

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	Healthy Child Service (NHS Dumfries and Galloway)		
Lead person and job title	Lead for Nursing and AHPs Kimberley McLean-Guthrie Project Development Co-ordinator		
Contact Information (<i>telephone and/or email</i>)	Kimberley.guthrie@nhs.scot	Date of this assessment	5 th October 2023
Names and roles of those involved in the impact assessment process	Kimberley McLean-Guthrie – Project Development Co-ordinator Cerys Mundle – Public Health Improvement Worker		
Describe the activity in no more than 200 words	<p>Aim To work towards the Scottish Government's target of halving childhood obesity by 2030 (<i>A Healthier Future: Scotland's Diet and Healthy Weight Delivery Plan, 2018</i>)</p> <p>Outcome To develop equitable and consistent children's weight management services across Dumfries and Galloway that is based on best evidence.</p> <p>Outputs To work towards achieving the Tier 2 and Tier 3 national standards by collaborating with key stakeholders. (<i>Standards of Delivery for Tier 2 and Tier 3 Weight Management Services for Children and Young People in Scotland, 2019</i>)</p> <p>Measures of Success Families with children living with overweight/obesity access the NHS Dumfries and Galloway Healthy Child Service. Children, young people and their families accessing the Healthy Child Service would make positive changes to their health and wellbeing in a way that is right for them. Tier 2/Tier 3 CHW Dashboard will demonstrate Dumfries and Galloway's progress in achieving the national standards.</p>		
How will people be affected by this activity?	<p>Children, young people and families living with overweight/obesity will be supported by specialist practitioners. Practitioners will support children and young people through a family based, psychology informed programme which can be tailored to meet individual needs. The Healthy Child Service offers a trauma informed programme with all staff undergone trauma informed training. We have engaged with those affected through an initial scoping project</p>		
Who has been involved in the development of this activity and in what capacity?	<p>Staff engagement with multi agency services involved in implementation of national standards. Stakeholder engagement via the initial scoping project. Needs assessment was conducted in September 2023 by student dietitians. This included a questionnaire to professionals and families currently accessing the service.</p>		
Please include any evidence or relevant information that has influenced the overall decision being considered within this impact assessment	<p>This work was based on the Standards for the delivery of tier 2 and tier 3 weight management services for children and young people. These are standards are evidence based and all national paediatric weight management service should aim to achieve.</p> <p>Primary 1 Child Health Surveillance</p>		

Findings from the Child Health Surveillance 2021-2022 show that Dumfries and Galloway has a highest percentage of children out with the 'healthy weight' category in Scotland. [Body Mass Index of Primary 1 pupils in Scotland – School Year 2021/2022](#)

Obesity Action Scotland – Obesity Prevalence Dumfries and Galloway (2023)
 15% of children in the area at risk of developing obesity in the 21/22 academic year, compared to the national average of 11.7%.
 The proportion of children at risk of obesity increased from 2.8% in 2019/2020. [OAS – Obesity Prevalence in Dumfries and Galloway Report.](#)

National Policy
GIRFEC – this work aligns with all of the SHANARRI indicators (safe, healthy, achieving, nurtured, active, respected, responsible and included)
Public Health Priorities – in particular, this work aligns with Public Health Priority 2 'A Scotland where we flourish in our early years' and Public Health Priority 6 'A Scotland where we eat well, have a healthy weight and are physically active'.
A Healthier Future: Scotland's Diet and Healthy Weight Delivery Plan – in particular Outcome 1 'Children have the best start in life – they eat well and have a healthy weight', Outcome 4 'Leaders across all sectors promote health, diet and weight' and Outcome 5 'Diet-related health inequalities are reduced'
Active Scotland Outcomes Framework – this work aligns with many of the Active Scotland outcomes; 'we develop physical confidence and competence at the earliest age', 'we encourage and enable the active to stay active throughout life' 'we improve our active infrastructure – people and places' 'we support wellbeing and resilience in communities through physical activity and sport' and 'we improve opportunities to participate, progress and achieve in sport'
Global Action Plan for Physical Activity – This work links with the following key points from the Global Action Plan -'Consistency and high standards in physical activity teaching and education for health professionals is important.' and 'It is important to offer education, empower and have empathy. Consider the barriers to activity; help people become more active in a way that is right for them.'
Improving Maternal and Infant Nutrition Plan: A Framework for Action: 'More parents & carers understand the impact of infant milk feeding, complementary food & drinks on infant & child development & health' 'reduced inequalities in child nutrition-related health & wellbeing' 'improved child nutrition-related health & wellbeing' 'reduced childhood obesity' 'the social & physical environment supports healthy nutrition for young children'

Local Policy
Dumfries and Galloway Local Outcomes Improvement Plan 2017-2027
 The overarching Community Planning Vision is '*working together to create an ambitious, prosperous and confident Dumfries and Galloway where people achieve their potential*'. This plan commits to delivering the national Public Health Priorities. Within the plan, the proposed work closely links with many outcomes, in particular Outcome 3 which is to '*reduce health and wellbeing inequalities*' and Outcome 8 which ensure '*individuals and communities are empowered*'.
The D&G Children's Services Plan 2023-2026
 The D&G Children's Services Plan sets out the vision to improve the lives of children, young people and their families living across the region. The key principles underpinning this plan are based on prevention and early intervention.
Dumfries and Galloway Integration Joint Board Health and Social Care Strategic Commissioning Plan 2022-2025 This plan has 'People living happier, healthier lives in Dumfries and Galloway' highlighted within its vision and purpose. Priorities within the plan include, 'Planning and delivery of health and social care and support recognises and addresses health and social care inequalities'
Dumfries and Galloway Council Plan 2023-2028. 'Health and Wellbeing' and 'Education and Learning' are strategic outcomes within the Dumfries and

	Galloway Council Plan 2023-2028. Strategic outcomes include 'Prevention and early intervention assist people to have independent lives' 'Help is provided to tackle the causes and effects of poverty, inequality and increased cost of living' and 'We get it right for every child'.
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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	Yes	Yes	<p><i>Positive Impacts</i> This work is specific to children and young people aged 0-18 years. Children aged <24 months will be referred to Tier 3 weight management for more clinical support as part of the national standards. The programme focuses on the health and wellbeing of the child or young person however this is a family-based programme where we engage with the child's parent/carer.</p> <p><i>Negative Impacts</i> Careful consideration to be made for young people aged 16- 18 years. There may be some circumstances where an adult weight management service may be more appropriate (e.g. developmental age). Service is not applicable to people over 18 years of age.</p>	<p>Ensure that staff within child weight management services and adult weight management services work closely together to agree best approach for the young person (including consideration for individual's preference of service)</p> <p>Some online AHW resources are unsuitable for under 18's therefore careful planning of which service to use is required.</p> <p>In the case of a young person transferring from child to adult services, the referral pathway will be used and the young person will be supported throughout this transition.</p> <p>There are two different packs developed by the Healthy Child Service, one of these is provided to the family depending on age/stage of child. E.g. one for children around 12 and under, the other focuses on young people aged 13 to 18.</p> <p>There is an adult weight management service that supports people aged over 18 years.</p>
Disability	Yes	Yes	<p><i>Positive Impacts</i> Health service venue for consultation is suitable for disabled access.</p> <p>Children and young people living with disabilities will be referred to Tier 3 weight management service for more clinical support as part of the national standards. An interpreter can be provided if needed by following NHS Dumfries and Galloway's guidance and policy. (Such as BSL interpreter).</p> <p><i>Negative Impacts</i></p>	<p>Once referred into the service children and young people are triaged. After this, a phone conversation is had with the family highlighting the service and which practitioner the child, young person and family will see.</p> <p>If a diagnosis is identified during the 8 session intervention at Tier 2, consideration will be made on the most appropriate next steps (e.g. if a transfer into Tier 3).</p> <p>Advice was sought prior to the development of the app from Patient Information Services and Equality and Diversity Lead.</p>

			<p>Some people living with disabilities may not feel they should be directed to specialist services.</p> <p>Grow Well in D&G app may not be accessible to all with sensory impairment.</p> <p>The Dumfries and Galloway Physical School Survey shows that children living with disability are less likely to meet the daily threshold of physical activity.</p>	<p>Piota (app developer) has provided NHS Dumfries and Galloway with their accessibility statement</p> <p>Children and young people living with disability are able to access Families Movin' Sessions (coach led physical activity sessions). Sessions can be adapted to meet the needs of the children and young people.</p> <p>Signpost to Dumfries and Galloway Disability Sport.</p>
Sex	Yes	Yes	<p><i>Positive Impacts</i> Service is offered to all sexes.</p> <p>Turas data collection stipulates male/female/other for demographics of those accessing the service.</p> <p><i>Negative Impacts</i> The Dumfries and Galloway Physical Activity School Survey shows that girls are less likely to be active than boys (31.4% and 37.9% respectively). *percentage of pupils meeting the daily threshold guideline</p> <p>APPG on Social Media and Young People's Mental Health and Wellbeing Enquiry showed that 46% of girls and 38% of all young people reported that their self-esteem was damaged by social media (2019).</p> <p>The Mental Health Foundation Body Image Report shows that an increasing number of boys are reporting poor body image. One in three girls are unhappy with their appearance by the age of 14, compared with one in seven at the end of primary school (Crena-Jennings, 2021)</p>	<p>Amazing Summer Memberships (free access to leisure facilities in the Summer) and Families Movin' Sessions (free coach led physical activity sessions) are available to all children and young people accessing the services.</p> <p>Link in with Fit MAD (cross generational female physical activity sessions).</p> <p>Supporting all children and young people to have a better outlook on their body image continues to be a key part of the healthy child service.</p>
Gender reassignment and Transgender	yes	yes	<p><i>Positive Impacts</i> Service is offered to all children and young people. NHS buildings will have been assessed for transgender access clinics. People first language is used in verbal and written communications.</p>	<p>If other has been selected in referral form, we will ask in the assessment which pronouns are preferred.</p> <p>Question will be added to assessment to provide the CYP/their parent or carer the opportunity to highlight</p>

			<p>Within the referral form and data collection sheet there are multiple options for gender (Male, Female and other).</p> <p>Negative Impacts WHO growth charts are based on sex at birth international population data. To coincide with WHO growth charts and national standards for weight management programmes we will use sex at birth and age to plot where the child or young person sits on the growth chart.</p>	<p>information that they would like to share about themselves/their identity.</p> <p>Anyone (regardless of sex/gender) can opt out of having their height/weight measured and/or be plotted on charts.</p> <p>Where a child or young person identifies differently from their sex at birth and chooses to be weighed and plotted on a growth chart, practitioners will be mindful and sensitive in all communications they have with the child or young person.</p>
Marriage and Civil Partnership	n/a	n/a	n/a	n/a
Pregnancy and Maternity	Yes	Yes	<p>Positive impacts The current programme is not set up to support pregnant or breastfeeding children or young people, however dietetic support may be appropriate and can be discussed on a case-by-case basis.</p> <p>The Grow Well in D&G app contains perinatal health promotion material that takes into account healthy weight during the perinatal period.</p>	<p>Conversations with midwifery services and adult weight management services would take place to ensure the child or young person receives the correct support.</p>
Race	Yes	No	<p>Positive impacts Interpreter service is available. Practitioners are sensitive to different health conditions that are more prevalent in specific ethnicities/race (e.g. diabetes)</p>	n/a
Religion or belief	Yes	No	<p>Positive impacts Dietary requirements are considered throughout our resources and services.</p>	n/a
Sexual orientation	Yes	No	<p>Positive impacts Practitioners acknowledge that there are many different sexual orientations. We are sensitive to this when working directly with the child, young person and their family members. People first language is used throughout our documentation. For example, use of word 'partner'.</p>	n/a

Carers	Yes	No	<p>Positive impacts As parents and carers play an important role in supporting the child/young person, we offer a family-based programme to ensure parents/carers have the knowledge and confidence to better the health and wellbeing of the child. We can support young carers and care experienced children and young people within our service. Where appropriate, practitioners will attend Child Plan Meetings and work with multi-disciplinary teams to best support the child/young person.</p>	n/a
Human Rights	Yes	Yes	<p>Positive impacts We provide a locality-based service to ensure access to all including rural environments and meet local need (we can meet families within their own home, in clinic or community setting) Near Me and telephone appointments are available to all receiving Healthy Child Service support when needed . Children, young people and their families have the opportunity to freely express their opinion. Locality staff working in Healthy Child Services are able to provide some information and signpost to other opportunities to support economic and social security. Negative Impacts Families may find it difficult to access our app or access virtual appointments if poverty should have an impact on having a smart device/data.</p>	<p>Ongoing discussions are held with community food providers (emergency food aid, community growing). Although the Grow Well in D&G App provides families across the region with information and support relating to their child's health and wellbeing (including financial advice), this information and support can also be provided to families in other ways when needed (face to face, written information, phone calls etc).</p>
Health, Wellbeing & Health Inequalities	Yes	No	<p>Positive impacts The Healthy Child Service supports children, young people and their families to improve their health and wellbeing by providing information on food, sleep, screen time, body image, strength movement and balance which in turn, should improve the physical and mental health of children and young people.</p>	n/a

			<p>Childrens health and weight disproportionately affects children across the socio-economic gradient and therefore we have reducing health inequalities at the heart of our service.</p> <p>The psychology informed service considers each families individual situation and supports them in a way that is right for them. Families' opinions, opportunities and circumstances are considered through-out the programme.</p> <p>The Healthy Child Service offers an 8 session programme (aligning with the national standards for weight management) with follow up support at 3, 6, 9, and 12 months to support families to become independent.</p> <p>The Healthy Child Services continues to promote the service and reach those who are most in need of support.</p>	
Economic & Social Sustainability	Yes	Yes	<p>Positive impacts</p> <p>Dumfries and Galloway has a large geographically dispersed population with rural areas. We provide a locality-based service to ensure access to all including rural environments and meet local need (we can meet families within their own home, in clinic or community setting)</p> <p>Near Me and telephone appointments are available to all receiving Healthy Child Service support when needed.</p> <p>Poverty disproportionally affects people's health and wellbeing and there are limited options to live healthy lives. Our service aims to work with the families to explore what opportunities are available.</p> <p>Financial inclusion support can be offered by the practitioners and information on optimising income</p>	<p>We will work with families directly and signpost them to appropriate services for them to optimise their income.</p> <p>Although the Grow Well in D&G App provides families across the region with information and support relating to their child's health and wellbeing, this information and support can also be provided to families in other ways when needed (face to face, written information, phone calls etc).</p> <p>Where needed, services can be utilised to support families to attend appointments (finance, pick up to take to appointment etc).</p>

			<p>and accessing support can also be found on the Grow Well in D&G app.</p> <p>Later appointments can be provided to support working families who are may be unable to attend appointments during the day.</p>	
Staff	Yes	No	<p>Positive impacts Staff can receive support through clinical supervision, line management, and other NHS Dumfries and Galloway Services (e.g. Occupational Health, Staff Psychology etc).</p> <p>We have included staff (and wider stakeholders) in all of our consultations of developing the service. Staff meet weekly to discuss service development.</p>	n/a
Environmental	Yes	Yes	<p>Positive impacts The Healthy Child Service Team is conscious of reducing their carbon footprint by adopting a digital first approach and travelling when necessary.</p> <p>The Grow Well in D&G app is a way to provide information to families that is more environmentally friendly by reducing the need of paper hardcopies (although these can be provided when needed).</p> <p>The Healthy Child Service provides information on utilising green and blue spaces for physical activity, and eating sustainably.</p>	Where people are digitally excluded/digitally reluctant, information on health and wellbeing can be provided through other ways (face to face, hard copies etc.)
Armed Forces Personnel and Veterans	n/a	n/a	n/a	n/a

Where any potentially negative impacts are identified on page 2, the mitigating/follow up actions must be fully documented in the table.		
Does the activity have the possibility to support or detract from our efforts to promote the inclusion of people from under-represented groups?	<p><i>The Healthy Child Service will support efforts to promote the inclusion of people from under-represented groups.</i></p> <p><i>The Healthy Child Service is an inequalities sensitive service. With all service development, there is careful consideration into reducing health inequalities.</i></p> <p><i>Children living in areas of high deprivation are twice as likely to be at risk of obesity than those living in the least deprived areas and this inequalities gap continues to widen (Public Health Scotland). The service aims to close this health inequalities gap by supporting those most in need.</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><i>People experiencing socio-economic disadvantage are more likely to have negative health outcomes. We acknowledge this and actively reach out to communities experiencing social disadvantage.</i></p> <p><i>We can see families across Dumfries and Galloway in an environment that is most suitable for them (home, clinic, community).</i></p> <p><i>The programme is tailored to meet individual needs and opportunities available to them.</i></p> <p><i>We can support families to optimise their income by linking in with organisations (e.g. Citizen's Advice) and by providing opportunities such as free access to leisure facilities when available.</i></p>	
Please indicate how are you ensuring the information about the activity and around the proposed changes is accessible in terms of communication in the following formats, where relevant:	Easy Read	Where possible, easy read versions can be provided (e.g. Public Health Scotland resources). Videos developed in collaboration with Healthy Child Service contain subtitles.
	British Sign Language	A British Sign Language interpreter can be provided when needed. Grow Well in D&G app works well with device accessibility controls.
	Alternative Languages	We follow NHS D&G guidance when booking an interpreter. Where possible, information can be provided in additional languages (Public Health Scotland Resources). Where appropriate, D&G information may be translated with support from Patient Information. However, this is looked at on a case-by-case basis (e.g. it may be more appropriate to have an interpreter/some sections translated but not all)
	Large Print	Yes, packs have been developed at a suitable font size however pack can be

		printed at a larger size if needed. The Grow Well App can have the font size increased to meet person's needs.
	Other (please specify)	
How will you monitor the ongoing impact of the activity on protected characteristic groups?	We will obtain feedback on the service through evaluation. Quantitative data can be provided from TURAS which can highlight demographic information.	
Please outline next steps	To ensure actions are implemented to mitigate any negative impact. Review EQIA yearly and/or when substantial changes are made within the current service and/or if there is any feedback before this time that would require a review.	

When complete, the lead person should send a copy of the Impact Assessment Tool to the Equality and Diversity Lead by emailing it to dq.cbsteam@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:<ul style="list-style-type: none">○ <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: • 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

- 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

- 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

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

Human Rights

Points to consider

- This is about protecting and promoting individuals' rights and freedoms in relation 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.