

Impact Assessment Tool

This Tool has been developed to ensure that equalities, human rights, economic and social factors are being considered ahead of the implementation of any new or revised policies, plans, projects, practices or strategies. Please note for the purpose of this document these will be grouped together and simply referred to as ‘**activity**’.

General Information			
Name of activity	The collection and use of experiential data to evidence implementation of the Medication Assisted Treatment (MAT) 1-10 standards.		
Lead person and job title	Renata Siftova		
Contact Information (<i>telephone and/or email</i>)	Renata.brittainova@nhs.scot	Date of this assessment	20/04/2023
Names and roles of those involved in the impact assessment process	Jackie Aindow , Specialist Drug and Alcohol Service Manager; Samantha Nairn , Specialist Drug and Alcohol Services IP Advanced Specialist Pharmacist in addictions; Chris Walker , We Are With You Manager; Renata Siftova (Brittainova) ADP MAT Standards Experiential Project Support Officer		
Describe the activity in no more than 200 words	<p>The aim of this activity is to establish systems to ensure there is an ongoing dialogue between people using and providing the drug services and that the feedback is incorporated into the local improvement cycles. Gathering information on people’s experiences will provide evidence for progress and indicate areas where there are challenges and further support may be needed to achieve the MAT standards.</p> <p>The participants are recruited by service providers who are implementing the MAT standards (SDAS and WAWY) and other third sector organisations/groups such as Recovery Communities, Family support groups. The participants are provided with an Information Sheet and a consent form. The main method for data collection is via semi structured interviews facilitated by trained interviewers. The interviews take place either face-to-face in a safe setting where others are present or via phone, Teams.</p> <p>Three questionnaires have been developed to facilitate the data gathering. The intention is that this is a sustained approach, not time limited exercise like a survey and is not a formal research.</p> <p>Expected Outputs are:</p> <ol style="list-style-type: none"> 1. Local systems and capacity established. This includes locality interviewers recruited and trained to conduct experiential interviews. 2. A monthly target for experiential interviews is established and met. The target will depend on local circumstances and include people accessing services, people who are not accessing services but who could benefit from services, people in recovery, family members and people providing services. 3. Evidence is collected, thematically analysed and used locally by service providers to improve services. 4. Raw, anonymised and aggregated data is provided to MIST every six months for national analysis to inform system strengthening and to report on progress with implementing MAT standards 1-10. 		
How will people be affected by this activity?	<p><i>Who will be affected by the change?</i> People who use drug services, People who do not use drug services but could benefit, Family members/friends, People providing the drug services</p> <p>The experiential data gathering from those who take part will enable for any gaps, concerns, issues to be identified and addressed. The feedback sessions facilitate a platform for people’s voices to be heard where people feel and understand their experiences influence and contribute to redesign of the services.</p>		
Who has been involved in the development of this activity and in what capacity?	The standards are evidence based and were developed through extensive consultation with multiagency partners that deliver care, and, with the individuals, families and communities with experience of problematic drug use.		

The experiential questionnaires have been developed and trialled by the national team and amended accordingly based on participants' feedback. The final versions can be adapted locally.

The local process and procedures have been developed and established by Alcohol and Drug Partnership (ADP), Specialist Drug and Alcohol Services (SDAS), We Are With You (WAWY), Health Intelligence, Psychology, Patient Services, Information Governance and MAT Standards Implementation Support Team Experiential. The following documents have been developed: Information sheet, Consent Form, flyer as well as detailed participant recruitment workflow for service providers. The interviewers have been recruited and completed national as well as additional local training. The following supporting documents have been developed for interviewers: Interview workflow, How to keep safe, Interview check list, How to handle complain/compliment.

A local trial run-through the interview and data collection process has been completed. A post-feedback session evaluation form has been developed and in use.

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

Scotland has a high level of drug-related deaths. In 2021 there were 1,330 deaths due to drug misuse in Scotland. This is 9 deaths fewer than in 2020. This makes 2021 the first year since 2013 where drug misuse deaths have not increased. Drug misuse deaths have increased in recent years in all age groups except 15-24, 65% of drug misuse deaths were of people aged between 35-44. More than two thirds of those who died were male. In 2021, 35 of these drug related deaths occurred in Dumfries and Galloway, this is 13 deaths more than in 2020.

The most recent analysis of the circumstances of people who had a drug-related death in Scotland uses data from 2015/2016 and this shows that over half (52%) of the individuals who died lived in the 20% most deprived neighbourhoods in Scotland. These deaths are symptomatic of marginalisation and inequitable social conditions. This highlights the need to prioritise people most at risk and to offer intensive treatment and support to tackle this inequality. In 2018 NHS Information Services Scotland (now Public Health Scotland) estimated that in 2012/13, only 35% of people with problematic opioid or benzodiazepine use were in a structured treatment service.

[Drug-related deaths in Scotland in 2021, Report \(nrscotland.gov.uk\)](https://www.nrscotland.gov.uk/publications/drug-related-deaths-in-scotland-in-2021-report)

<https://www.gov.scot/publications/medication-assisted-treatment-mat-standards-scotland-access-choice-support/>

https://drugdeathstaskforce.scot/media/1207/mat-subgroup-interim-report-on-programme-to-date_mar21.pdf

<https://www.gov.scot/publications/health-social-care-standards-support-life/>

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	What will the positive impacts be?	What will the negative impacts be?	What measures will be put into place to mitigate any negative impacts?
Age	<ul style="list-style-type: none"> • Eliminate discrimination by engaging with individuals affected by drug misuse, their family members and friends as well as members of staff. • Could potentially foster sense of inclusion. • Sense of being valuable citizen and contributor to the local society. • Foster relations with participants and raise awareness of their rights in relations to MAT Standards. • People affected by drug misuse who are vulnerable group of adults are given opportunity to share their experiences around drug services and will be able to suggest ways how services could be improved. 	<ul style="list-style-type: none"> • Risk of triggering trauma • Risk of triggering relapse 	<ul style="list-style-type: none"> • All interviewers completed Being Trauma aware – Informed level training and Mental Health Awareness training. • Participants who may be in distress will be signposted to support or if permission given their support worker will be contacted and informed. • Some interviews may need to be conducted via phone or Teams only to ensure the interviewer's and participant's safety. • Core information is in plain language, no jargon. Large print can be provided. • Interviews are facilitated by trained interviewers, questions can be reworded. • Participants can have a friend, family member present during interview or they can ask for an independent advocate to accompany them. • Participants if appropriate can choose to have an interview either face to face or via phone, whichever suits their needs. • Venues have been surveyed for accessibility including toilets. • Flexible times and dates • Person's age recorded for equality monitoring.
Disability	<ul style="list-style-type: none"> • Eliminate discrimination by engaging with individuals affected by drug misuse, their family members and friends as well as members of staff. 	<ul style="list-style-type: none"> • Any negative impacts mitigated. 	<ul style="list-style-type: none"> • Venues have been surveyed for accessibility including toilets. Alternatively participants have a choice

	<ul style="list-style-type: none"> • Could potentially foster sense of inclusion. • Sense of being valuable citizen and contributor to the local society. • Foster relations with participants and raise awareness of their rights in relations to MAT Standards. • People affected by drug misuse who are vulnerable group of adults are given opportunity to share their experiences around drug services and will be able to suggest ways how services could be improved. • People's sense of inclusion will be promoted by listening to their individual views around drug services and potential suggestions for improvement. 		<ul style="list-style-type: none"> • to participate via phone, Teams, Google meet. • Flexible times and dates • Information provided is in plain language, no jargon. • Interviews are facilitated by trained interviewers, questions can be reworded. • Interviewers completed mental health, Be trauma aware - informed level training, • Participants can have a friend or family member present during interview or they can ask for an independent advocate to accompany them. • Large print can be available (Information sheet, consent form). • Access to sign language interactions via video link. • A telephone or video remote interpreter can be arranged via Global Language Services. • National team are looking into EasyRead provision of Info sheet and consent form. • Services recruiting the participants will advise if participant has a physical or intellectual disability.
<p>Sex</p>	<ul style="list-style-type: none"> • Women, men, non-binary will be given a platform for their views to be heard about the drug services so they themselves feel part of service change and redesign. 	<ul style="list-style-type: none"> • Activity recognises some participants may prefer female or male interviewers due to their lived experiences. Presently the activity only has female interviewers. 	<ul style="list-style-type: none"> • If participant wishes to have a male interviewer, it will be agreed their support worker will carry out the interview. • Use of non gender specific language i.e. Information sheet, consent form, leaflet, questionnaires and during interview. • Participants are asked how they would like to be referred to: she/he/they • Person's sex presently recorded.

<p>Gender reassignment and Transgender</p>	<ul style="list-style-type: none"> Data not presently collected however activity provides a platform for this group of participants to share their experiences around accessibility from gender reassignment & transgender point of view. The discrimination they may face or gaps the services have not envisaged and will be able to learn from. Any disadvantages could be identified and fed back to services to act upon. In turn people's needs will be better understood/ accommodated which could minimise or eliminate gender prejudice. 	<ul style="list-style-type: none"> No impact 	<ul style="list-style-type: none"> Participants are given option whether they would like a male or female interviewer. If participant wishes to have a male interviewer, it will be agreed their support worker will carry out the interview. Use of non gender specific language i.e. Information sheet, consent form, leaflet, questionnaire and during interview. Participants are asked at the beginning of the interview about their pronoun or how they would like to be referred to. People are assured all information gathered is anonymous and treated in strictest confidence-
<p>Marriage and Civil Partnership</p>	<ul style="list-style-type: none"> Data not presently collected 	<ul style="list-style-type: none"> No impact 	<ul style="list-style-type: none"> Every person's views are equally important for the project, however, this data is not presently collected therefore no impact.
<p>Pregnancy and Maternity</p>	<ul style="list-style-type: none"> Breastfeeding mothers' needs will be taken into account and accommodated. Data not presently collected, however, pregnant women and mothers will be given a platform for their experiences to be heard around MAT standards and any potential needs, issues identified and fed back to services. 	<ul style="list-style-type: none"> No impact 	<ul style="list-style-type: none"> Mothers will be supported if they need to bring their children to the interview by providing suitable venue and/ or being flexible with time. Specific questions may need to be developed in the future.
<p>Race</p>	<ul style="list-style-type: none"> Data presently not collected, however, any potential barriers in accessing services could be identified and fed back to services to act upon. In turn 	<ul style="list-style-type: none"> No impact 	<ul style="list-style-type: none"> Telephone or video remote interpreter can be arranged via Global Language Services – guidance is available on

	<p>people's needs will be better understood/ accommodated which will promote a stronger sense of inclusion.</p>		<p>Beacon and can be supported by Patient Services.</p> <ul style="list-style-type: none"> • Core information such as info sheet and consent form can be translated by the interpreter. • Information provided is in plain language, no jargon. • Interviews are facilitated by trained interviewers, questions can be reworded. • Participants can have a friend or family member present during interview or they can ask for an independent advocate to accompany them.
<p>Religion or belief</p>	<ul style="list-style-type: none"> • Data not presently collected, however, any potential barriers in accessing services could be identified and fed back to services to act upon. This may promote a stronger sense of inclusion. 	<ul style="list-style-type: none"> • No impact 	<ul style="list-style-type: none"> • Project will be mindful of person's religion / belief needs and accommodate these accordingly e.g. flexible times/dates / venues, male / female interviewer. • If participant wishes to have a male interviewer, it will be agreed their support worker will carry out the interview. •
<p>Sexual orientation</p>	<ul style="list-style-type: none"> • No impact – data not presently collected • 	<ul style="list-style-type: none"> • No impact – data not presently collected 	<ul style="list-style-type: none"> • Project will recognise and respect person's sexual orientation • Project recognises some participants may prefer female or male interviewers. • Core information / questionnaires use non specific terminology • If participant wishes to have a male interviewer, it will be agreed their

			<p>support worker will carry out the interview.</p> <ul style="list-style-type: none"> •
Carers	<ul style="list-style-type: none"> • Family members / friends are key part of experiential feedback and will be invited by family support services or by their loved one to share their views / concerns from carer's point of view to shape the services. 	<ul style="list-style-type: none"> • Risk of triggering trauma 	<ul style="list-style-type: none"> • Interviewers completed mental health, Be trauma aware - informed level training to foster sense of safety and security. • Those who may show signs of distress will be signposted for support or their support worker contacted.
Human Rights	<ul style="list-style-type: none"> • The project will engage with individuals affected by drug misuse, their family members and friends to seek their experiences around the services and will raise awareness of their rights in relation to MAT Standards. 	<ul style="list-style-type: none"> • No impact 	<ul style="list-style-type: none"> • -
Health & Wellbeing & Health Inequalities	<ul style="list-style-type: none"> • People affected by drug misuse who are vulnerable group of adults and who in many instances live in most deprived areas will be given opportunity to share their experiences around drug services and will be able to suggest ways how services could be improve. 	<ul style="list-style-type: none"> • Risk of triggering trauma 	<ul style="list-style-type: none"> • Interviewers completed mental health, Be trauma aware - informed level training to foster sense of safety and security. • The core information can be sent by post to participants who are experiencing digital poverty. • Interviews can be conducted either face to face at a suitable venue or via phone whichever suits the person's needs best.
Economic & Social Sustainability	<ul style="list-style-type: none"> • No impact – data not presently collected 	<ul style="list-style-type: none"> • No impact – data not presently collected 	
Staff	<ul style="list-style-type: none"> • Staff are key part of experiential feedback and will share their experiences from staff's point of view to shape the services. 	<ul style="list-style-type: none"> • No impact 	

Where any potentially negative impacts are identified on page 2 of this document, **the mitigating/follow up actions must be fully documented.**

Does the activity have the possibility to support or detract from our efforts to promote the inclusion of people from under-represented groups?	<i>The activity has a possibility to promote inclusion of people from under-represented groups. Participants will be approached not just by services but also by third sector organisations such as APEX, housing, ILS, community centres as well as other community groups such as Recovery Communities.</i>	
Does this activity require consideration of the Fairer Scotland Duty ? If yes, please outline the steps taken to meet the needs of the duty.	NO	
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:	Easy Read	Discussed with NHS DG Patient Services, who suggested since MAT Standards is a national programme, the Easy Read for key documents such as Information Sheet, Consent Form should be developed nationally and shared with ADPs. National team are looking into this provision. Questionnaires will be facilitated by interviewers and questions can therefore be reworded, prompts used.
	British Sign Language	People with hearing impairment can access sign language interactions via video link. Guidance is available on Beacon and can be supported by Patient Services.
	Alternative Languages	Discussed with NHS DG Patient Services who suggested since MAT Standards is a national programme, the key documents should be made available in most frequent foreign languages by the national team. The national team advised this is a responsibility of local ADPs. A telephone or video remote interpreter can be arranged via Global Language Services – guidance is available on Beacon and can be supported by Patient Services.
	Large Print	Information sheet, Consent forms can be made available in large print to people who are partially sighted. People with sight loss generally have access to text to speech software for reading the documents.
	Other (please specify)	
How will you monitor the ongoing impact of the activity on protected characteristic groups?	Questionnaires include gender and age monitoring. The document will be reviewed April 2024.	

Please outline next steps

The impact process will be reviewed in April 2024 and an opportunity for further equality monitoring will be discussed.

When complete, the lead person should send a copy of the Impact Assessment Tool to the Equality and Diversity Lead by emailing it to – dg.odl@nhs.scot. The impact assessment will then be published on the NHS Dumfries and Galloway public website at www.nhsdg.co.uk

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

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

Prompts for Impact Assessment

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

Equality Issues: All groups	Points to consider
	<ul style="list-style-type: none">• Consider the following equality impacts:<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, cross-dressing and transvestite 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 or bisexual.
- 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
	<ul style="list-style-type: none">• 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:<ul style="list-style-type: none">• Participation in physical activity• Accessing healthy food choices• Promoting positive mental health and wellbeing

Economic and Social Sustainability	Points to consider
	<ul style="list-style-type: none">• 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)?