INTEGRATED IMPACT ASSESSMENT

Supporting information

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This document provides further information on issues to be considered when carrying out an IIA. Facilitators of IIAs should have a working knowledge of this document and it provides reference material for participants in the IIA. It will enable you to consider some if the issues in more depth which will add quality to the discussion process of the IIA and ensure that relevant factors have been considered from a wide range of perspectives.

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Section 1 The Legal Context

1.1 The Equality Act 2010

The purpose of the Equality Act is to ensure that everyone, whether at work or in using a service has the right to be treated fairly. It protects people from discrimination on the basis of certain characteristics. These are known as protected characteristics and they vary slightly according to whether a person is at work or using a service.

The protected characteristics are:

- Age

- Disability

- Gender reassignment

- Marriage and civil partnership (the law provides limited protection in the area of employment and vocational training)

- Pregnancy and maternity (limited protection as above)

- Race

- Religion and Belief

- Sexual Orientation

- Sex i.e. gender

The general equality duty requires public authorities in the exercise of their public functions, to have 'due regard' to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by or under this Act

- Advance equality of opportunity between people who share a protected characteristic and those who do not share it

- Foster good relations between people who share a protected characteristic and those who do not.

The Equality Act defines the second need (advancing equality of opportunity) as having due regard to the need to:

- Remove or minimise disadvantage suffered by people due to their protected characteristics

- Take steps to meet the needs of people with certain protected characteristics where these are different from the needs of other people

- Encourage people with certain protected characteristics to participate in public life or in other activities where their participation is disproportionately low.

The Act also sets out that:

- Meeting different needs includes (among other things) taking steps to take account of disabled people's disabilities

- Fostering good relations means tackling prejudice and promoting understanding between people from different groups

- Meeting the general equality duty may involve treating some people more favourably than others. This means taking positive action to address an inequality experienced by a specific group of people as opposed to discriminating against a group of people.

The specific duties relevant to the IIA are to:

- Mainstream equalities in all of the activities of the public sector

- Publish IIAs on the public sector websites for public scrutiny.

1.2   The Children and Young People (Scotland) Act 2014

The Children and Young People Act incorporates the duties relating to the UN Convention on the Rights of the Child[1]. Since 15 January 1992, when the treaty came into force, every child in the UK has been entitled to over 40 specific rights.

These include:

- the right to life, survival and development

- the right to have their views respected and to have their best interests considered at all times

- the right to a name and nationality, freedom of expression and access to information concerning them

- the right to live in a family environment or alternative care and to have contact with both parents if possible

- health and welfare rights - including rights for disabled children - the right to health and health care and social security

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[1] UN Convention on the Rights of the Child lists the duties to protect children and young people's rights http://www.unicef.org.uk/Documents/Publication-pdfs/UNCRC_PRESS200910web.pdf

- the right to education, leisure, culture and the arts

- special protection for refugee children, children in the juvenile justice system, children deprived of their liberty and children suffering economic, sexual or other forms of exploitation

In addition, public bodies are required to promote, and report on, progress towards Getting it Right for Every Child wellbeing outcomes, which are: Safe, Healthy, Achieving, Nurtured, Active, Respected, Responsible and Included.

Under the Act, public bodies including local authorities and health boards have duties as Corporate Parents for all looked after children and all care leavers up until their 26th birthday whose care is supervised by the relevant local authority.

The current national frameworks for practice and quality assurance of early learning and childcare are Pre-birth to three. Positive Outcomes for Scotland's Children and Families; Curriculum for Excellence early level; Early Learning and Childcare; National Practice Guidance: Building the Ambition; and, the National Care Standards and Child at the Centre.

1.3   The Human Rights Act 1998

Human rights are the fundamental freedoms and rights to which everyone is entitled. They are built on values such as dignity, equality, freedom, autonomy and respect. They were first set down in the Universal Declaration of Human Rights and are now grounded in international laws. Public services need to have human rights at the heart of all areas of life including health, social care, standards of living, justice, safety and more.

The integration of human rights considerations into decision-making processes will support the transformation of public services to become more personalised and focussed on reducing inequalities and lead to good practice and a fairer and more equal society. Human rights can provide an objective framework to ensure the prioritisation of limited resources.

Scotland's National Action Plan for Human Rights (SNAP) presents a vision for Scotland in which everyone is able to live with human dignity. SNAP is also a framework through which public bodies can work to realise human rights.

SNAP is built on 3 broad outcomes:

- **Better culture**: people understand and can affirm human rights and organisations are enabled and accountable to put rights into practice

- **Better Lives**: Scotland effectively tackles injustice and exclusion, improving lives

- **Better World**: Scotland gives effect to its international obligations at home and internationally.

Consideration of human rights impacts and the contribution to delivering on the SNAP Outcomes have been built into the IIA checklist.

IIA consideration	SNAP priorities
Equality, Health and wellbeing	
Eliminate discrimination and harassment	SNAP Priority 4: **Enhance respect, protection and fulfilment of human rights to achieve high quality health and social care.**
Advance equality of opportunity e.g. improves access to and quality of services	SNAP Priority 1. **Empowerment – increase people's understanding of rights and their participation in decisions** SNAP Priority 2: **Ability – Increase organisations' ability to put rights into practice** SNAP Priority 4: **: Enhance respect, protection and fulfilment of human rights to achieve high quality health and social care**
Foster good relations within and between people with protected characteristics	SNAP Priority 1**: Empowerment – increase people's understanding of rights and their participation in decisions** SNAP Priority 4: **: Enhance respect, protection and fulfilment of human rights to achieve high quality health and social care** SNAP Priority 6: A**chieve justice and safety for all**
Enable people to have more control of their social /work environment	SNAP Priority 1**: Empowerment – increase people's understanding of rights and their participation in decisions**
Reduce differences in status between different groups of people	SNAP Priority 1**: Empowerment – increase people's understanding of rights and their participation in decisions** SNAP Priority 4: **Enhance respect, protection and fulfilment of human rights to achieve high quality health and social care**
Promote participation, inclusion and control over	SNAP Priority 1. **Empowerment – increase people's understanding of rights and their**

IIA consideration	SNAP priorities
decisions	**participation in decisions** SNAP Priority 2: **Increases organisation's ability to put human rights in to practice** SNAP Priority 5: **Enhance respect, protection and fulfilment of human rights to achieve an adequate standard of living for all** SNAP Priority 6: **Achieve justice and safety for all**
Reduce crime and fear of crime	SNAP Priority 5: **Enhance respect, protection and fulfilment of human rights to achieve an adequate standard of living for all** SNAP Priority 6: **Achieve justice and safety for all**
Promote healthier lifestyles including: • diet and nutrition, • sexual health, • substance misuse • physical activity • lifeskills	SNAP Priority 4: **Enhance respect, protection and fulfilment of human rights to achieve high quality health and social care**
Environmental	
Pollution: air/ water/ soil/ noise	SNAP Priority 5: **Enhance respect, protection and fulfilment of human rights to achieve an adequate standard of living for all** SNAP Priority 6: **Achieve justice and safety for all**
Public Safety eg: • protect vulnerable children and adults • minimise waste generation • infection control • accidental injury • fire risk	SNAP Priority 5: **Enhance respect, protection and fulfilment of human rights to achieve an adequate standard of living for all** SNAP Priority 6: **Achieve justice and safety for all**
Improve the physical environment e.g.	SNAP Priority 5: **Enhance respect, protection and fulfilment of human rights to achieve an**

IIA consideration	SNAP priorities
• housing quality • public space • access to and quality of green space	**adequate standard of living for all**
Economic	
Helps young people into positive destinations	SNAP Priority 5:…. **achieve adequate standard of living for all**
Helps people to access jobs (both paid and unpaid)	SNAP priority 5: …. **achieve adequate standard of living for all**
Improving literacy and numeracy	SNAP priority 5: … **achieve adequate standard of living for all**
Improves working conditions, including equal pay	SNAP Priority 5: ….**achieve adequate standard of living for all**

1.4 The Environmental Impact Assessment (Scotland) Act, 2005

This Act is designed to gauge the likely impact and the pressures on the environment from any plans, programmes or projects which are likely to affect it. The legislation introduced the requirement for local authorities to undertake Strategic Environmental Assessment (SEA). The purpose of SEA is to ensure that information on the significant environmental effects of a plan, programme or strategy (proposal) of a public body is gathered and made available to decision-makers.

The Act identifies those plans, programme or strategies for which SEA is compulsory. These relate to:

- ● agriculture
- ● fisheries
- ● transport
- ● water management
- ● forestry
- ● energy
- ● tourism
- ● town and country planning or land use
- ● telecommunications
- ● industry
- ●waste management

Also qualifying for compulsory SEA are policy, programmes or strategies that:

- • affect important designated habitats,
- • flora and fauna and, more generally
- • any proposal that sets the framework for future development consent of projects.

If significant environmental effects are anticipated then the next stage would be formal SEA scoping to determine the scope and level of detail of the required environmental assessment.

If your proposal falls into any of the categories identified above, then a Strategic Environmental Assessment will be required. SEA requires formal consultation with the Consultation Authorities (SNH, HS, SEPA) and must be advertised in the local press.

Some Programmes, Plans and Strategies are <u>exempt </u>from SEA comprise:
- those whose sole purpose is to serve national defence or civil emergency
- financial or budgetary plans
- those relating to an individual school, and
- those which, as a result of pre-screening, are deemed to have no or minimal environmental effects

Pre screening (the IIA process will take you to this stage of the process).

- A proposal is exempt if the Council, as the Responsible Authority, has applied the criteria at Schedule 2 of the Act and is of the opinion that the PPS will have no or minimal environmental effects
- Where there is any doubt then the proposal should be subject to formal screening

Where, through pre-screening, the Council is of the opinion that a proposal will result in no or minimal environmental effects then it is still required to inform the Consultation Authorities of this opinion (via the SEA Gateway SEA.Gateway@scotland.gsi.gov.uk) and to provide the following information :

(a) the title of the plan, proposal or strategy (proposal)

(b) the date of the opinion

(c) a brief description of the proposal, including the area or location to which it relates [Section 7(4) of the Environmental Assessment (Scotland) Act 2005].

NB In City of Edinburgh Council, carrying out the IIA provides evidence that environmental and sustainability issues have been considered and should be recorded as such for the pilot on Sustainability, Adaptation and Mitigation (SAM).

1.5   The Climate Change (Scotland) Act 2009

The Climate Change (Scotland) Act 2009 places a statutory obligation on public bodies to:

1. Contribute to the delivery of national greenhouse gas (GHG) emissions reduction targets;

2. Support the Scottish Government's framework for adapting to climate change;

3. Incorporate the principles of sustainability into their decisions and actions.

1.6   Recent Legal Cases

Recent legal cases have highlighted the need for elected members and other decision makers to actively consider the general equality duties (as noted above) when deciding whether to approve a new or revised policy or practice. Key points to remember are:

- The duty to assess impact is mandatory and it must be fulfilled prior to the adoption or implementation of the decision, function or policy in question.

- The duty cannot be delegated – it must be considered by the person with the ultimate responsibility for the policy or the service and for the decision to implement the policy.

- Good evidence is required for the decision maker to show 'due regard' ; an inadequate analysis in an assessment may itself mean a failure to meet the general duty

- The decision maker's process of giving due regard should be clear and transparent and be properly recorded.

Example: Kaur -v- London Borough of Ealing

This case dealt with the issue of whether a race impact assessment should have been carried out before the council decided to cut funding to a voluntary organisation, Southall Black Sisters (SBS). It provided services to Asian and Afro-Caribbean women who experience domestic abuse. In 2007-2008 they were partly funded by Ealing Borough Council. The council decided in September 2007 that it would only fund borough-wide services provided to everyone experiencing domestic violence irrespective of gender, sexual orientation, race, faith, age, or disability.

SBS said that this would have a disproportionate adverse impact on black and minority ethnic (BME) women and pointed out that the council had not done a race equality impact assessment. The council then undertook a "draft equality impact assessment", which indicated that the impact on BME women would be monitored when the new arrangements were in place.

However, it did not carry out a full equality impact assessment. A few months later, the council confirmed its earlier decision to fund a single borough-wide service provider. The claimants, service users of SBS, successfully applied to judicially review this decision.

The court quashed the council's decision and reiterated the importance of under-taking an equality impact assessment, and also the importance of carrying out an impact assessment before formulating policy.

There are a number of **other examples** of successful cases that have resulted in the courts' reversing the decisions of public authorities. These include:

- cutting the funding of voluntary organisations in Chavda -v- Harrow LBC
- refusing to allow a Sikh girl to wear a kara through the rigid application of a school uniform policy in Watkins-Singh -v- Governing Body of Aberdare Girls High School
- refusing to license a particular model of taxi for use as a hackney cab despite disabled groups making representations that many wheelchair users could not travel safely in Lunt and another -v- Liverpool City Council
- approving planning permission for a development of chain stores and luxury flats on a site overwhelmingly occupied by BME businesses and tenants in Harris -v- London Borough of Haringey.

Section 2 - Test for Relevance of the need to impact assess

The following gives guidance on the types of proposals that are likely to require impact assessment, and items that are unlikely need to be assessed.

Examples of proposals that are likely to require an Impact Assessment:

- major strategies and action plans

- area/partnership wide plans

- financial decisions

- service redesign

- plans, programmes or strategies that set the framework for future development consents (for SEA purposes)

The following should not need to be impact assessed:

- Reports of surveys

- Results of research

- Meeting minutes

- Minor contracts that do not impact on the wellbeing of the public

- Press releases (though these should consider equalities issues)

Section 3 - Changes to decisions following impact assessment

An impact assessment should inform changes to the proposal that improve its overall impact. These are often relatively small changes that have an important effect for particular vulnerable groups of people. There are some cases where an impact assessment has led to a more significant change or completely altered a decision, as in the example below.

NHS Example:

In order to reduce overall costs it was proposed that a branch practice of a GP surgery in an area of moderate deprivation in Lothian be closed. An interim impact assessment of this proposed change was carried out which showed that this would create significant disadvantage to older people, carers of young children and disabled people in particular who would in the future require to take two buses or a taxi to the nearest available practice. This was considered to be a barrier to primary care services with potential to create significant disadvantage. Without the branch practice an adjacent pharmacy would be likely to close causing a further negative impact on an already vulnerable community at risk of poor health outcomes.

As a result of the significant negative impacts identified through the impact assessment process the proposal to close the branch practice was withdrawn.

Section 4 - Issues to consider: populations and impacts

These are some of the issues to think about when considering the ways in which a proposal could have differential impacts on different groups. **This is not an exhaustive list, and is provided simply as pointers to stimulate thinking and discussion.**

4.1 Equality issues: all groups

- People within each group are not all the same –people may be disadvantaged in more than one way. Consider differences **within** groups that may make some people more vulnerable.

- Ensure language and images in any communications are inclusive and appropriate.

- Communications should use the national standards for community engagement to ensure meaningful engagement with all populations affected by the proposal.

- Consider potential to promote positive attitudes to and equal opportunities for all groups for all groups. This might mean: actions to remove or reduce disadvantage faced by particular groups; actions to meet needs that might differ in some groups; actions to encourage particular groups to participate in public life.

- Consider potential to promote good relations between different groups, build social cohesion and encourage participation in public life for all groups.

- Consider potential to address discrimination (direct, indirect & victimisation), harassment and personal harm against any population group.

- Consider the potential to better understand and address assumptions, prejudice and stereotyping of different population groups.

- Consider how to address confidentiality, privacy and data protection issues.

- Consider how to collect demographic information on each of the groups for profiling of access to, outcomes and initiatives.

4.2 Age

- Children, young people, adults and older people may have different needs, expectations and styles of communication.

- Younger people are more likely to live in deprived areas than people from older age groups.

- Women substantially outnumber men in older age groups.

4.3 Gender

- Men have lower life expectancy but women are more likely to suffer ill health particularly mental ill health, suggesting that women spend more years in poor health.

- Women are significantly more at risk of gender-based violence and 1 in 4 women will experience domestic abuse at some point in their lives

- Cultural norms and expectations may impact on behaviour and health outcomes: young men are more likely to be involved in violence or accidents and suicide is the main cause of death for 15-34 year olds.

- Minority ethnic women experience more gender inequality than most other communities

- Carers are disproportionately female, both in the home and in the workplace (see below).

- Transgender people typically report poor experience with services primarily related to attitudes of and assumptions made by staff.

- Transgender people experience high levels of discrimination with direct impacts on mental health, and have a high risk of substance use and self harm.

- Transgender people may have needs in relation to modesty (e.g. privacy in changing areas, provision of single gender accommodation, appropriate uniforms/dress code).

4.4 Disability

- Disabled people may have a physical or mental impairment which affects their ability to carry out normal day-to-day activities including mobility, continence, speech, hearing, eyesight (including colour blindness), memory, ability to learn/understand, and ability to lift objects. As a result disabled people may require wheelchair access, or communication/information support such as induction loops, large print text, switches at accessible heights, interpreters, double appointments etc

- People with a long-term mental or physical impairment may find it more difficult to access services via public transport or walking, and to retain employment.

- Disabled people may experience significant difficulties in applying for and retaining employment with significant negative impacts on family incomes and health.

- 1 in 5 disabled Scots have experienced harassment because of their disability.

4.5   Race & Ethnicity

- People from some ethnic groups may require communication/information support such as interpreters and translated materials. Many people may not be literate in their own language and have an oral tradition for communication therefore a range of alternate formats need to be considered to make information accessible.

- People from minority ethnic groups may have very different experiences and expectations of health services and may not be familiar with primary care services or know how to access them.

- People from some ethnic groups may have different experiences, expressions of and ways of dealing with mental health problems that may not picked up by mainstream services.

- People from some ethnic groups may have cultural needs in relation to diet (e.g. halal or kosher meat), modesty (e.g. privacy in changing areas, provision of single gender accommodation, appropriate uniforms/dress code), bathing and personal care, organ/tissue donation, blood sharing, certain drugs/treatments, burial and death rites, etc

- Coronary heart disease, diabetes, and stroke mortality is higher in South Asian men and women when compared to the rest of the UK population.

- The rate of HIV diagnosis is higher in African communities in the UK compared with other ethnic groups.

- Female Genital Mutilation and other traditional practices e.g. forced marriage, female circumcision and Human Trafficking are illegal. As the diversity in the local population increases, staff require to be alert to these issues.

4.6   Religion or Belief

- People who follow a religion or have religious or philosophical beliefs may have particular needs in relation to diet, modesty (e.g. halal or kosher meat, privacy in changing areas, access for ablutions, privacy for prayer/worship, provision of single gender bedroom and living accommodation, appropriate uniforms/dress code), organ/tissue donation, blood sharing, certain drugs/treatments, burial and death rites, quiet room facilities etc.

- There are established links between sectarianism and violence including gender based violence

4.7   Sexual Orientation

- Lesbian, gay, and bisexual (LGB) people often experience significant mental and physical health problems related to homophobia, heterosexism and social exclusion.

- High rates of self harm, attempted suicide as well as high levels of alcohol, drug and tobacco use have been reported across the LGB population.

- Gay and bisexual men are less likely to be registered with a GP.

- Gay men represent the group most at risk from HIV transmission.

- Domestic abuse may occur in same sex as well as heterosexual couples

4.8   Socio-economic disadvantage

- People who are socio-economically deprived have greater health needs and often complex health and social problems

- Poverty often clusters in certain geographical neighbourhoods, but most people who are income deprived do not live in the most deprived neighbourhoods. This is particularly the case for some minority ethnic groups.

- People of low income may face barriers arising from the costs of accessing services, e.g. transport costs or costs of time off work.

- People who are less articulate, have low education levels or poorer literacy skills may experience barriers to services and employment.

- Homeless people often have complex health and social problems that make it harder for them to access services.

4.9   Carers

- Caring responsibilities, including childcare and care for other family members, may limit people's participation in employment, education, other aspects of life. This may impact on the carer's social status, income, mental and physical health and ability to access services.

- Lone parents and elderly carers may be at additional risk of social isolation and low income

- Many children and young people act as carers for parents or siblings and some have sole responsibility for the person they care for. This may impact

on their mental and physical health, education, emotional and behavioural development and relationships with others.

4.10 Communication

A good communication and engagement strategy should aim to embed the views of the local community in the planning, development and monitoring of services. Good communication should also empower people to live healthier lives, manage their own health and promote equal access to services whilst enhancing social justice and well being. Issues to consider:

- Reaching all members of the community including children and young people

- Using a range of formats[2], inclusive imagery and plain language

- Using a range of formats to make information accessible to people with low literacy or for whom English is not their first language.

- Communicating with people with sensory impairments including BSL users and Deafblind people who require guide communicators.

- Using Teachback techniques[3] to ensure that people understand and can make informed decisions.

- Evaluating whether communication strategies reach all relevant groups.

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[2] Formats include Plain English, Braille, enlarged print, translation and interpreters for those for whom English is not their first language.

[3] Teach-back is a simple way to check someone's understanding and involves asking the person to explain or demonstrate, in their own words, what you have discussed with them. If the person does not restate the information correctly then try explaining again using different words, drawing a diagram or simplifying instructions, then use teach-back again.

Section 5   Issues to consider – areas of impact

The notes below show some of the links between some of the points in the checklist and the health and wellbeing of our communities. Again, this is not an exhaustive list and is provided as initial pointers for discussion. Consider how each potential area of impact would impact differentially on the affected population groups.

5.1   Equality and Human Rights impacts

5.1.1   Control

Importance	Issues to consider
A sense of control over one's choices and environment/ situation has been shown to be effective in maintaining good mental health and safeguarding human rights.	Will the proposal allow people to have more or less control of their everyday lives?
	What impact will the proposal or plan have on people's sense of control in a workplace setting?
Control includes: a sense of agency (believing in your ability to pursue goals); mastery (over environment and circumstances); autonomy (having self-determination); and self-efficacy (believing in your own abilities). All are key influences to supporting mental health and wellbeing and human rights.	Will the proposal, policy or plan impact negatively on employment for the area/ population?
	What impact will changes have on financial security and confidence?
A lack of these elements has been shown to increase stress and poor mental health.	Will the proposal result in people having insecure employment, which in areas of high unemployment, has been shown to be very damaging to mental health?
	What impact will the proposal have on access to education, and support services?
	Do cultural norms and expectations impact on behaviour and health outcomes?
	Will the proposal impact on the ability of children, young people and/or adults to exercise their rights?

5.1.2 Social status

Importance	Issues to consider
There is a close association between relative social status and health. For example, workplace studies show that people at higher grades have better physical and mental health than lower grade staff. It is thought that increasing status differences and status competition cause chronic stress that affects the cardiovascular and immune systems and leads to more rapid ageing.	Will the proposal affect the relative social status of different groups of people? Will the proposal enable staff on lower grades be involved in decision-making and have more control of their social/work environment? Will an individuals human rights be protected?

5.1.3 Participation and inclusion

Importance	Issues to consider
Participation and inclusion are key concepts in promoting mental wellbeing. Participation is the extent to which people are involved and engaged in their immediate household, and includes cultural and leisure activities as well as volunteering, membership of clubs, involvement in local decision making. Strong social networks, social support and social inclusion play a significant role in both enhancing mental wellbeing and preventing mental health problems. Social isolation is an important risk factor for both deteriorating mental health and suicide. Social support	Will the proposal ensure that people are connected to each other? Will it enable access to cultural, leisure, volunteering activities? Will it promote people from diverse communities coming together at an individual and/or community level? Will it promote people having a meaningful role e.g. volunteer, carer? Will the proposal impact on paid employment opportunities? Will the proposal impact on people levels of trust, feeling listened to and/or feelings of safety? Will the proposal impact on challenging stigma and discrimination e.g. stigma of mental ill-health,

Importance	Issues to consider
and social participation do not mediate the effects of material deprivation, which in itself is a significant cause of social exclusion.	prejudices relating to a person's actual or presumed race, religious belief, disability, sexual orientation or transgender identity? Will the proposal target the most vulnerable to feelings of isolation?

5.1.4 Family support and social networks

Importance	Issues to consider
There is an association between social support, social capital and health. **Social capital** includes: **Bonding**: strong supportive ties within a group, e.g. in a family cultural or interest grouping, which can increase confidence and self esteem. **Bridging**: weaker ties that connect people for example between acquaintances. These give access to new ideas, resources, communities and cultures. **Linking**: connections between people with different backgrounds and circumstances. These increase the ability of individuals and communities to influence change. All of these have been shown to be protective factors for mental and physical health.	Will the proposal enhance potential for social or family support? Will the proposal increase positive connections between people in different groups and release social capital? Could bridging and linking activities be enhanced through developing cultural bridging between geographic and specialist services? Will the proposal develop a sense of belonging for all communities to appreciate? Will the proposal value the diversity of people's different backgrounds and circumstances?

5.1.5 Stress, resilience and community assets

Importance	Issues to consider
Resilience of both individuals and communities is seen as relevant and significant in supporting a sense of positive mental health. Resilience in individuals is strongly influenced by elements such as parenting, social networks, educational opportunities, and physical activity and diet- these elements have been shown to have a lasting impact both on maintaining good mental health, and on recovering from adverse circumstances. Resilience in communities is related to identity, and is often focused on links between groups within a community, financial security and opportunity, or about positive feelings about place. Fractured communities often face higher rates of violence, disorder and people experience more mental health problems and higher levels of stress in these places. Making use of people's own strengths and assets, and building on these, can help to combat negative social and economic determinants of health and wellbeing. However, this should not mean that people are left to manage deprivation or inequality, but that resilience and assets should be strengthened.	How will the proposal influence physical health and lifestyle choices, as physical activity, diet and nutrition, and alcohol/ drug use impact on resilience? How will the proposal or plan impact on substance use of individuals/ community or the services that work to tackle these issues? What will the impact be on educational opportunities? How will the proposal affect the community? Will the proposal or plan impact on opportunities for volunteering, cooperative sharing, exchange and social engagement? Will the proposal create more opportunities for green space, for safe outside areas, and places to meet? Will the proposal or plan impact on pollution, noise, transport or access to services? What will the impact be on housing and a sense of crowding or neighbourhood noise?

5.1.6 Crime and fear of crime

Importance	Issues to consider
Crime and fear of crime have a significant impact on quality of life. Crime can directly damage health, for example by physical injuries arising from violent attack and can have long term impacts on mental health. Crime can increase stress, smoking, drinking or drug use. Fear of crime may limit people's lifestyles in a way which is detrimental to their health, for example it may restrict physical activity and social participation because people are fearful of walking in their neighbourhoods. Fear of crime has been shown to undermine local social networks and trust ('social capital').which in turn impacts upon mental and physical health. Around a fifth of Scottish adults were the victim of at least one crime in 2008/09. 30% of this was violent crime and 70% property crime. Around 42% of crimes were reported to the police. Perpetrators of violent crime are often reported as drunk or on drugs at the time of the offence. 5% of the population experienced either mental or physical partner abuse. Domestic abuse is overwhelmingly perpetrated by men against women and children of both sexes but may also occur in same sex relationships. Discrimination in relation to ethnicity, disability, sexual	Will the proposal impact on: • Safe, stable, and nurturing relationships between children and their parents and caretakers • Availability and misuse of alcohol • Access to lethal means • Life skills and enhanced opportunities for children and youth • Gender equality and empowering women • Cultural norms that support violence • Criminal justice systems • Social welfare systems • Social distance between conflicting groups • Economic inequality and concentrated poverty Will the proposal affect aspects of the physical environment associated with crime including: • Poor physical security • Low levels of surveillance • Insecure access to and from to buildings and public areas • Territorialism • Poor management and maintenance • Low pedestrian density

Importance	Issues to consider
orientation, poverty, age, migrant or refugee status etc. can increase and intensify vulnerability to abuse. Health consequences of abuse include injury, anxiety, depression, poor self-perception, poor education and employment history, addictions, self harm, eating disorders and suicide. Abuse will also affect a person's capacity and confidence to approach and make use of public services. 33% of the victims of abuse had dependent children living with them, two-thirds of whom witnessed the abuse. Children who either witness or suffer domestic violence grow up with increased tendencies to become victims or perpetrators of it themselves. Crime is often 'hidden' and unreported, and is often normalised by victims who accept that this is just 'something that happens'. Men aged 16-24 have the highest risk of being a victim of both property and violent crime. The harm caused by crime is concentrated in people who are socio-economically disadvantaged.	

5.1.7 Diet and nutrition

Importance	Issues to consider
Eating a healthy diet can reduce the risk of cardiovascular disease, cancers, obesity and several other conditions. The Scottish Diet Action Plan set targets to increase consumption of fresh fruit and vegetables, bread and breakfast cereal, oily fish; to reduce consumption of total fat and saturated fat, salt and sugar and to increase breastfeeding. A review found that none of the dietary targets had been met and diets were poorer in the most deprived populations. Two thirds of the population is now overweight or obese, partly because of over consumption of foods high in fat and sugar. Obesity is also more common among people with learning disabilities and some BME groups.	Dietary intake is influenced strongly by • Availability and affordability of both 'healthy' foods (especially fresh fruit and vegetables) and 'unhealthy' foods containing high levels of fat, sugar and salt. • Individuals' cooking skills and literacy. • Ability to eat and drink unaided. • Culture, traditions and food habits between and within population groups. • Provision of food, for example, for people in state provided accommodation.

5.1.8 Substance use: tobacco, alcohol or drugs

Importance	Issues to consider
Just under a quarter of Scottish adults smoke, with the rate being 4 times higher in the deprived areas compared to the least deprived (45% and 11%) 80% of smokers start smoking in their teens. 15,000 (13-24) start each year. Someone who starts smoking at 15 is over 4 times more likely to die of lung cancer than someone who starts at	Smoking disproportionately affects those already disadvantaged by poverty Tobacco is highly addictive and consumption is strongly associated with:- • Availability • Affordability, and • Attractiveness/cultural norms.

Importance	Issues to consider
25. Smoking and other forms of tobacco use increase the risk of cancers, coronary heart disease, respiratory disease and other conditions. Around a quarter of all deaths are from conditions related to smoking.	
In 2003, 2882 people died from alcohol attributable conditions in Scotland. This is 5% of all deaths. In the same year there were 41,414 hospital discharges attributable to alcohol consumption, accounting for 7.3% of all discharges.	Alcohol consumption is strongly associated with • Availability, • Affordability, • Cultural norms.
There were 485 drug-related deaths in 2010. Most of these were in men, and most were aged 25-44.	There are strong links between problematic substance misuse and: • Poverty and social exclusion • Communities where drug misuse is normalised • Low educational attainment • Truancy or exclusion from school • Involvement in criminal activity or anti-social behaviour • Abuse and neglect

5.1.9 Physical activity

Importance	Issues to consider
Physical activity improves mental health and reduces the risk of cardiovascular disease, colon cancer, osteoporosis, obesity, diabetes and injuries. Inactivity accounts for over a third of deaths from heart disease.	Physical activity levels are influenced by • The nature of work (sedentary work has become more common) • Availability and accessibility of play facilities

Importance	Issues to consider
Less than 40% of adults in Scotland meet the recommended levels of physical activity to bring these benefits. The recommended target is for adults to achieve 30 minutes of moderate physical activity (such as brisk walking) per day, or 70 minutes if they are overweight. Some people gain this through purposive leisure activity such as sport. For many people the most sustainable way to achieve it is to build physical activity into their daily life, for example by walking or cycling to work. Levels of physical activity have declined in recent decades due to a shift to more sedentary work and less active travel modes.	• Availability, accessibility and promotion of leisure services and where appropriate support to use these • Available transport choices • Whether the environment is designed to promote walking and cycling.

5.1.10 Life skills

Importance	Issues to consider
People with higher levels of education have higher life expectancy and lower risk of poor health. Skills that may enhance health outcomes include social skills, self-efficacy (belief in your own abilities), resilience and coping mechanisms. Support for parents to improve parenting skills can improve outcomes for both children and parents. The benefits of education apply not	Skills may be enhanced by: • Formal and informal educational and training opportunities • Educational approaches that value diversity and foster social skills and academic achievement • Encouragement and opportunities for success which boost self efficacy • Parenting support • Cultural norms and values that support learning • Ensuring additional support is

Importance	Issues to consider
only to school education but also adult learning courses. Safe-guarding human rights. People who would find it more difficult to access education including young carers, children with additional support needs, Gypsy/Travellers and looked after children and young people.	in place for those who need it.

5.2   Environmental impacts

5.2.1   Carbon emissions

Importance	Issues to consider
Extreme changes in weather or temperature can cause significant impact on health, especially in vulnerable people eg children the elderly and the immuno-compromised. WHO estimates that climate change caused 150,000 deaths in 2000, mostly in developing countries. The NHS carbon footprint for example breaks down as follows: 52% procurement 23% energy use 24% travel 1% waste	Some companies are now producing carbon emission profiles for their products. In the absence of this information, purchasing and using less product will usually equate to fewer carbon emissions. New buildings may not be more energy efficient than old ones. Consider potential for sustainable energy sources. Patient and visitor travel accounts for 16% of the carbon footprint, staff commuting to work is 3% and staff business travel 6%. Some proposals may increase travel for some groups but reduce it for others.

5.2.2 Pollution

Importance	Issues to consider
Air pollution, both indoor and outdoor, is associated with cardio-respiratory disease. Water contamination can cause GI infections. Greenspace, particularly trees and large shrubs, can protect people from flooding, air pollution, noise and extremes of temperature in urban settings.	Will the proposal cause or minimise air, water, soil or noise pollution? Will the proposal affect the risk of flooding? Will the proposal enhance or damage greenspace? Will the proposal make efficient use of natural resources? Will the proposal minimise waste and dispose of it in accordance with current good practice? Will the proposal create cleaner, safer and greener neighbourhoods (e.g. by reducing litter and graffiti, and maintaining pleasant public spaces)? Will the proposal protect and improve bio-diversity (e.g. wildlife habitats)?

5.2.3 Accidental injuries and public safety

Importance	Issues to consider
Unintentional injury is one of the main causes of death and is a common cause of emergency hospital admissions in children. It is also a common cause of emergency hospital admissions and deaths among adults. In Scotland in 2008 unintentional injury caused 23 childhood deaths - approximately 1 in 16 childhood deaths - and 8,504 emergency admissions. There were 1,260 adults deaths from	Will the proposal increase activities commonly associated with injury? If so, what actions have been taken to mitigate the risks? What is the evidence that these are likely to be effective? Has specific consideration been given to the risks to children?

Importance	Issues to consider
unintentional injuries, which is 1 in 44 adult deaths. Unintentional injuries may occur at home, at work, in sport and recreation, on the roads and at school. The main types of unintentional injuries include road traffic crashes, poisoning, falls, burns & scalds, drowning, choking, exposure to animate/inanimate mechanical forces, assault, over exertion and accidental exposure to unspecified factors. The most common reason for hospital admission is falls but the most common reason for deaths is road crashes. The risk increases with socio-economic deprivation, and in most age groups males are more likely to suffer than females. Unintentional injury in the home may be reduced by safety devices like smoke alarms and child resistant packaging on poisonous substances. Smoke alarms reduce the risk of injuries from fire but need to be properly installed and maintained. Tailored exercise programmes for older people, removal of tripping hazards and installation of hand rails may reduce risk of falling in the home. Road safety education for children can improve their road crossing behaviour but needs to be repeated at regular intervals. Driver education in schools can lead to early licensing and increase the	Will the proposal involve large public gatherings? If so, has a risk assessment been done? Will the proposal impact on people's ability to install or maintain safety devices? Will the proposal affect road speeds or exposure of vulnerable road users to traffic? Will the proposal impact on physical access – if so have the needs of people with a disability been met? Will the proposal provide people with skills to reduce their risk of injury? What is the evidence that this will be effective?

Importance	Issues to consider
proportion of teenagers involved in crashes. Speed restrictions and engineering measures can reduce the risk of road crashes.	

5.2.4 Transmission of infectious disease

Importance	Issues to consider
Infectious diseases range from minor self limiting conditions like 'colds' to life threatening conditions like influenza and legionella that can affect a wide range of people. Blood borne viruses like hepatitis or HIV can also significantly affect an individual's life and choices. Infectious diseases that are notifiable under Public Health Legislation can lead to exclusion from the workplace and exclusion of children from school or nursery. In extreme cases individuals may be subject to quarantine orders or to detention in a hospital. Where a worldwide outbreak of disease takes place e.g. SARS or H1N1 the consequences for large sectors of the population can be serious causing high levels of illness and death. People who are frail or have poor immune systems are more vulnerable to infections. This might apply to the elderly and children but this will depend on the disease (e.g. otherwise healthy young adults were	Will the proposal impact on the likelihood of transmission by: - contaminated food or water - direct contact with or droplets from infected people or animals - contact with blood or other body fluids. Will the proposal impact on travel, of people, foods or disease vectors? Will the proposal impact on agricultural controls, water pollution and provision of clean water, controls on food and food products? Have the risks been communicated to people for whom English is not their first language or have low levels of literacy?

Importance	Issues to consider
affected by H1N1) There may be specific issues for those resident in institutions such as prisons or care homes.	

5.2.5 Transport

Importance	Issues to consider
Access to jobs, education, shops, leisure and other essential services is of central importance to an individual's socio-economic status and therefore health. People may be excluded from these because they lack accessible, affordable transport. Road traffic contributes to air pollution; it accounts for 30% of $PM_{2.5}$, which are small airborne particles that have been associated with cardio-respiratory disease. It is estimated that overall there is a 6% change in mortality per 10 $\mu g.m^{-3}$ change in annual average $PM_{2.5}$. In 2007 there were almost 400 deaths due to road traffic accidents in Scotland; this is less than 1% of all deaths. Road users at highest risk of being killed or seriously injured are cyclists and pedestrians. The most commonly cited cause of a road crash is speed. Active travel modes like walking and cycling increase physical activity levels. Major road or rail infrastructure or large traffic volumes can lead to	Will the proposal lead to a change in levels of motorised transport? Will it encourage or discourage people to use active modes of transport? Will it impact on access to services and amenities by active travel or public transport? Will it involve development of major infrastructure?

Importance	Issues to consider
community severance. Transport noise may cause annoyance and sleep disturbance Motorised transport accounts for 22% of CO_2 emissions. A range of detrimental health impacts are predicted to arise from continued climate change. I in 20 journeys in the UK is associated with the NHS.	

5.2.6 Housing

Importance	Issues to consider
Poor quality housing is associated with poor health and wellbeing outcomes. Homelessness is associated with particularly poor outcomes. Housing and area improvement can improve perceived safety, community involvement, and area satisfaction; but may also increase housing costs and cause disruption, uncertainty, lack of control, displacement or relocation to new housing, social exclusion and community division. Home ownership is associated with better health but mortgage arrears are associated with poor health. Sustainable communities will offer sufficient range, diversity, affordability and accessibility of housing within a balanced housing market.	Will the proposal affect the risk of homelessness, or provision of support for people who are homeless or at risk of homelessness? Will the proposal improve housing conditions? How will residents and others affected be consulted and involved in decision making? Will people be displaced? Will the proposal impact on continuity of health or other service provision? How will the proposal affect housing or other related costs? Will there be disruption to residents? Will there be changes to the social mix of the area? Will the proposal encourage active

Importance	Issues to consider
	travel, physical activity and play? How will homes and public spaces be maintained?

5.2.7 Living conditions

Importance	Issues to consider
Our physical environment can have a significant impact on both our physical and mental health and, research is showing, that it also impacts on both the level of our achievements and our life span. This applies to our total physical environment though housing is obviously a key factor. Poor quality housing is associated with poor health outcomes. In particular, housing that is damp and/or mouldy is associated with respiratory symptoms. Heat (including from insulation and energy) can also impact during colder temperatures Living in high rise flats and overcrowding are associated with poorer mental health particularly for families. Experiencing greenspace is associated with improved mental health and reduced stress. Access to high quality, well connected greenspace is also associated with increased levels of physical activity. Greenspace can also enhance social interactions.	Will the proposal improve the quality of the wider environment or housing quality? Will it improve the overall appearance of the neighbourhood or add to the local community? Will the proposal improve general living conditions and overall neighbourhood satisfaction? Will the proposal impact on access to or quality of public space and greenspace? Will the proposal impact on rents or other housing costs? Will the proposal impact on people in travelling communities? How will residents be involved in the process from start to finish?

5.3 Economic impacts

5.3.1 Income

Importance	Issues to consider
There is ample evidence that people of low income have poorer physical and mental health than more affluent people. For almost any health condition or health indicator, there is a gradient of better health with increasing affluence. People living in the most income deprived areas have healthy life expectancy on average 10 years lower than those living in the most affluent communities, higher mortality and morbidity, poorer mental health, are more likely to smoke, have poorer diets, babies are more likely to be low birth weight and less likely to be breastfed. Countries with higher levels of income inequality have poorer health. Both absolute and relative poverty have an impact on health and may impact on a person's human rights. The reasons include poorer access to material resources and chronic psychosocial stress caused by poverty. Financial hardship may lead to wider consequences including debt, fuel poverty and homelessness, all of which have adverse impacts on health. There are also life course effects,	Will the proposal impact on incomes? Whose income will be affected? How will it affect relative incomes, and income differentials?

Importance	Issues to consider
which means that life circumstances in childhood have a lasting impact on health into adulthood.	

5.3.2 Employment (paid or unpaid) and working conditions

Importance	Issues to consider
The benefits of employment include provision of structured time, social contact and satisfaction arising from involvement in a collective effort.	Will the proposal impact on employment (including unpaid employment such as volunteering)?
There is strong evidence that for most people, being unemployed brings poorer health outcomes than being in work. Being unemployed is associated with increased mortality, poorer physical and mental health, and higher GP consultation and hospital admission rates.	How secure will any new employment be? What will the quality of employment be, for example in relation to job control and job strain?
Unemployment also leads to poorer socio-economic status, relative poverty and financial anxiety.	Will it impact on workers' level of control over their work? Will it impact on exposure to occupational hazards?
People who are long term unemployed are more likely to have low qualification levels, have a disability, be lone parents be from an ethnic minority, or be older workers. People with a criminal record often face particular difficulties accessing employment.	Will the employment provide opportunities for social interaction, learning and a sense of being valued? Will local people benefit? Do local people have the right skills to access the new employment? Will local businesses benefit (e.g. SME's, social enterprises)?
Unemployment in young people can have long term impacts on their productivity, income and employment outcomes.	Will the proposal target employment at people who experience barriers in accessing the labour market?
There is also strong evidence that job insecurity and low quality work have	Will contractors be asked to apply and demonstrate agreed equality, ethical and sustainability standards?

Importance	Issues to consider
adverse effects on health, particularly mental health. Conversely, people who have varied jobs and control over what they do experience lower levels of illness. Volunteering can improve individuals' sense of health and wellbeing.	Who will benefit from any volunteering opportunities? How will volunteers be supported?

5.3.3 Educational opportunities, positive destinations

Importance	Issues to consider
People with higher levels of education have higher life expectancy and lower risk of poor health. This is partly because they are more likely to be employed and increases in education are associated with higher paid, higher status employment. People with higher education levels are also likely to work in a safer environment and report more fulfilling, subjectively rewarding jobs. Education may also embed habits, skills and values that support development of social skills and participation in society. Education may enhance self-efficacy (belief in your own ability) and increase psychological resilience and coping mechanisms. The greatest benefits are observed from early year's education and support. But benefits of education apply not only to school education but	Will the proposal enhance educational attainment for children or adults? Will the proposal provide educational opportunities likely to lead to high quality employment? Will the education include opportunities to develop social skills, personal resilience and other life skills as well as academic qualifications? How will people be selected for these opportunities? Is priority given to people who disproportionately face poorer access to and quality of education? Will any groups face barriers to accessing education?

Importance	Issues to consider
also adult learning courses.	

5.3.4 Services: Culture and Leisure

Importance	Issues to consider
Leisure services may: • Provide opportunities for physical activity • Enhance social capital by supporting connections between people from different backgrounds and circumstances. • Provide opportunities to gain skills The use of arts in healthcare settings can improve clinical outcomes related to mental and physical health. Culture-led regeneration initiatives, which encourage the re-use of redundant buildings, greater public use of open spaces and the mixed use of urban space, can reduce traffic and fear of crime, increase sense of safety and instil a sense of pride of place.	Will the proposal impact on leisure services? If so, which services and how could they enhance health? Which people are likely to make use of these services? Will the proposal target people who are disproportionately affected by poor access to and quality of culture and leisure services? Will the proposal help to promote social cohesion through encouraging good relations between people in different cultural or interest groups?

5.3.5 Services: Health care

Importance	Issues to consider
Appropriate delivery of high quality healthcare should improve health outcomes. There is evidence that the people most in need may find it most difficult to access healthcare.	Will the proposal impact on access to or quality of health services? How will it impact on access and quality for those people who are most in need? Is this delivered universally but proportionate to need?

5.3.6 Services: Social services

Importance	Issues to consider
Social services provide support to people and may help them fulfil basic needs, gain skills, and access other services and employment and protect their human rights.	Will the proposal impact on access to or quality of social services? If so, which groups and which services will this affect?

Section 6   Sources of Evidence

- **Consultation and involvement** of local people and partners including those with protected characteristics to make sure that equality is advanced in a meaningful sense and where everything possible is done to realise people's rights, including to housing, health, education and access to justice.

- **Scottish Government Equality Evidence Finder**
  http://www.scotland.gov.uk/Topics/People/Equality/Equalities

- **Census**

  http://www.gro-scotland.gov.uk/census/index.html

- **SEA Toolkit (Scottish Government)**

  http://www.scotland.gov.uk/Publications/2006/09/13104943/45

  Indicative list of types of plans and programmes subject to Strategic Environmental Assessment:

  http://www.scotland.gov.uk/Resource/Doc/921/0018361.pdf

- **Scottish Index of Multiple Deprivation**

  http://www.scotland.gov.uk/Topics/Statistics/SIMD

- **Scottish Neighbourhood Statistics**

  http://www.sns.gov.uk/

- **Getting it Right, Scottish Human Rights Commission, 2012**

  http://scottishhumanrights.com/actionplan/executivesummary

- **SNAP: Scottish National Action Plan on Human Rights**

  http://www.scottishhumanrights.com/actionplan

Section 7   Quality Assurance of Impact Assessments

Process

Periodically, the IIA Steering Group will meet to assess the standard to which IAs have been completed.   A sample of IIAs is reviewed against the quality criteria below. Each IIA report is reviewed by a group of 3 or 4 members of the Steering Group. If a report is found not to meet the criteria, the author is contacted, recommendations are made to improve the IIA if required, and where necessary support is offered to repeat the IIA.

Criteria	Comment
There are at least 4 participants who bring appropriate perspectives. At least one participant should have been on the IIA training and Equality & Diversity training or have experienced a previous IIA. The facilitator, Lead officer and Project Manager are identified.	
There is evidence of staff partnership participation in the IIA where appropriate.	
There is evidence that all relevant populations were considered.	
There is evidence that all headings on the checklist were considered.	
There are no obvious impacts that were **not** identified	
The recommendations are appropriate to the impacts. Recommendations should be able to be justified by the IIA findings.	
There is an action plan to implement the recommendations, which has specific, measurable and achievable actions within it.	
The report specifies how actions will be monitored.	
The Head of Service responsible for the service/strategy/policy being assessed has signed the IIA.	
Any other action recommended	