

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	Autumn and Winter 2023 Flu and COVID vaccination programme		
Lead person and job title	Andrew Rideout – Public Health Consultant/ Immunisation Coordinator		
Contact Information (<i>telephone and/or email</i>)	Andrew.rideout2@nhs.scot 01387 272724	Date of this assessment	9 th August 2023
Names and roles of those involved in the impact assessment process	Deanne Gilbert, Jamie McClelland, Gemma Stewart, Grace Brown		
Describe the activity in no more than 200 words	The 2023 autumn and winter flu and COVID vaccination programme aims to deliver vaccination to all eligible members of the community across Dumfries and Galloway. Due to Scottish Government policy, in the 2023 season we anticipate moving community delivery of the programme from 17 venues to 11 venues.		
How will people be affected by this activity?	Individuals who may have used any of the six venues that will no longer be available in this programme will probably experience greater inconvenience in accessing vaccination. This may in turn lead to lower uptake in some parts of the population.		
Who has been involved in the development of this activity and in what capacity?	No local consultation has taken place – the requirement for this change has come as a result of Scottish Government policy and local staff availability. Scottish Government policy is in itself driven by UK policy, led by JCVI (the Joint Committee on Vaccination and Immunisation) and UKHSA (the UK Health Security Agency).		
Please include any evidence or relevant information that has influenced the overall decision being considered within this impact assessment	Full analysis of local data cannot be undertaken before September 2023, with likely completion in October/ November 2023. Full analysis of data will include regression analysis of attendances in previous campaigns to understand risk factors for non-uptake of immunisations. Best effort analysis has looked up immunisation uptake rates in previous campaigns, local demographic data, and evidence about rural poverty. Retrospective analysis of attendances will be undertaken to inform future programmes.		
Impact Assessment Questions			
Please complete the table below and outline within the comments sections:			
<ol style="list-style-type: none"> 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:			
<ul style="list-style-type: none"> • 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	No	Possibly	<p>The group affected by the change in service provision will be those who are aged over 75 years.</p> <p>Seven venues available in the Autumn/ Winter 2022 vaccination campaign will not be available in the Autumn/ Winter 2023 campaign.</p> <p>One venue is now being sold and will no longer be accessible.</p> <p>Permission to use one venue has now been withdrawn.</p> <p>Five further venues can no longer be staffed with current staff template, partially due to changes in Scottish Government delivery schedule, requiring delivery within a shorter time frame.</p> <p>In 2022 there were 3,518 individuals who accessed these seven venues.</p> <p>Extrapolation to the slightly smaller 2023 cohort, we would expect 2,216 individuals to wish to access these venues in 2023.</p> <p>The removal of these venues will result in a combined additional travel distance of 43,789 miles by private car/ taxi, or 2,581 hours by public transport.</p> <p>This additional travel burden is likely to result in reduced uptake, and it can be expected that this is more likely to have a negative impact on those with increased frailty, increased experience of socio-economic deprivation, or responsibilities as a carer.</p>	<p>No measures are planned at the moment. We note that crude uptake rates of immunisations during the Spring 2023 campaign were above Scottish targets, and rates achieved by other Health Boards. However, more in-depth analysis of the impact on more vulnerable members of this group has not yet been undertaken to understand the full impact.</p> <p>This analysis is expected to be undertaken by November 2023.</p> <p>Those who are housebound or care home residents will be offered vaccination in their home settings.</p> <p>Subject to sufficient funding within the current budget, and being able to identify suitable venues, a programme of catch-up vaccination clinics could be delivered in areas not currently covered, after the expected completion date of the Autumn/ Winter 2023 campaign. Staffing can be made available from the current Immunisation Team, although new programmes within the wider Scottish vaccine delivery programme will be starting in January 2024, potentially reducing staff availability. In order to provide catch-up clinics there will need to be availability of possible venues, and these venues will</p>

				need to be safe and suitable, both for the vaccination team staff and members of the public attending for vaccination.
Disability	No	Possibly	As above, those with disability may find the additional burden of travel more difficult, increasing the number who are unable to take up the offer of vaccination.	<p>No measures are planned at the moment. We note that crude uptake rates of immunisations during the Spring 2023 campaign were above Scottish targets, and rates achieved by other Health Boards. However, more in-depth analysis of the impact on more vulnerable members of this group has not yet been undertaken to understand the full impact.</p> <p>This analysis is expected to be undertaken by November 2023.</p> <p>Those who are housebound or care home residents will be offered vaccination in their home settings. Subject to sufficient funding within the current budget, and being able to identify suitable venues, a programme of catch-up vaccination clinics could be delivered in areas not currently covered, after the expected completion date of the Autumn/ Winter 2023 campaign. Staffing can be made available from the current Immunisation Team, although new programmes within the wider Scottish vaccine delivery programme will be starting in January 2024, potentially reducing staff availability. In order to provide catch-up clinics there will need to be availability of possible venues, and these venues will need to be safe and suitable, both for the</p>

				vaccination team staff and members of the public attending for vaccination.
Sex	No	No	No impact identified.	N/A
Gender reassignment and Transgender	No	No	No impact identified.	N/A
Marriage and Civil Partnership	No	No	No impact identified.	N/A
Pregnancy and Maternity	No	No	No impact identified.	N/A
Race	No	Probably not	Members of ethnic minorities are less likely to live in areas served by the venues which will not be available in Autumn/ Winter 2023, and so are less likely to be affected.	<p>No measures are planned at the moment. We note that crude uptake rates of immunisations during the Spring 2023 campaign were above Scottish targets, and rates achieved by other Health Boards. However, more in-depth analysis of the impact on more vulnerable members of this group has not yet been undertaken to understand the full impact.</p> <p>This analysis is expected to be undertaken by November 2023.</p> <p>Those who are housebound or care home residents will be offered vaccination in their home settings.</p>
Religion or belief	No	No	No impact identified.	N/A
Sexual orientation	No	No	No impact identified.	N/A
Carers	No	Possibly	Those who have caring responsibilities may find the additional burden of travel more difficult, increasing the number who are unable to take up the offer of vaccination.	No measures are planned at the moment. We note that crude uptake rates of immunisations during the Spring 2023 campaign were above Scottish targets, and rates achieved by other Health Boards. However, more in-depth analysis of the

				<p>impact on more vulnerable members of this group has not yet been undertaken to understand the full impact.</p> <p>This analysis is expected to be undertaken by November 2023, but identifying carers is likely to be challenging and a full analysis may not be possible.</p> <p>Subject to sufficient funding within the current budget, and being able to identify suitable venues, a programme of catch-up vaccination clinics could be delivered in areas not currently covered, after the expected completion date of the Autumn/ Winter 2023 campaign. Staffing can be made available from the current Immunisation Team, although new programmes within the wider Scottish vaccine delivery programme will be starting in January 2024, potentially reducing staff availability. In order to provide catch-up clinics there will need to be availability of possible venues, and these venues will need to be safe and suitable, both for the vaccination team staff and members of the public attending for vaccination.</p>
Human Rights	No	No	No impact identified.	N/A
Health, Wellbeing & Health Inequalities		Possibly	Those who are already experiencing inequalities may find the additional burden of travel more difficult, increasing the number who are unable to take up the offer of vaccination. It should be noted that the venues that will not be available in the	No measures are planned at the moment. We note that crude uptake rates of immunisations during the Spring 2023 campaign were above Scottish targets, and rates achieved by other Health Boards. However, more in-depth analysis of the

			<p>Autumn/ Winter 2023 campaign are mostly in areas where there will be a higher level of fuel poverty. Not only does this reduce availability of financial resources that can be allocated to travel, but chronic cold and damp houses is known to lead to reduced immunity, increasing risk of serious illness in those who have a respiratory infection.</p> <p>In 2022 there were 3,518 individuals who accessed these seven venues. Extrapolation to the slightly smaller 2023 cohort, we would expect 2,216 individuals to wish to access these venues in 2023. The removal of these venues will result in a combined additional travel distance of 43,789 miles by private car/ taxi, or 2,581 hours by public transport.</p>	<p>impact on more vulnerable members of this group has not yet been undertaken to understand the full impact.</p> <p>This analysis is expected to be undertaken by November 2023.</p> <p>We note that SIMD (the key measure of deprivation used in Scotland) includes an element of rurality, which will make analysis of other determinants of inequality more complex.</p> <p>Subject to sufficient funding within the current budget, and being able to identify suitable venues, a programme of catch-up vaccination clinics could be delivered in areas not currently covered, after the expected completion date of the Autumn/ Winter 2023 campaign. Staffing can be made available from the current Immunisation Team, although new programmes within the wider Scottish vaccine delivery programme will be starting in January 2024, potentially reducing staff availability. In order to provide catch-up clinics there will need to be availability of possible venues, and these venues will need to be safe and suitable, both for the vaccination team staff and members of the public attending for vaccination.</p>
Economic & Social Sustainability	Yes	Possibly	Those who are already experiencing economic disadvantage may find the additional burden of travel more difficult, increasing the number who are unable to	No measures are planned at the moment. We note that crude uptake rates of immunisations during the Spring 2023 campaign were above Scottish targets, and

			<p>take up the offer of vaccination. It should be noted that the venues that will not be available in the Autumn/ Winter 2023 campaign are mostly in areas where there will be a higher level of fuel poverty. Not only does this reduce availability of financial resources that can be allocated to travel, but chronic cold and damp houses is known to lead to reduced immunity, increasing risk of serious illness in those who have a respiratory infection.</p> <p>In 2022 there were 3,518 individuals who accessed these seven venues. Extrapolation to the slightly smaller 2023 cohort, we would expect 2,216 individuals to wish to access these venues in 2023. The removal of these venues will result in a combined additional travel distance of 43,789 miles by private car/ taxi, or 2,581 hours by public transport.</p>	<p>rates achieved by other Health Boards. However, more in-depth analysis of the impact on more vulnerable members of this group has not yet been undertaken to understand the full impact.</p> <p>This analysis is expected to be undertaken by November 2023.</p> <p>We note that SIMD (the key measure of deprivation used in Scotland) includes an element of rurality, which will make analysis of other determinants of inequality more complex.</p> <p>Subject to sufficient funding within the current budget, and being able to identify suitable venues, a programme of catch-up vaccination clinics could be delivered in areas not currently covered, after the expected completion date of the Autumn/ Winter 2023 campaign. Staffing can be made available from the current Immunisation Team, although new programmes within the wider Scottish vaccine delivery programme will be starting in January 2024, potentially reducing staff availability. In order to provide catch-up clinics there will need to be availability of possible venues, and these venues will need to be safe and suitable, both for the vaccination team staff and members of the public attending for vaccination.</p>
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Staff	Yes	No	Smaller number of venues will allow the current staff template to cover the workload more easily.	N/A
Environmental	Possibly	Possibly	<p>Although there will be reduced travel for NHS teams, there will be a significant increase in travel for members of the community. There will be an overall harm, with the burden of harm transferred from the NHS to the community.</p> <p>In 2022 there were 3,518 individuals who accessed these seven venues. Extrapolation to the slightly smaller 2023 cohort, we would expect 2,216 individuals to wish to access these venues in 2023. The removal of these venues will result in a combined additional travel distance of 43,789 miles by private car/ taxi, or 2,581 hours by public transport.</p>	<p>No measures are planned at the moment. We note that crude uptake rates of immunisations during the Spring 2023 campaign were above Scottish targets, and rates achieved by other Health Boards. However, more in-depth analysis of the impact on more vulnerable members of this group has not yet been undertaken to understand the full impact.</p> <p>This analysis is expected to be undertaken by November 2023.</p> <p>We note the increased harm being identified and reported in rural communities due to increases in traffic past small settlements. We are unable to measure the impact of the increased traffic in this respect, but note the significant extra vehicle mileage that may be anticipated.</p> <p>Subject to sufficient funding within the current budget, and being able to identify suitable venues, a programme of catch-up vaccination clinics could be delivered in areas not currently covered, after the expected completion date of the Autumn/ Winter 2023 campaign. Staffing can be made available from the current Immunisation Team, although new programmes within the wider Scottish vaccine delivery programme will be starting</p>

				in January 2024, potentially reducing staff availability. In order to provide catch-up clinics there will need to be availability of possible venues, and these venues will need to be safe and suitable, both for the vaccination team staff and members of the public attending for vaccination.
Armed Forces Personnel and Veterans			No impact identified.	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?	No
Does this activity require consideration of the Fairer Scotland Duty ? If yes, please outline the steps taken to meet the needs of the duty.	This is operational rather than strategic, so does not apply to the Fairer Scotland duty.
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?	<p>All uptake data recorded, analysed and will be reported on by end of February 2024.</p> <p>The D&G Immunisation Dashboard will allow real-time monitoring of uptake, and a weekly Vaccinations Oversight Group will review and assess impact, and plan additional provision as required.</p>
Please outline next steps	<p>In depth analysis of previous attendances will be undertaken from September 2023. Results are expected by end of 2023.</p> <p>The D&G Immunisation Dashboard will allow real-time monitoring of uptake, and a weekly Vaccinations Oversight Group will review and assess impact, and plan additional provision as required.</p> <p>Subject to sufficient funding within the current budget, and being able to identify suitable venues, a programme of catch-up vaccination clinics could be delivered in areas not currently covered, after the expected completion date of the Autumn/ Winter 2023 campaign. Staffing can be made available from the current Immunisation Team, although new programmes within the wider Scottish vaccine delivery programme will be starting in January 2024, potentially reducing staff availability. In order to provide catch-up clinics there will need to be availability of possible venues, and these venues will need to be safe and suitable, both for the vaccination team staff and members of the public attending for vaccination. However, for this action to minimise harm, necessary public communication</p>

	<p>needs to be put in place as soon as possible. This will allow those individuals most likely to suffer harm from reduced access to local clinics to make the best decisions for themselves.</p> <p>Community Transport Partners (for example Galloway Community Transport and Annandale Transport Initiative) may be approached to consider options for supported links between sites used previously and current vaccination centres, if a detrimental impact of attendances is identified through weekly monitoring.</p>
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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
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- 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
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- 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
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- 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.