

# 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'.

<b>General Information</b>			
Name of activity	NHS Dumfries & Galloway Quality Strategy		
Lead person and job title	Maureen Stevenson, Patient Safety & Improvement Manager, NHS Dumfries & Galloway		
Contact Information (telephone and/or email)	<a href="mailto:Maureen.Stevenson3@nhs.scot">Maureen.Stevenson3@nhs.scot</a> <a href="mailto:Karen.Harper@nhs.scot">Karen.Harper@nhs.scot</a>	Date of this assessment	23 Oct 2023
Names and roles of those involved in the impact assessment process	<p><b>Maureen Stevenson</b> – Lead and Patient Safety &amp; Improvement Manager  <b>Karen Harper, Risk Manager</b> – Initial gathering of information/evidence.  <b>IA Group</b>                      Alison Solley, Lead Allied Health Professional                      Scott McGill                      Robyn Ruddick, Project Manager, Project Management Office</p>		
Describe the activity in no more than 200 words	<p>NHS D&amp;G Quality Strategy 'Quality Matters' was presented to HCGC in July 2023 following an extensive development period. A Draft Implementation plan was presented to September HCGC where both were approved in principle. The Quality Strategy will go to NHSDG Board for full approval in December 2023.</p> <p><b>Purpose of Quality Strategy</b>                      'The purpose of this strategy is to set out how we will create the conditions for a systematic approach to managing quality across our health and care systems. In order to create the conditions we will need to adopt a consistent and co-ordinated approach to managing quality, this will include:</p> <ul style="list-style-type: none"> <li>• Organisational commitment to placing quality at the heart of everything we do</li> <li>• Continuously planning for quality</li> <li>• Ensuring we have Systematic approaches that help us to understand when good quality is achieved and when it is not</li> <li>• Mechanisms to maintain and improve quality</li> <li>• Building an Effective quality infrastructure</li> <li>• Developing our Learning system that enables us to listen, share ideas, solutions and good practice in order that we all learn to become better at improving the quality and experience of care.'</li> </ul> <p><b>Our Quality Ambition is to:</b>                      Develop a culture and ethos of continuous improvement whereby staff at all levels within the organisation work together with patients, their families and our communities to plan, to evaluate and improve the quality and experience of care</p> <p><b>The Implementation Plan</b> sets out the high level actions that will be required.</p> <p><a href="#">S:\PSI Shared Area\General\ADMINISTRATION\A. Papers and Reports\HCGC (incl Clinical Risk)\2023\Sept, 2023\Quality Strategy Draft Implementation Plan 2023.docx</a></p> <p><b>Outcomes</b> will be monitored through the soon to be established Quality &amp; Safety Board. TOR drafted and pending approval.</p> <p><b>Measures of success</b> will be determined through Implementation Plan delivery, through staff and patient feedback mechanisms and through an evaluation at the end of each of 3 years.</p>		
How will <b>people</b> be affected by this activity?	<p>The Quality Strategy is designed to ensure that a consistent approach to managing, reviewing and improving quality is taken from Board to ward. The quality of care, specifically the safety, the effectiveness and the experience of care and care giving will be prioritised and assessed and reported alongside other performance metrics.</p>		

	<p>Implementation will involve a commitment from senior leaders and engagement with all directorates and our workforce.</p> <p>General impact: Directorates and Corporate Teams will be expected to implement the Quality Management System Framework to ensure they plan for quality, understand their quality control mechanisms and have plans in place to improve areas where quality is not as expected.</p> <p>Specific impacts...there will be periods of focussed improvement work within teams which can be supported by corporate teams.</p>
<p>Who has been <b>involved</b> in the development of this activity and in what capacity?</p>	<p>The Quality Strategy has been developed over the past 3 years with an initial development group drawn from across the organisation.</p> <p>Consultation and engagement has taken place with professional and staff groups as well as Management Teams and Committees.</p> <p>Themes from adverse events and patient feedback have been used to ensure the Strategy takes these recurrent issues into account.</p> <p>'In developing this Quality Strategy many people and groups from across the organisation have been engaged in defining what quality means to them, what good quality looks like and how we might achieve that collectively'</p> <p>We have also drawn on what people; our staff, our patients and our communities tell us about what matters to them and as we implement the strategy we will continue to do so.</p>
<p>Please include any evidence or relevant information that has influenced the overall decision being considered within this impact assessment</p>	<p>All resources including data and published research is contained in Appendix 2 of the Quality Strategy and are also listed below.</p> <p>Scottish Government Health Care Quality Strategy 2010  <a href="https://www.gov.scot/publications/healthcare-quality-strategy-nhsscotland/">https://www.gov.scot/publications/healthcare-quality-strategy-nhsscotland/</a></p> <p>Healthcare Improvement Scotland (HIS) Quality Management Framework 2019  <a href="https://ihub.scot/improvement-programmes/quality-management-system/">https://ihub.scot/improvement-programmes/quality-management-system/</a></p> <p>Scottish Government Values Based Health and Care December 2022  <a href="https://www.gov.scot/publications/delivering-value-based-health-and-care-a-vision-for-scotland/">Commitments - Delivering value based health and care: a vision for Scotland - gov.scot (www.gov.scot)</a></p> <p>Institute of Medicine Six Dimensions of Quality 2000  <a href="https://www.ahrq.gov/talkingquality/measures/six-domains.html">https://www.ahrq.gov/talkingquality/measures/six-domains.html</a></p> <p>Scottish Government 2020 Vision  <a href="https://www.gov.scot/publications/everyone-matters-2020-workforce-vision/">https://www.gov.scot/publications/everyone-matters-2020-workforce-vision/</a></p> <p>Public Bodies Public Working Scotland Act 2014  <a href="https://www.careinfoscotland.scot/">Health and social care standards   Care Information Scotland (careinfoscotland.scot)</a></p> <p>HIS Transforming Health and Wellbeing Outcomes May 2021  <a href="https://www.healthcareimprovementscotland.org/improvement/transforming_outcomes">https://www.healthcareimprovementscotland.org/improvement/transforming_outcomes</a>.</p> <p>Kings Fund; Making the case for QI Lessons for NHS Boards and Leaders 2017  <a href="https://www.kingsfund.org.uk/publications/making-case-quality-improvement">https://www.kingsfund.org.uk/publications/making-case-quality-improvement</a></p> <p>SG Blueprint for Good Governance Jan 2019  <a href="https://www.gov.scot/publications/blueprint-good-governance-nhs-scotland-secondedition/">https://www.gov.scot/publications/blueprint-good-governance-nhs-scotland-secondedition/</a></p> <p>IHI Whole System Quality White Paper 2021  <a href="https://www.ihl.org/resources/Pages/IHIWhitePapers/whole-system-quality.aspx">https://www.ihl.org/resources/Pages/IHIWhitePapers/whole-system-quality.aspx</a></p> <p>Value Based Health and Care December 2022  <a href="https://www.gov.scot/publications/delivering-value-based-health-care-vision-scotland/">https://www.gov.scot/publications/delivering-value-based-health-care-vision-scotland/</a></p>

<b>Impact Assessment Questions</b>	
<p>Please complete the table below and outline within the comments sections:</p> <ol style="list-style-type: none"><li>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 <b>page 4</b> to support discussion around potential impacts.</li><li>2. Mitigating measures that will be taken to ensure that no impact is negative</li></ol> <p>When assessing the impact on each protected characteristic, you should consider the following aims of the Public Sector Equality Duty:</p> <ul style="list-style-type: none"><li>• Does the proposed activity impact on the <b>elimination of discrimination</b>?</li><li>• Does the proposed activity contribute towards <b>advancing equality of opportunity</b> by removing or minimising disadvantages, meeting the needs of particular groups and encouraging participation in a particular activity?</li><li>• Does the proposed activity <b>foster good relations</b> between different groups?</li></ul>	

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?
<b>Age</b>	Yes	No	No discrimination on grounds of age for staff or patients. Should have a positive impact. For example, shared decision-making through Value-Based Healthcare/Realistic Medicine	
<b>Disability</b>	Yes	No	The Quality Strategy is intended to be accessible to all. Third sector were consulted regarding access and no overt discrimination determined and had no additional comments for Quality Strategy.	Consider on-going monitoring of access as the strategy is implemented.
<b>Sex</b>	Yes	No	No negative feedback from consultation and no implications based on sex.	
<b>Gender reassignment and Transgender</b>	Yes	No	The QS applies equally to all persons.	
<b>Marriage and Civil Partnership</b>	Yes	No	No identified adverse effect on marriage or civil partnership.	
<b>Pregnancy and Maternity</b>	Yes	No	No identified effect on pregnancy or maternity situations.	
<b>Race</b>	Yes	No	The Quality Strategy is written in English	Consider how it can be translated into other languages or use translator if requested for staff and/or patients.
<b>Religion or belief</b>	Yes	No	No identified effect on religion, belief or culture.	
<b>Sexual orientation</b>	Yes	No	The QS applies equally to everyone and does not affect any differences between the needs of women and men or those who identify as non-binary.	
<b>Carers</b>	Yes	No	No identified impact on staff who are carers.	Quality Strategy will be shared with Carer's Network.
<b>Human Rights</b>	Yes	No	Does not affect people's human rights and may help even help promote individuals' rights and freedoms.	<i>Monitor for any signs of adverse effects on access to quality care.</i>

<b>Health, Wellbeing &amp; Health Inequalities</b>	<i>Yes</i>	<i>No</i>	No identified adverse effects on physical and mental health and wellbeing.	
<b>Economic &amp; Social Sustainability</b>	<i>Yes</i>	<i>No</i>	No effect on pay, employment opportunities. Potential positive effect on employment opportunities from outwith the organisation.	Potential for promotion of recruitment to quality improvement job roles.
<b>Staff</b>	<i>Yes</i>	<i>No</i>	No adverse effects on staff. <ul style="list-style-type: none"> <li>Yearly iMatter Survey in place that helps inform staff needs.</li> </ul>	Awareness raising, training and development opportunities around quality.
<b>Environmental</b>	<i>Yes</i>	<i>No</i>	No effect on infrastructure, travel. <ul style="list-style-type: none"> <li>Climate Emergency and Sustainability Program Board in place for organisation..</li> <li>CO2 Reduction Risk on Corporate Risk Register.</li> </ul>	Encourage electronic communications and remote team meetings where possible.
<b>Armed Forces Personnel and Veterans</b>	<i>Yes</i>	<i>No</i>	Strategy does not affect this group.	

<b>Where any potentially negative impacts are identified on page 2, the mitigating/follow up actions must be fully documented in the table.</b>		
Does the activity have the possibility to support or detract from our efforts to promote the inclusion of people from under-represented groups?	The activity around Quality Strategy implementation is not anticipated to affect under-represented group but to enhance due to the person centred approach.	
Does this activity require consideration of the <a href="#">Fairer Scotland Duty</a> ? If yes, please outline the steps taken to meet the needs of the duty.	The Quality Strategy is approved by Board and decisions about setting priorities, allocating resources, and commissioning services will be based on Board decisions to meet duties of Fairer Scotland. .	
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	✓
	British Sign Language	
	Alternative Languages	
	Large Print	
	Other (please specify)	
How will you monitor the ongoing impact of the activity on protected characteristic groups?	We will review the Quality Strategy yearly to determine if the activities around implementation affects protected groups.	
Please outline next steps	Seek Board approval of Quality Strategy. Disseminate via Board Management Team. Publish on NHS Dumfries & Galloway web-site.	

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.cbsteam@nhs.scot](mailto:dg.cbsteam@nhs.scot). The impact assessment will then be published on the NHS Dumfries and Galloway public website at [www.nhsdg.co.uk](http://www.nhsdg.co.uk)

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

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

## Prompts for Impact Assessment

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

Age	Points to consider
	<ul style="list-style-type: none"> <li>• This refers to children and adults of a particular age or age range.</li> <li>• What does local and national data tell you about different age groups? Is demographic information available on who is engaging with your service?</li> <li>• Are there any discriminatory practices in terms of any age groups that may or may not be justified? E.g. is the service designed with a specific age group in mind?</li> <li>• Younger people may have less access to transport, older people may be more likely to have underlying medical health conditions, age often connects with other characteristics but beware of making assumptions about the capacity of older or younger people</li> <li>• Is information given in an appropriate format in relation to the age of your service users?</li> </ul>

Disability	Points to consider
	<ul style="list-style-type: none"> <li>• 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</li> <li>• Have you considered reasonable steps that can be taken to accommodate the needs of disabled people such as: <ul style="list-style-type: none"> <li>• Getting in and out of spaces, availability of information verbal and written, access to toilets, induction loop systems, provision of an interpreter.</li> <li>• Employment opportunities for people with disabilities – does your piece of work positively support this?</li> <li>• 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</li> </ul> </li> <li>• Have you looked at what constitutes as a disability under the Equality Act 2010? This includes physical conditions, mental health, and sensory impairment.</li> <li>• 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?</li> <li>• 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)</li> <li>• 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?</li> <li>• Have you considered the accessibility of any technology being used?</li> </ul>

Gender Reassignment	Points to consider
	<ul style="list-style-type: none"> <li>• This covers both:</li> <li>• <b>Gender Reassignment</b>, 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).</li> <li>• <b>Other transgender identities</b> - such as polygender, androgyne, intersex, and cross-dressing people. The terms <b>transgender</b> and <b>trans</b> 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.</li> </ul>



- 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?

<b>Marriage and Civil Partnership</b>	<b>Points to consider</b>
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| <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• Have you considered that those in civil partnerships should be given the same rights and benefits as those who are married?</li> </ul> |
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<b>Pregnancy and Maternity</b>	<b>Points to consider</b>
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| <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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)</li> <li>• 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?</li> </ul> |
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<b>Race and Ethnicity</b>	<b>Points to consider</b>
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| <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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?</li> <li>• Have you ensured that core information is available in languages other than English?</li> <li>• 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?</li> <li>• Have you thought about your assessment materials and methods and made sure that they are relevant to people from different cultures?</li> <li>• 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?</li> </ul> |
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<b>Religion, Faith and Cultural</b>	<b>Points to consider</b>
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| <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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?</li> </ul> |
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- 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
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| <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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?</li> <li>• 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?</li> </ul> |  |
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Sexual Orientation	Points to consider
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| <ul style="list-style-type: none"> <li>• 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.</li> <li>• Does your service recognise and respect individual's sexual orientation?</li> <li>• Does your service recognise same sex relationships in respect to next of kin etc?</li> <li>• Recording forms / use terminology such as partner / civil partner?</li> <li>• Does your service make it easy for someone to discuss their sexual orientation if it is relevant?</li> </ul> |  |
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Carers	Points to consider
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| <ul style="list-style-type: none"> <li>• Will the policy or service change impact on staff who are carers?</li> <li>• Does the policy or service change include provision for staff who are carers to access support?</li> <li>• How will you inform and involve patients' carers?</li> <li>• Have you involved patients' carers in the development of the service or policy?</li> </ul> |  |
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Human Rights	Points to consider
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| <ul style="list-style-type: none"> <li>• This is about protecting and promoting individuals' rights and freedoms in relation the Human Rights Act 1998</li> <li>• <b>Does the activity affect people's human rights?</b></li> </ul> |  |
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**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

<b>Health, Wellbeing and Health Inequalities</b>	<b>Points to consider</b>
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- 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

<b>Economic and Social Sustainability</b>	<b>Points to consider</b>
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- 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)?

<b>Environment</b>	<b>Points to consider</b>
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- 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.