service provider). ● Some issues with the bus used to transport participants arose due to one referral service having a wide catchment area and no clinical space. No central pick- 	<ul style="list-style-type: none"> ● Continuation of training – leave no trace, permaculture etc.

	<ul style="list-style-type: none"> ● Branching Out creates a connection with nature ● Programmes show best practice – e.g. fire lighting. ● Leave no trace, permaculture principles are all adhered to and shared with participants 		<p>up/drop-off point, and participant homes being widely dispersed meant that some participants had to spend long periods on the transport bus. This referral service had by far the highest attrition rates.</p> <ul style="list-style-type: none"> ● As an outdoor-based programme, Branching Out activities and the motivation of participants are sometimes negatively impacted by bad weather. However, weather did not appear to be a barrier to attendance. 	
Armed Forces Personnel and Veterans	<p>YES</p> <ul style="list-style-type: none"> ● Branching Out programmes are inclusive and accessible to all ● Participants' skills may be utilised to benefit the group ● Positive outdoor experiences may combat previous negative experiences. 	<p>YES</p> <ul style="list-style-type: none"> ● Branching Out may be seen to be a toned down version of being outside whilst veterans may have experience of real survival situations 	<p><u>Physical Activity Evidence – general review</u></p> <ul style="list-style-type: none"> ● Overall there are no differences between veterans' and non-veterans' self-reported general health, according to the Annual Population Survey 2017. (Office for Veterans Affairs, 2020) ● Veterans that are WIS face significant physical and psychological challenges following discharge from the military [2] and, compared to healthy counterparts, may experience a more difficult transition into civilian life due to their lowered health status [3]. This may lead to social isolation and, when combined with pre-existing physical and psychological health conditions may, in part, explain the high levels of depression and suicide reported within the veteran population [4]. (Walker, 2022) ● <i>In addition, due to social isolation, not being aware of the physical activities that are available and usually free of charge for veterans that are WIS, was a barrier to engagement (Walker, 2022)</i> 	<ul style="list-style-type: none"> ● DGOWL to explore possibility for Leader training on PTSD to ensure programme design and delivery reflects symptoms and triggers. ● DGOWL will email Armed Forces and Veteran Groups to raise awareness of Branching Out and discuss any opportunities or adaptations to increase accessibility and inclusion.

Where any potentially negative impacts are identified on page 2, the mitigating/follow up actions must be fully documented in the table.

<p>Does the activity have the possibility to support or detract from our efforts to promote the inclusion of people from under-represented groups?</p>	<p>Support – the Branching Out Programme aligns with Health and Social Care National Outcomes and Tactical Priorities detailed in the Dumfries and Galloway Integration Joint Board Health and Social Care Strategic Commissioning Plan 2022-25.</p> <p>Support – the Branching Out Programme is designed and delivered in an inclusive and accessible way. Activities are designed to the needs and interests of the group. Programmes are free as are clothing and transport to remove barriers and increase uptake.</p> <p>Support – the Branching Out Programme is embedded in the regional physical activity website 'DG Doing More', promoted by the H&SC Partnership.</p> <p>Support – Branching Out programmes are progressed in partnership with H&SC Teams including Alcohol and Drug Services and Community Link.</p> <p>Support – Evidence shows Branching Out improves the Health and Wellbeing of people accessing H&SC services. This is important as evidence reports these groups often have lower levels of physical, mental and social wellbeing. Branching Out accepts referrals and self-referrals from any adult living in D&G with;</p> <ul style="list-style-type: none"> • <i>Are receiving support from mental health services and organisations</i> • <i>Are recovery ready from problem substance use</i> • <i>Have one or more health conditions</i> • <i>Feel socially isolated</i> • <i>Are resettling from another country</i> • <i>Have experienced domestic abuse</i> 	
<p>Does this activity require consideration of the Fairer Scotland Duty? If yes, please outline the steps taken to meet the needs of the duty.</p>	<p>No</p>	
<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:</p>	<p>Easy Read</p> <p>British Sign Language</p> <p>Alternative Languages</p> <p>Large Print</p> <p>Other (please specify)</p>	<p>All participants are offered Zoom or telephone call with a Branching Out Leader before attending their first session.</p>
<p>How will you monitor the ongoing impact of the activity on protected characteristic groups?</p>	<p>All referrals to Branching Out will record data on protected characteristics to monitor uptake and adherence.</p>	

	An outcome evaluation will also be completed that will report against protected characteristics. The evaluation will be completed using a locally designed and build Physical Activity Monitoring System which has protected characteristics embedded within the questions and data outputs/
Please outline next steps	

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. The impact assessment will then be published on the NHS Dumfries and Galloway public website at www.nhsdg.co.uk

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

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

Prompts for Impact Assessment

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

Equality Issues: All groups	Points to consider
	<ul style="list-style-type: none">● Consider the following equality impacts:● <u>Access</u>: consider whether different groups have the same ability to make use of your information or service● <u>Experience</u>: Think about what different people might think and feel during your programme, or as a result of your policy.● <u>Outcomes</u>: Consider how people from different groups may be at a disadvantage in the results achieved by your project or policy.● <u>Participation</u>: Think about the ways in which people are able or encouraged to take part, or the ways in which they are given the opportunity to make their own choices.● Don't make assumptions● Make yourself aware of the data and research that shows how protected characteristics impact on health and healthcare, and in particular, your own service.● Have you considered local and national statistics and evidence available on the demographic breakdown of those who use your service, and which protected characteristic groups are more likely to be affected by any changes?● Consider how to collect demographic information on each of the groups for profiling of access to/outcomes of services and initiatives.● People within each protected characteristic group are not all the same – people may be disadvantaged in more than one way. There are sometimes issues within groups that may make some people more vulnerable.● Consider intersectionality: the impacts on people with several protected characteristics that could result in them being particularly impacted● Have you engaged with the people affected by any changes to services?● Thinking about the information, language and imagery you are using..<ul style="list-style-type: none">○ Is it translatable?○ Is it understandable in different formats?○ What alternative arrangements could be put in place to make it accessible?○ How do people know how to access those alternatives?● Alternative formats include, Easy Read, British Sign Language and languages other than English.● Consider access to services – is the way in which services are accessed changing? Has this been communicated in different formats to ensure understanding? This can be about physical access as well as how we communicate with people about our services, this can be about letters, IT used to access appointments and even the wearing of masks● Are there particular groups who do not use or under use your service, or who are less satisfied with it?● Don't just think about your piece of work in isolation - will this change make a difference at another point in the pathway? Impacts may be positive or negative● How does this piece of work impact on people's ability to share any needs they have and for the organisation to then make any timely adjustments for that person

- Remember that everyone on the group has protected characteristics and experiences that they can bring to the assessment.

Age	Points to consider
	<ul style="list-style-type: none"> • This refers to children and adults of a particular age or age range. • What does local and national data tell you about different age groups? Is demographic information available on who is engaging with your service? • Are there any discriminatory practices in terms of any age groups that may or may not be justified? E.g. is the service designed with a specific age group in mind? • Younger people may have less access to transport, older people may be more likely to have underlying medical health conditions, age often connects with other characteristics but beware of making assumptions about the capacity of older or younger people • Is information given in an appropriate format in relation to the age of your service users?
Disability	Points to consider
	<ul style="list-style-type: none"> • A person has a disability if they have a physical or mental impairment (including learning disabilities) which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities • Have you considered reasonable steps that can be taken to accommodate the needs of disabled people such as: <ul style="list-style-type: none"> • Getting in and out of spaces, availability of information verbal and written, access to toilets, induction loop systems, provision of an interpreter. • Employment opportunities for people with disabilities – does your piece of work positively support this? • Are you sure that the output from the activity is “accessible to all”? Many people have disabilities that are not visible or that they don't feel comfortable to disclose • Have you looked at what constitutes as a disability under the Equality Act 2010? This includes physical conditions, mental health, and sensory impairment. • Do you routinely record the communication needs of patients with a physical or mental health condition, learning disability or sensory impairment for referring to when sending out appointments etc? • Do you currently monitor whether or not service users have a mental health condition, physical or learning disability, or sensory impairment so that you know how well your service is being used by people with a disability? (this also applies to staff if assessing a piece of work that affects them) • Have you considered the timing of your service/appointments/meeting to meet the different needs of people who may rely on particular modes of transport? • Have you considered the accessibility of any technology being used?
Gender Reassignment	Points to consider
	<ul style="list-style-type: none"> • This covers both: <ul style="list-style-type: none"> • 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, and cross-dressing people. The terms transgender and trans are both widely used by equality organisations to refer to a diverse range of people who find their gender identity does not fully correspond with the sex they were “assigned” at birth. Although the term transgender does refer in part to transsexual people (see above), not all transgender people will undergo the process of gender reassignment,

but may face similar barriers to access.

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

Marriage and Civil Partnership

Points to consider

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

Pregnancy and Maternity

Points to consider

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

Race and Ethnicity

Points to consider

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

Religion, Faith and Cultural

Points to consider

- Religion is the worship or faith in a God or Gods but belief is wider and includes religious, spiritual and philosophical beliefs. It also includes lack of belief or no belief in religion (e.g. Atheism). Generally, a belief should affect your life choices or the way you live for it to be included in the definition.
- Do you currently record patients' religion in order to assist you in identifying users and non-users of your service from various religious backgrounds and any specific needs which they may have?
- Is there inclusive prayer/reflective spaces available for those from all religions and beliefs for staff and service users?
- How do you consider necessary dietary requirements?
- Have you considered the gender of staff when caring for females?
- Does the service allow for requests from staff to have time off for religious festivals and functions?

Sex/Gender	Points to consider
	<ul style="list-style-type: none"> ● This covers biological sex - whether you are a man, a woman or non-binary. Non-binary is used for people who don't feel male or female; they may feel like both, or something in between, or they may not relate to gender at all. Some prefer to use the pronoun "they" rather than he or she. ● Does the data you are basing this piece of work on clearly show whether or not there 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
	<ul style="list-style-type: none"> ● 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, bisexual, pansexual or asexual. ● Does your service recognise and respect individual's sexual orientation? ● Does your service recognise same sex relationships in respect to next of kin etc? ● Recording forms / use terminology such as partner / civil partner? ● Does your service make it easy for someone to discuss their sexual orientation if it is relevant?

Carers	Points to consider
	<ul style="list-style-type: none"> ● Will the policy or service change impact on staff who are carers? ● Does the policy or service change include provision for staff who are carers to access support? ● How will you inform and involve patients' carers? ● Have you involved patients' carers in the development of the service or policy?

Human Rights	Points to consider
	<ul style="list-style-type: none"> ● This is about protecting and promoting individuals' rights and freedoms in relation the Human Rights Act 1998 ● Does the activity affect people's human rights?

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Health, Wellbeing and Health Inequalities

Points to consider

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

Economic and Social Sustainability

Points to consider

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

Environment

Points to consider

- This is about enhancing the built environment, preserving local heritage, reducing the need to travel by improving or adding to local facilities, promotion of public transport, living conditions such as housing and green spaces, biodiversity, the amount of emissions, fuel consumption, fuel use and 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 – housing, land and buildings?
- Does the activity promote active travel and physical activity?

Armed Forces Personnel and Veterans

Points to consider

- This is about ensuring that due regard is paid to the principals of the Armed Forces Covenant Duty. Due regard must be paid to:
 - The unique obligations of, and sacrifices made by, the armed forces
 - Removing disadvantage arising for armed forces personnel, or veterans
 - The principle that it may be justified to make 'special provisions' for armed forces personnel or veterans in the planning, delivery and provision of services
- How will the activity impact on members of the armed forces. veterans and their families?
- Is there an opportunity to reduce disadvantage for armed forces personnel, veterans and their families? For example, in relation to accessing healthcare, delays receiving treatment due to relocation and understanding the health and care needs of armed forces personnel.