

# 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 Risk Management Policy and Strategy 2023 - 2025 Equalities Impact Assessment		
Lead person and job title	Karen Harper – Risk Manager, NHS Dumfries & Galloway		
Contact Information ( <i>telephone and/or email</i> )	<a href="mailto:Karen.Harper@nhs.scot">Karen.Harper@nhs.scot</a>	Date of this assessment	23 November 2023 EQIA Update
Names and roles of those involved in the impact assessment process	Karen Harper, Risk Manager Maureen Stevenson, Patient Safety and Improvement Manager Jaga Zaremba, Risk Project Officer Laura Geddes, Corporate Business Manager		
Describe the activity in no more than 200 words	<p><b>Overall Aims:</b></p> <ul style="list-style-type: none"> <li>• The aim of this Risk Management Policy and Strategy is to ensure that the staff, patients, visitors, reputation and assets of the Board are protected through the process of risk identification, assessment, control and elimination/reduction. It will ensure a process where risks are managed at the appropriate level and that risks are escalated to a more senior level if resources are insufficient to manage the risk appropriately.</li> <li>• This process also supports the effective delivery of NHS Dumfries and Galloway's corporate objectives.</li> <li>• Risk management is an essential feature of a modern healthcare organisation and although a risk-free environment is impossible, much can be done to manage risk by having comprehensive policies and procedures that cover and permeate all areas of Board activities.</li> </ul> <p><b>Specific Aims:</b></p> <ol style="list-style-type: none"> <li>1. To manage risk to an agreed and acceptable level and in particular the risk of harm to patients and staff</li> <li>2. To support the growth through a culture of continuous improvement</li> <li>3. To develop a proactive approach to risk management</li> <li>4. To ensure that there is a system of comprehensive organisational engagement in risk management activity</li> <li>5. To ensure the organisations policies and procedures support practitioners and managers to include risk management in decisions and improve and drive effective decision making</li> <li>6. To provide an educational framework that encourages the sharing of knowledge relating to both risk assessment and risk management to create a shared understanding.</li> </ol> <ul style="list-style-type: none"> <li>• The policy and associated strategy encompasses both clinical and non-clinical risks to ensure a streamlined, consistent systemic and integrated approach to risk.</li> <li>• The underpinning principle of the Risk Management Policy and Strategy is that a positive risk management culture is developed within the Board that empowers all staff to make sound judgements and decisions concerning the management of their work, with risk and risk taking integrated into their decisions.</li> </ul> <p><b>Outcomes:</b> We measure both quantitative and qualitative outcomes based on the aims outlined above. A set of key performance (KPI's) are in place to help us monitor what is working well, and what requires a higher level of focus on quality and performance improvement activities associated with the risk. For example; will an increased focus</p>		

	<p>on risk discussion, risk register utilization, the frequent review process and the controls/mitigations assessments result in a decrease in adverse events across the organisation?</p> <p><b>Inputs:</b></p> <ul style="list-style-type: none"> <li> <b>Risk Training</b>            Risk Training is in place for key individuals responsible for managing risks within their directorate structure.            Risk Training is interactive and focuses on Culture, Process and Structure of risk in the organisation.            Resources            Risk, Adverse Events and Improvement Resources are accessible to all staff and is in a format that is easy to read and understand.            Committees         </li> <li> <b>Risk Oversight Group</b>            The Risk Oversight Group (ROG) meets bi-monthly to review and discuss risks from across the organisation.            Risks requiring escalation are brought to the attention of the Risk Executive Committee (REG).            KPI's are measured and monitored and reported to all appropriate Governance Committees and Groups.            The ROG also provides thematic analysis in order to inform Directorates of emerging risks that require risk assessment and management.            The Key Risk Contacts from each directorate report to ROG on an ongoing basis which includes risks that may affect the protected characteristics.         </li> <li> <b>Measures of Success:</b>            This includes our KPI's, feedback from training and engagement associated with the Risk Policy and Strategy.         </li> </ul> <p><b>Outputs:</b>            The organisation has systems and processes in place to reliably understand the key risks that could impact on delivery of organisations objectives and that control plans are in place to mitigate to a tolerable level.</p>																													
<p>How will <b>people</b> be affected by this activity?</p>	<p>Staff and those we contract with will have a clearer understanding of risk management culture, process and structure and how staff safety links to patient safety.</p>																													
<p>Who has been <b>involved</b> in the development of this activity and in what capacity?</p>	<table border="1"> <thead> <tr> <th data-bbox="523 1323 794 1352"><b>Name</b></th> <th data-bbox="794 1323 1107 1352"><b>Responsibility</b></th> <th data-bbox="1107 1323 1538 1352"><b>Version number</b></th> </tr> </thead> <tbody> <tr> <td data-bbox="523 1352 794 1417">Risk Oversight Group</td> <td data-bbox="794 1352 1107 1417">Review and Update of Risk Policy</td> <td data-bbox="1107 1352 1538 1417">Most up to date version 2.1 Approved Nov 2023</td> </tr> <tr> <td data-bbox="523 1417 794 1482">Board Management Team</td> <td data-bbox="794 1417 1107 1482">Consultation on Policy</td> <td data-bbox="1107 1417 1538 1482">Version 2.1 circulated by email Nov 2023</td> </tr> <tr> <td data-bbox="523 1482 794 1574">Health and Social Care Leadership Group</td> <td data-bbox="794 1482 1107 1574">Consultation on Policy</td> <td data-bbox="1107 1482 1538 1574">Version 2.1 circulated by email Nov 2023</td> </tr> <tr> <td data-bbox="523 1574 794 1639">Audit &amp; Risk Committee</td> <td data-bbox="794 1574 1107 1639">Consultation and Review of Strategy</td> <td data-bbox="1107 1574 1538 1639">Version 2.1 circulated by email Nov 2023</td> </tr> <tr> <td data-bbox="523 1639 794 1704">Board</td> <td data-bbox="794 1639 1107 1704">Approval of strategy with minor amendments</td> <td data-bbox="1107 1639 1538 1704">Final version Dec 2023</td> </tr> <tr> <td data-bbox="523 1704 794 1733">Risk Executive Group</td> <td data-bbox="794 1704 1107 1733">Review of Final Version</td> <td data-bbox="1107 1704 1538 1733">V2.1 Dec 2023</td> </tr> <tr> <td data-bbox="523 1733 794 1798">Communications Team</td> <td data-bbox="794 1733 1107 1798">Place on intranet and include in Core Briefing</td> <td data-bbox="1107 1733 1538 1798">Final version 2.1 Jan 2024</td> </tr> <tr> <td data-bbox="523 1798 794 1883">Executive Directors</td> <td data-bbox="794 1798 1107 1883">Dissemination to all staff through line management of final strategy</td> <td data-bbox="1107 1798 1538 1883">Final version 2.1 Jan 2023/24</td> </tr> </tbody> </table>			<b>Name</b>	<b>Responsibility</b>	<b>Version number</b>	Risk Oversight Group	Review and Update of Risk Policy	Most up to date version 2.1 Approved Nov 2023	Board Management Team	Consultation on Policy	Version 2.1 circulated by email Nov 2023	Health and Social Care Leadership Group	Consultation on Policy	Version 2.1 circulated by email Nov 2023	Audit & Risk Committee	Consultation and Review of Strategy	Version 2.1 circulated by email Nov 2023	Board	Approval of strategy with minor amendments	Final version Dec 2023	Risk Executive Group	Review of Final Version	V2.1 Dec 2023	Communications Team	Place on intranet and include in Core Briefing	Final version 2.1 Jan 2024	Executive Directors	Dissemination to all staff through line management of final strategy	Final version 2.1 Jan 2023/24
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<p>Please include any evidence or relevant information that has influenced the overall decision being considered within this</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><b>Risk Management Internal Audit – 2022/23</b>  <a href="S:\PSI Shared Area\General\1. RISK MANAGEMENT\Internal Audit\A 01 23">S:\PSI Shared Area\General\1. RISK MANAGEMENT\Internal Audit\A 01 23</a></p>																													

<p>impact assessment</p>	<p><a href="#">Audit report and evidence required\A-01-23 Final Report - Risk Management.pdf</a></p> <p><b>Orange Book</b>  <a href="https://www.gov.uk/government/publications/orange-book">https://www.gov.uk/government/publications/orange-book</a></p> <p><b>Scottish Government Audit and Assurance Committee Handbook</b>  <a href="https://www.gov.scot/publications/audit-assurance-committee-handbook/">https://www.gov.scot/publications/audit-assurance-committee-handbook/</a></p> <p><b>Management of Risk Policy</b>  <a href="http://www.healthscotland.scot/media/1177/24561-health-scotland-management-of-risk-policy.pdf">http://www.healthscotland.scot/media/1177/24561-health-scotland-management-of-risk-policy.pdf</a></p> <p><b>Independent National Whistleblowing Officer</b>  <a href="https://inwo.spsso.org.uk/">https://inwo.spsso.org.uk/</a></p>
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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	No	<p>The Risk Policy has been updated to clarify several processes including roles and responsibilities and escalation and de-escalation processes. The Risk Strategy is due for update in 2024 at and how we raise the profile of protected characteristics of all groups will be considered.</p> <p>A positive risk management culture empowers all staff to make sound judgements and decisions concerning the management of their work, with risk and risk taking integrated into their decisions. Risk culture and risk appetite are part of the overall risk management training.</p> <p>As an organisation we continue to grow in risk maturity and psychological safety is promoted in all areas of patient and staff safety including the <b>reporting</b> of adverse events and risk. We are a <b>flexible</b> and <b>just</b> culture where equality of and treatment of staff is exemplified and that we are educated and <b>informed</b> and strive continually <b>learn</b> through openness and excellent communication.</p> <p>At the Directorate/Tactical and Specialty/Operational team level, the people carrying out the risk assessment will consider the positive and negative impact on protected characteristics.</p> <p>We have an option to create a risk that addresses protected characteristics if issues are identified through our adverse events system and/or other reporting processes such as the complaints handling process.</p> <p>Potential negative impact may be on an individual's preference and their right to confidentiality (for example, they may not wish to disclose a protected characteristic. *</p>	<p>Interactive discussions and feedback at Risk Oversight Group OG and at Risk Training Sessions has been vital in the development and update of the risk policy and ongoing discussions with trainees.</p> <p>At the Directorate/Tactical and Specialty/Operational team level, the people carrying out the risk assessment consider the impact on the protected characteristics.</p> <ul style="list-style-type: none"> <li>We look at how data is shared and how we address an individual's preference and/or consent to share out with a "need to know" basis for the purpose of effective care and treatment.</li> <li>We have GDPR regulations in place which are closely monitored through internal systems and processes.</li> <li>We have staff members who are representatives of equalities groups who are key contacts (champions) and who provide support. For example, LGBTQ, BAME, neuro-diversity, etc.</li> </ul>
Disability	Yes	No		
Sex	Yes	No		
Gender reassignment and Transgender	Yes	Yes *		
Marriage and Civil Partnership	Yes	No		
Pregnancy and Maternity	Yes	No		
Race	Yes	No		
Religion or belief	Yes	No		
Sexual orientation	Yes	Yes *		
Carers	Yes	No		
Human Rights	Yes	No		
Health, Wellbeing & Health Inequalities	Yes	No		
Economic & Social Sustainability	Yes	No		
Staff	Yes	No		
Environmental	Yes	No		
Armed Forces Personnel and Veterans	Yes	No		

<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 Policy supports our efforts to promote safe systems of work and reinforces this through on-going training. Training is tailored to meet diverse needs. This includes different training methods; for example, written training, quick reference guides, e-learning module, 1:1, interactive group training, small group training, etc.
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.	Not applicable
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?	<ul style="list-style-type: none"> <li>• How many issues/events relating to equality and diversity are reported in Datix and Complaints processes.</li> <li>• What is being done to address this?</li> </ul>
Please outline next steps	<ul style="list-style-type: none"> <li>• The EQIA will be shared as part of the Policy approval process.</li> <li>• The EQIA will be reviewed and updated as required by the Executive Owner, and/or designees, at least once a year in line with the Annual Risk Report.</li> </ul>

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](mailto:dq.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

- 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

- 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:
  - 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

- 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
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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.