

## 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   | Infection Prevention and Control Multi-Drug Resistance Organisms Policy   |                         |          |
| Lead person and job title  | Ethan Carroll (Infection Prevention & Control Nurse)  |                         |          |
| Contact Information<br><i>(telephone and/or email)</i>             |   | Date of this assessment | 16/05/25 |
| Names and roles of those involved in the impact assessment process | Ethan Carroll (Infection Prevention & Control Nurse)<br>Charlene Anderson (Senior Infection Prevention & Control Nurse)<br>Ross Darley (Infection Prevention & Control Manager)   |                         |          |
| Describe the activity in no more than 200 words                    | <p>The NHSDG Infection Prevention &amp; Control (IPC) Multi-Drug Resistant Organism (MDRO) Policy is to support all NHSDG employees (e.g. bank workers, agency staff, contractors, students, volunteers etc.) with the IPC management of MDRO.</p> <p>The policy will references; screening, application of Standard Infection Control Precautions (SICPs), application of Transmission Based Precautions (TBPs), expectation on patient transfer, contact identification, relevance of staff carriage, decolonisation, control of antimicrobial use, MDRO decolonisation, education and communication.</p> <p>This will ensure NHS Dumfries &amp; Galloway meets nationally agreed standards.</p>  |                         |          |
| How will <b>people</b> be affected by this activity?               | <p>The complex relationship of protected characteristics and MDRO acquisition is not fully understood. Some protected characteristics (e.g. gender, age etc.) directly and indirectly impact MDRO acquisition.</p> <p>This policy focuses on the Infection Prevention &amp; Control of MDRO within healthcare and/or during healthcare encounters. In this context control measures are applied indiscriminately to mitigate transmission as informed by the evidence based aetiology/epidemiology MDRO's.</p> <p>Guidance which informs the control measures in this policy are published nationally and are informed by MDRO routes of transmission. Addressing the complexities of protected characteristics as a predisposing factor in MDRO acquisition is outwith the scope of this policy.</p> |                         |          |

|  |   |
|--|---|
| <p>Who has been <b>involved</b> in the development of this activity and in what capacity?</p>  | <p>Development will follow local policy for policy development.</p> <p>This policy is being written by IPC Team (IPC Nurses and IPC Doctor).</p> <p>Consultation prior to publication the policy will include; Data Protection and Confidentiality Lead, Equality and Diversity Lead, Operational Nurse Managers, Nursing Leads, Midwifery Leads, Associate Medical Director, Risk Manager, Staff side representative, Board Management Team, Infection Prevention &amp; Control Doctor/ Microbiology Consultant, Infectious Diseases Consultant.</p>   |
| <p>Please include any evidence or relevant information that has influenced the overall decision being considered within this impact assessment</p> | <ul style="list-style-type: none"> <li>• <a href="https://www.nipcm.scot.nhs.uk/">National Infection Prevention and Control Manual   National Services Scotland (https://www.nipcm.scot.nhs.uk/)</a></li> <li>• <a href="https://www.nipcm.hps.scot.nhs.uk/media/2100/2023-04-24-final-infection-prevention-and-control-during-care-of-the-deceased-v31.pdf">Infection Prevention and Control during care of the deceased: literature review   National Services Scotland (https://www.nipcm.hps.scot.nhs.uk/media/2100/2023-04-24-final-infection-prevention-and-control-during-care-of-the-deceased-v31.pdf)</a></li> <li>• <a href="https://www.hse.gov.uk/pubns/books/hsg283.htm">Managing infection risks when handling the deceased  Health and Safety Executive (https://www.hse.gov.uk/pubns/books/hsg283.htm)</a></li> <li>• <a href="https://www.nss.nhs.scot/antimicrobial-resistance-and-healthcare-associated-infection/data-and-intelligence/multi-drug-resistant-organism-admission-screening/">Multi-drug resistant organism admission screening  National Services Scotland (https://www.nss.nhs.scot/antimicrobial-resistance-and-healthcare-associated-infection/data-and-intelligence/multi-drug-resistant-organism-admission-screening/)</a></li> <li>• <a href="https://www.nipcm.scot.nhs.uk/appendices/appendix-13-nhsscotland-minimum-alert-organismcondition-list/">National Infection Prevention &amp; Control Manual: Appendix13 - NHSScotland Minimum Alert Organism/Condition List  National Services Scotland (https://www.nipcm.scot.nhs.uk/appendices/appendix-13-nhsscotland-minimum-alert-organismcondition-list/)</a></li> <li>• <a href="https://pmc.ncbi.nlm.nih.gov/articles/PMC5682231/">Healthcare personnel intestinal colonization with multidrug-resistant organisms  Decker, B. et al. (https://pmc.ncbi.nlm.nih.gov/articles/PMC5682231/)</a></li> <li>• <a href="https://www.nss.nhs.scot/publications/literature-review-and-practice-recommendations-existing-and-emerging-technologies-for-decontamination-of-the-health-and-care-environment-airborne-hydrogen-peroxide-v2/">Literature review and practice recommendations: Existing and emerging technologies for decontamination of the health and care environment: Airborne Hydrogen Peroxide v2   National Services Scotland (https://www.nss.nhs.scot/publications/literature-review-and-practice-recommendations-existing-and-emerging-technologies-for-decontamination-of-the-health-and-care-environment-airborne-hydrogen-peroxide-v2/)</a></li> <li>• <a href="https://www.nss.nhs.scot/publications/nhsscotland-national-cleaning-services-specification-shfn-01-02/">NHSScotland national cleaning services specification (SHFN 01-02)   National Services Scotland (https://www.nss.nhs.scot/publications/nhsscotland-national-cleaning-services-specification-shfn-01-02/)</a></li> <li>• <a href="https://www.nipcm.hps.scot.nhs.uk/media/1699/2018-07-nipcm-appendix-7.pdf">Best Practice: Appendix 7 - Decontamination   National Services Scotland (https://www.nipcm.hps.scot.nhs.uk/media/1699/2018-07-nipcm-appendix-7.pdf)</a></li> <li>• <a href="https://www.nipcm.hps.scot.nhs.uk/media/1701/2020-06-nipcm-appendix-9.pdf">Best Practice: Appendix 9 – Management   National Services Scotland (https://www.nipcm.hps.scot.nhs.uk/media/1701/2020-06-nipcm-appendix-9.pdf)</a></li> <li>• <a href="https://www.who.int/publications/m/item/five-moments-for-hand-hygiene">Five moments for hand hygiene   World Health Organization (https://www.who.int/publications/m/item/five-moments-for-hand-hygiene)</a></li> </ul> |

### 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 6** 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/<br>Impact Areas  | Are there any positive impacts? | Are there any negative impacts? | Rationale for decision and further comments   | What measures will be put into place to mitigate any negative impacts?   |
|---|---------------------------------|---------------------------------|---|--|
| <b>Age</b> <ul style="list-style-type: none"> <li>• Early years, children and young people, including care experienced young people</li> <li>• Working aged people</li> <li>• Older People</li> </ul> | No                              | No                              | N/A   | N/A  |
| <b>Disability</b> ( <i>This includes physical disability, learning disability, sensory impairment, long term medical conditions and mental health conditions</i> )                                    | Yes                             | Yes                             | <p>The positive impact of effective MDRO prevention and control is a reduction in potential transmission. Reduced transmission will have a positive impact on the risk associated with healthcare exposure for vulnerable groups and staff.</p> <p>Isolation has the potential to limit freedom of movement for patients and effect the mental state of older/ younger patients.</p> <p>PPE could create a barrier to communication where visual or auditory impairment is present.</p> <p>Where PPE limits non-verbal communication it has the potential to increase anxiety in those at a higher risk of cognitive comorbid conditions and/ or in those who's understanding of healthcare may be impaired/ altered by disease/ development.</p> | <p>National guidance informs control measures, however, the NHSDG ensure provision of IPC specialists to support individual risk assessment/ mitigation where deviation from national guidance may be indicated.</p> |

| Protected Characteristics/<br>Impact Areas  | Are there any positive impacts? | Are there any negative impacts? | Rationale for decision and further comments  | What measures will be put into place to mitigate any negative impacts?  |
|---|---------------------------------|---------------------------------|--|---|
| <b>Sex/Gender</b>   | No                              | No                              | The positive impact of effective MDRO prevention and control is a reduction in potential transmission. Reduced transmission will have a positive impact on the risk associated with healthcare exposure for vulnerable groups and staff.<br><br>Although evidence suggests that males are at a higher risk of MDRO susceptibility, the IPC-MDRO policy should not impact gender. | N/A   |
| <b>Gender reassignment and Transgender</b>  | No                              | No                              | N/A  | N/A   |
| <b>Marriage and Civil Partnership</b>   | No                              | No                              | N/A  | N/A   |
| <b>Pregnancy and Maternity</b>  | No                              | No                              | N/A  | N/A   |
| <b>Race</b> <i>(includes Gypsy/ Travellers and those whose first language is not English)</i> | No                              | Yes                             | Evidence would not suggest that race is a factor predisposing an individual to MDRO colonisation or infection.<br><br>Where English is not an individual's written or spoken language it could impact the provision of information and the subsequent understanding of an individuals to MDRO colonisation or infection.   | The IPC-MDRO policy supports the use of NHS approved interpreter services for both the written and verbal format. |
| <b>Religion or belief</b>   | No                              | No                              | N/A  | N/A   |
| <b>Sexual orientation</b>   | No                              | No                              | N/A  | N/A   |
|   |                                 |                                 |  |   |
| <b>Human Rights</b>   | No                              | No                              | No impact to human rights is anticipated.  | N/A   |

| Protected Characteristics/<br>Impact Areas  | Are there any positive impacts? | Are there any negative impacts? | Rationale for decision and further comments   | What measures will be put into place to mitigate any negative impacts?  |
|---|---------------------------------|---------------------------------|---|---|
| <b>Carers</b>   | Yes                             | No                              | The IPC-MDRO policy should support the safety of carers operating within NHSDG healthcare settings by ensuring effective communication and mandating support.   |   |
| <b>Staff:</b><br><ul style="list-style-type: none"> <li>• Full time</li> <li>• Part time</li> <li>• Shift workers</li> <li>• Staff with protected characteristics</li> <li>• Staff vulnerable to falling into poverty</li> </ul>  | Yes                             | No                              | The IPC-MDRO policy should support the safety of staff within NHSDG healthcare settings by ensuring effective communication and outlining the requirements to practice safely.<br><br>By outlining safe practice, the IPC-MDRO policy supports exclusion of staff from the direct care of a patient with MDRO if for any reason they cannot practice safely as per the IPC-MDRO policy. Exclusion should only apply where reasonable accommodation in the environment and resource has been made. | N/A   |
| <b>Poverty 'at risk' groups</b><br><ul style="list-style-type: none"> <li>• Unemployed people</li> <li>• People on benefits</li> <li>• Pensioners</li> <li>• Care Experienced people</li> <li>• Those living in the most deprived communities</li> <li>• Remote rurality</li> </ul> | No                              | No                              | N/A   | N/A   |
| <b>People with low literacy/ numeracy, poorer skills and/or attainment</b>  | Yes                             | No                              | Where English is not an individual's written or spoken language it could impact the provision of information and the subsequent understanding of an individuals to MDRO colonisation or infection.  | The IPC-MDRO policy supports the use of NHS approved interpreter services for both the written and verbal format. |

| Protected Characteristics/<br>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?  |
|--|---------------------------------|---------------------------------|--|---|
| Those involved in the criminal justice system and their families | No                              | No                              | N/A  | N/A   |
| Homelessness   | No                              | No                              | N/A  | N/A   |
| People who are displaced incl. refugees & asylum seekers         | Yes                             | No                              | Where English is not an individual's written or spoken language it could impact the provision of information and the subsequent understanding of an individuals to MDRO colonisation or infection. | The IPC-MDRO policy supports the use of NHS approved interpreter services for both the written and verbal format. |
| Economic & Social Sustainability                                 | No                              | No                              | N/A  | N/A   |
| Environmental  | No                              | No                              | Although waste may be generated by PPE and decontamination, the volume and processing methods are determined nationally. This places both outwith the scope of the IPC-MDRO policy.                | N/A   |
| Armed Forces Personnel and Veterans                              | No                              | No                              | N/A  | N/A   |

|  |                        |   |
|--|------------------------|---|
| <b>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.</b>                               | N/A                    |   |
| <b>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:</b> | Easy Read              | N/A   |
|  | British Sign Language  | N/A   |
|  | Alternative Languages  | N/A   |
|  | Large Print            | N/A   |
|  | Other (please specify) | The IPC-MDRO policy will be published by the Corporate Business Team. |

## Summary Sheet

|                           |  |
|---------------------------|--|
| Name of Activity          | Infection Prevention and Control Multi-Drug Resistance Organism Policy |
| Date of Impact Assessment | 16/05/25   |
| Key Lead Contact          | Ethan Carroll  |

**Please summarise any identified negative impacts and associated mitigations/actions:**

| Negative Impact  | Mitigation/Action   | Responsibility/ Timescale |
|--|---|---------------------------|
| Isolation has the potential to limit freedom of movement for patients and effect the mental state of patients.   | National guidance informs control measures, however, the NHSDG ensure provision of IPC specialists to support individual risk assessment/ mitigation where deviation from national guidance may be indicated. | N/A                       |
| PPE could create a barrier to communication where visual or auditory impairment, which is more prevalent in the older demographic, is present.   | National guidance informs control measures, however, the NHSDG ensure provision of IPC specialists to support individual risk assessment/ mitigation where deviation from national guidance may be indicated. | N/A                       |
| Where PPE limits non-verbal communication it has the potential to increase anxiety in the those at a higher risk of cognitive comorbid conditions and/or in those who's understanding of healthcare may be impaired/altered. | National guidance informs control measures, however, the NHSDG ensure provision of IPC specialists to support individual risk assessment/ mitigation where deviation from national guidance may be indicated. | N/A                       |
| Where English is not an individual's written or spoken language it could impact the provision of information and the subsequent understanding of an individuals to MDRO colonisation or infection.                           | The IPC-MDRO policy supports the use of NHS approved interpreter services for both the written and verbal format.   | N/A                       |

| <b>Monitoring</b>   |  |  |                                       |   |                              |
|---|--|--|---------------------------------------|---|------------------------------|
| How will you monitor the ongoing impact of the activity on all population groups? | Element to be monitored  | Monitoring Methodology   | Reporting                             |   |                              |
|   |  |  | Presented by                          | Committee   | Frequency                    |
|   | Compliance with screening  | Infection Prevention and Control scheduled inspections                           | Infection Prevention and Control Team | Clinical Governance meeting Acute and Diagnostics | 3monthly                     |
|   |  |  |                                       | Departmental Leads                                | On completion of inspection. |
|   |  | National Multi-Drug Resistant Organism HAI Admission Screening Uptake Monitoring | Infection Prevention and Control Team | ARHAI Scotland                                    | 3monthly                     |
|   | Compliance with Infection Prevention and Control Standard Infection Control Precaution | Infection Prevention and Control scheduled inspections                           | Infection Prevention and Control Team | Clinical Governance meeting Acute and Diagnostics | 3monthly                     |
|   |  |  |                                       | Departmental Leads                                | On completion of inspection. |
|   |  | Departmental Infection Prevention and Control self-audit program                 | Infection Prevention and Control Team | Clinical Governance meeting Acute and Diagnostics | 3monthly                     |
|   |  |  |                                       | Departmental Leads                                | Monthly                      |
|   |  | Support Services scheduled inspections   | Support Services Team                 | Infection Control Committee                       | 2monthly                     |
|   | Departmental Leads   |  |                                       | On completion of inspection.                      |                              |
|   | Compliance with Transmission Based Precautions   | Infection Prevention and Control scheduled inspections                           | Infection Prevention and Control Team | Clinical Governance meeting Acute and Diagnostics | 3monthly                     |
|   |  |  |                                       | Departmental Leads                                | On completion of inspection. |
|   | Board prevalence of Multi-Drug Resistant Organism                                      | Infection Prevention and Control Audit and Surveillance strategy.                | Infection Prevention and Control Team | Infection Control Committee                       | 2monthly                     |

### **Next Steps in the Impact Assessment Process**

When complete, the lead person should send a copy of the full Impact Assessment Tool to the Equality and Diversity Lead by emailing it to [REDACTED].

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

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

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

## Prompts for Impact Assessment

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

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

| Age        | Points to consider  |
|------------|---|
|            | <ul style="list-style-type: none"> <li>• This refers to children and adults of a particular age or age range.</li> <li>• What does local and national data tell you about different age groups? Is demographic information available on who is engaging with your service?</li> <li>• Are there any discriminatory practices in terms of any age groups that may or may not be justified? E.g. is the service designed with a specific age group in mind?</li> <li>• Younger people may have less access to transport, older people may be more likely to have underlying medical health conditions, age often connects with other characteristics but beware of making assumptions about the capacity of older or younger people</li> <li>• Is information given in an appropriate format in relation to the age of your service users?</li> <li>• For Scotland to support our children and young people to grow up feeling loved, safe and respected so that they release their full potential, <a href="#">the Promise</a> outlines the need for a redesign of the 'care system' including a fundamental shift in how decisions are made, and money is spend in supporting Scotland's children and families. Have you considered how the activity may impact on care-experienced young people?</li> <li>• If your activity impacts on children and/or young people, you are also required to complete a <a href="#">Children's Rights Impact Assessment</a></li> </ul>   |
| Disability | Points to consider  |
|            | <ul style="list-style-type: none"> <li>• A person has a disability if they have a physical or mental impairment (including learning disabilities) which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities</li> <li>• Have you considered reasonable steps that can be taken to accommodate the needs of disabled people such as: <ul style="list-style-type: none"> <li>• Getting in and out of spaces, availability of information verbal and written, access to toilets, induction loop systems, provision of an interpreter.</li> <li>• Employment opportunities for people with disabilities – does your piece of work positively support this?</li> <li>• Are you sure that the output from the activity is “accessible to all”? Many people have disabilities that are not visible or that they don't feel comfortable to disclose</li> </ul> </li> <li>• Have you looked at what constitutes as a disability under the Equality Act 2010? This includes physical conditions, mental health, and sensory impairment.</li> <li>• Do you routinely record the communication needs of patients with a physical or mental health condition, learning disability or sensory impairment for referring to when sending out appointments etc?</li> <li>• Do you currently monitor whether or not service users have a mental health condition, physical or learning disability, or sensory impairment so that you know how well your service is being used by people with a disability? (this also applies to staff if assessing a piece of work that affects them)</li> <li>• Have you considered the timing of your service/appointments/meeting to meet the different needs of people who may rely on particular modes of transport?</li> <li>• Have you considered the accessibility of any technology being used?</li> </ul> |
| 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?

### 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?

| <b>Religion and Faith</b> | <b>Points to consider</b> |
|---------------------------|---------------------------|
|---------------------------|---------------------------|

- |  |   |
|--|---|
|  | <ul style="list-style-type: none"> <li>• Religion is the worship or faith in a God or Gods, but belief is wider and includes religious, spiritual and philosophical beliefs. It also includes lack of belief or no belief in religion (e.g. Atheism). Generally, a belief should affect your life choices or the way you live for it to be included in the definition.</li> <li>• Do you currently record patients' religion in order to assist you in identifying users and non-users of your service from various religious backgrounds and any specific needs which they may have?</li> <li>• Are there inclusive prayer/reflective spaces available for those from all religions and beliefs for staff and service users?</li> <li>• How do you consider necessary dietary requirements?</li> <li>• Have you considered the gender of staff when caring for females?</li> <li>• Does the service allow for requests from staff to have time off for religious festivals and functions?</li> </ul> |
|--|---|

| <b>Sexual Orientation</b> | <b>Points to consider</b> |
|---------------------------|---------------------------|
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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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| <b>Carers</b> | <b>Points to consider</b> |
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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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| <b>Human Rights</b> | <b>Points to consider</b> |
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- 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

| Poverty 'at risk' groups | Points to consider |
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| <ul style="list-style-type: none"> <li>• Will the activity reduce financial pressures for individuals and families?</li> <li>• Will this activity give people and families experiencing poverty the opportunity to ensure that their voice is heard?</li> <li>• Will the activity support those experiencing poverty to move from dependence to independence?</li> <li>• Will the activity provide services that meet the needs of people experiencing poverty?</li> </ul> |  |
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| People with low literacy/numeracy, poorer skills and/or attainment | Points to consider |
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| <ul style="list-style-type: none"> <li>• Will information and services related to the activity be easy to access?</li> </ul> |  |
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| Those Involved in the criminal justice system | Points to consider |
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| <ul style="list-style-type: none"> <li>• Does the activity require a distinct approach to ensure it's inclusive of individuals that are involved in the criminal justice system and their families?</li> </ul> |  |
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| Homelessness | Points to consider |
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- Homelessness can be caused by a range of factors and challenges in people’s lives such as poverty, relationship breakdown, job loss, death or the result of experiencing gender based violence. Systemic issues like poverty, rising housing costs, welfare cuts and availability of health and social care support have a crucial role to play in whether or not a household reaches crisis point and it’s vital that public services pick up issues early and act before crisis point is reached.
- Will the activity have an impact by preventing factors that may lead to household crisis resulting in homelessness?
- Does the activity consider people that do not reside in a settled home?
- Will the activity have an impact on housing options?

| <b>People who are displaced (inc. refuges and asylum seekers)</b> | <b>Points to consider</b> |
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- Does the activity consider the specific needs and vulnerabilities of displaced people? This may include but is not limited to lack of secure housing or accommodation, limited livelihood or education opportunities, lack of official documents needed to access basic services or assistance, exposure to further hazards, family separation, discrimination, heightened risk of gender based violence and trafficking, psychological impacts and weak or absent support networks.

| <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.
- It is important to consider environmental impacts of changes we make. Please see this tool [Environmental Sustainability and Climate Impact Assessment](#), which can support a more detailed environmental assessment or give points for consideration
- 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?

| <b>Armed Forces Personnel and Veterans</b> | <b>Points to consider</b> |
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- 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.