



# Equality and Fairness Impact Assessment (EFIA) Form and Guidance

If the '*policy or practice*'\* you are developing or going to develop is assessed as relevant after undertaking the online screening process (the Impact & Value Assessment) - that is, it will have an impact on people - you should complete an Equality and Fairness Impact Assessment (EFIA).

This form (which includes accompanying guidance) should be completed.

\*see definition below on Page 5

## EFIA – Guidance

The purpose of the EFIA is to ensure that decision makers are fully informed, at a formative stage in the decision-making process.

Under the Equality Act 2010, the Council is required to eliminate discrimination, advance equality of opportunity, and foster good relations between equality groups. Under Part 1 of the Act 'The Fairer Scotland Duty', the Council is required to actively consider how it can reduce inequalities of outcome caused by socioeconomic disadvantage, when making strategic decisions.

The online Impact & Value Assessment (IVA) has been developed within the Council to assess all proposals against criteria for reducing poverty and socio-economic disadvantage, eliminating discrimination, advancing equality of opportunity, and fostering good relations between equality groups.

The IVA should first be used at the initial stages of proposal development to **screen** the proposal for any likely positive or negative effects in relation to equality, fairness and human rights. After completing the IVA, it should be evident if your proposal is likely (or not) to have significant implications for: reducing poverty and socio-economic advantage, eliminating discrimination, advancing equality of opportunity, and fostering good relations between equality groups. **If the screening process identifies that there are implications, the IVA will direct you to undertake a full Equality and Fairness Impact Assessment (EFIA).**

## When should I carry out an EFIA?

In order to fulfil our general duty it is critical that the all services conduct an EFIA in the following circumstances:

- > **All** significant policies, strategies and projects\* should have as a minimum an EFIA screening inbuilt as part of the risk assessment process.
- > **All** budget options for the each financial year will require to be EFIA screened. (It is possible to group individual options if they relate to one particular service area)
- > **All** Reports to Committee now require Equalities Impacts to be reported either as a screening or full EFIA. Significant service reforms **may** require a Full Report to be completed, or as a minimum, a justification in a Screening Report as to why the Full Report was unnecessary.

### Equality and Fairness Impact Assessment Screening

A screening can be undertaken as part of a scoping exercise prior to a full report, or it can stand alone as final summary if no significant Equality and Fairness Impacts are identified or arise subsequently in the policy or plan implementation. This is done using the online Impact & Value Assessment.

### Equality and Fairness Impact Assessment Full Report

A full report (using this form) should be conducted where a Screening indicates an area or areas that require more detailed consideration.

[\\*see full definition Page 5](#)

## **Stage 1: Screening**

As noted above, a screening should ideally be carried out at the outset of a policy, service reform, or budget proposal\* in order to embed consideration of equalities and fairness at the earliest part of the project plan or process.

In order to complete screening please follow the guidance provided within the online [Impact & Value Assessment](#).

A Screening Report should be conducted prior to identifying if a Full Impact Assessment is required, and the findings of the report should inform the introduction to the assessment; and provide the context and background, to outline the purpose and direction of the Full Impact Assessment.

## **Stage 2: Full Impact Assessment**

If there are any areas that arise as part of the screening process that require further investigation or highlight areas of concern with regard to likely impacts across any or all protected characteristics, then a Full Impact Assessment report be conducted.

\*see full definition Page 5

## EFIA Form

Complete this for all *relevant policies*

'Relevant' means it will have an impact on people

'Policy or Practice' - see definition below

Definition of policy or practice for the purposes of EFIA:

*For the purposes of an EFIA the term 'policy or practice' covers Service delivery and Employment. This can include a Policy, a Plan, a Strategy, a Project, a Service Review, a function, practice or service activity or a Budget option.*

### Section 1: Policy Details (see definition of 'Policy' or 'Practice' above)

Name of Policy or Practice:

IJB Strategic Plan

Service and Division/Team:

P&K HSCP

Owner/Person Responsible (include your Name and Position):

Zoe Robertson McCranor (Interim Head of Service)

Impact Assessment Team (include your Names and Positions). This team can consist of two people or more as appropriate:

Ashley Blundell, Christine Tse and Andreea Paius (Policy and Commissioning Officers)

Is the 'policy' or 'practice' being impact assessed new or existing? Please tick the appropriate box below to indicate.

☐ New

☒ Existing

What are the main aims of the policy or practice?

To direct the Strategic priorities of the P&K Integrated Joint Board

Who are the main target groups/beneficiaries?

Individuals their families and Carers in receipt of a service from the HSCP and staff working within the HSCP.

What are the intended outcomes of the policy or practice?

We want every person in Perth and Kinross to live in the place they call home with the people and things they love, in good health and with the care and support they need, in communities that look out for one another and doing the things that matter most to them.

## Section 2: Information Gathering

You should list here the sources of information used to assess the impact of the relevant policy or practice. This can include local sources such as reports, information and data, relevant partners' information, data and reports, other Council's relevant information, data and reports, national information, research outcomes, data profiles and any other evidence which has led to the development of this policy. You may wish to refer to Appendix 1 for reference when gathering information relating to Equality Monitoring Data,

Information/Evidence Gained and Used to Shape this Policy or Practice	List Details, Source and Date <i>(continue on a separate sheet if necessary – tick to indicate this has been done)</i> <input type="checkbox"/>																					
<p>Community consultation/involvement outcomes from earlier contacts - this usually includes formally arranged contact with individuals or community, voluntary sector and other relevant interest groups</p>	<p>To ensure that a wide range of voices was heard, a participation programme was agreed which offered participants a range of accessible opportunities to engage;</p> <ul style="list-style-type: none"> <li>• Locality Drop in Events</li> <li>• Targeted Focus Groups</li> <li>• Survey</li> </ul> <p>A bespoke animated video "<a href="#">Planning a Better Future Together - Have your say</a>" was prepared and distributed to <b>944</b> community groups/people and <b>70</b> key stakeholders and highlighted through social media channels, with a reach of <b>85,000</b> followers. The Community Engagement Team distributed <b>378</b> posters throughout our three localities. (Appendix 1) To support accessibility we developed an easy read detailing the locality drop in sessions ("<a href="#">Planning-A-Better-Future-Together-Easy-Read</a>").</p> <p>12 locality drop in events were arranged throughout each locality with 200 people attending.</p> <p>Targeted Focus Groups</p> <p>These sessions were organised to support the involvement of groups with protected status and people who are excluded from participating due to disadvantage relating to social or economic factors.</p> <table border="1" data-bbox="683 1787 1471 2112"> <thead> <tr> <th>FOCUS GROUPS</th> <th>ATTENDANCE</th> <th>ENGAGEMENT METHOD</th> </tr> </thead> <tbody> <tr> <td>Workforce</td> <td>50</td> <td>Drop in event</td> </tr> <tr> <td>Drug and Alcohol</td> <td>10</td> <td>In Person – Recovery Cafe</td> </tr> <tr> <td>Physical Disabilities – Capability Scotland</td> <td>?</td> <td>Survey</td> </tr> <tr> <td>Mental Health</td> <td>12</td> <td>In Person</td> </tr> <tr> <td>Kinross Day Centre</td> <td>7</td> <td>Survey</td> </tr> <tr> <td>Making where we live better – mixed disabilities</td> <td>10</td> <td>In Person</td> </tr> </tbody> </table>	FOCUS GROUPS	ATTENDANCE	ENGAGEMENT METHOD	Workforce	50	Drop in event	Drug and Alcohol	10	In Person – Recovery Cafe	Physical Disabilities – Capability Scotland	?	Survey	Mental Health	12	In Person	Kinross Day Centre	7	Survey	Making where we live better – mixed disabilities	10	In Person
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	<b>Ethnic Communities – ELOS Perth &amp; Minority Community Group</b>	<b>51 +</b>	Survey and written feedback.
	<b>Gypsy Traveller</b>	<b>?</b>	In Person – Group Meeting
	<b>Reference Group</b>	<b>11</b>	Online
	<b>Day Opportunities</b>	<b>10</b>	In Person – User Groups
	<b>Online Session</b>	<b>2</b>	Online
	<p>We worked with key groups to establish preferred methods of engagement. In total we received over <b>163</b> responses from 12 sessions.</p> <p>A survey provided another method for people's views to be heard which did not require their attendance in person. We received 366 responses to the survey which was online for 6 weeks. Of the total surveys completed, 75% were filled out by women and the most substantial response rate came from the age group 46 – 65 ages, constituting 46.45% of the entire survey population.</p>		
Employee involvement/consultation feedback (e.g. survey, focus groups)	<p>Staff consultation specific event held</p> <p>Strategic Planning Group x 2 sessions held</p> <p>IJB consultation session held</p> <p>EELT consultation</p> <p>Elected member session</p>		
Research and information list main sources	<p>Joint Strategic Needs Assessment</p> <p>Locality Profiles</p>		
Officer knowledge and experience	<p>Commissioning and Policy officers form across service users groups supported the work. Community Engagement staff representing all localities attended all consultation sessions and specific leads form across the partnership supported all sessions.</p>		
Equality monitoring data	<p>Contained within online survey and via targeted group consultation.</p>		
Service user feedback (including customer contact, services and complaints)	<p>Received throughout aforementioned sessions, with the following SWAY documents confirming feedback gathered and an opportunity for further input.</p> <p>Perth City - <a href="https://sway.office.com/twqJYD54bfDMggOb?ref=Link">https://sway.office.com/twqJYD54bfDMggOb?ref=Link</a></p> <p>North - <a href="https://sway.office.com/EXVE9P35BE9gSO8H?ref=Link">https://sway.office.com/EXVE9P35BE9gSO8H?ref=Link</a></p> <p>South - <a href="https://sway.office.com/kGxnhfPRKp5BxZZP?ref=Link">https://sway.office.com/kGxnhfPRKp5BxZZP?ref=Link</a></p>		
Partner feedback	<p>Received throughout aforementioned sessions.</p>		
Other - this may be information gathered in another Council area, nationally or in partner organisations which is considered to have relevance	<p>National strategy and policy influenced the formation of the IJB Strategic Plan.</p>		



## Section 3: Consultation/Involvement

Consultation with key stakeholders can be undertaken throughout the whole of the equality and fairness impact assessment process. This section can include details of outcomes from current, earlier or ongoing consultation/involvement activities. This activity **can also** help to **reach people not previously involved** with these processes, but who will be affected by this policy or practice when it is implemented.

The Consultation/Involvement process can also help **identify or agree changes** that need to be made to ensure the policy or practice will be inclusive when implemented.

The Equalities Team Leader ([equalities@pkc.gov.uk](mailto:equalities@pkc.gov.uk)) may be able to provide advice relating to potential contact with consultees from equality protected characteristic groups via existing mechanisms such as the Community Equalities Advisory Group (CEAG) or Equalities Strategic Forum.

*A summary of the replies received from individuals and stakeholders consulted/involved. Include any previous feedback or complaints relating to equality and diversity issues and the policy or practice currently being assessed.*

Equality Protected Characteristic	Specific Characteristics	Date	Outcome of Consultation/Involvement  <i>(continue on a separate sheet if necessary – tick to indicate this has been done</i> <input type="checkbox"/>
Age	Older People (65+)	10 <sup>th</sup> July – 1 <sup>st</sup> August 2023	<p>We specifically asked people to rate how important specific aspects of health and social care was to them, the underlying details this is in order of importance:</p> <ul style="list-style-type: none"> <li>• I can access all health and social care support in one place, close to home (89%)</li> <li>• Clearer and accessible information about the range of support and services available and who to contact for help (87%)</li> <li>• More opportunities to support health and wellbeing in my local community (83%)</li> <li>• Provide opportunities for local communities to influence how health and social care budgets should be spent (77%)</li> <li>• People should get out of hospital more quickly to be supported at home (76%)</li> <li>• Support more people to stay at home through better use of technology (73%)</li> <li>• More consistent and regular opportunities that support carers' health and wellbeing (73%)</li> <li>• Quicker access to health and social care support through use of</li> </ul>

			<p>telecare/internet (67%)</p> <ul style="list-style-type: none"> <li>• Support for more volunteering/peer support as safe alternatives to services (55%)</li> </ul> <p>We asked people to tell us what challenges they faced when looking after their Health and Wellbeing.</p> <p>60% access and distance to services was a challenge for them</p> <p>30% knowing where to go was a challenge for them</p> <p>38% said finding the time to attend was a challenge</p> <p>25% access to information was a challenge</p> <p>24% finance or money was challenge for them</p> <p>12% said need to support to attend was a challenge</p> <p>15% said that the relationship they had with professionals was a challenge</p> <p>20% said their caring responsibilities created a challenge for them</p> <p>20% said transport was a challenge for them</p>
	Younger People (16-64)	10 <sup>th</sup> July – 1 <sup>st</sup> August 2023	<p>We specifically asked people to rate how important specific aspects of health and social care was to them, the underlying details this is in order of importance:</p> <ul style="list-style-type: none"> <li>• I can access all health and social care support in one place, close to home (89%)</li> <li>• Clearer and accessible information about the range of support and services available and who to contact for help (87%)</li> <li>• More opportunities to support health and wellbeing in my local community (83%)</li> <li>• Provide opportunities for local communities to influence how health and social care budgets should be spent (77%)</li> <li>• People should get out of hospital more quickly to be supported at home (76%)</li> <li>• Support more people to stay at home through better use of technology (73%)</li> <li>• More consistent and regular opportunities that support carers' health and wellbeing (73%)</li> <li>• Quicker access to health and social care support through use of telecare/internet (67%)</li> <li>• Support for more volunteering/peer support as safe alternatives to services (55%)</li> </ul> <p>We asked people to tell us what challenges they faced when looking after their Health and Wellbeing.</p> <p>60% access and distance to services was a challenge for them</p>

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	Children (0-16)		Not Applicable as services for children are not delegated to the IJB and the Strategic Plan is for adults.
	Looked After Children (Corporate Parenting)		Not Applicable as services for children are not delegated to the IJB and the Strategic Plan is for adults.
Disability	Physical Disability	10th July – 1st August 2023	As above
	Sensory Impairment		As above
	Mental Health	22nd August 2023	As above
	Learning Disability	10th July – 22nd August	As above
Gender Reassignment	Male transitioning to female	10th July – 1st August 2023	Our Strategic Plan doesn't differentiate its approach based on anything other than need and all of the aforementioned would be applicable to this group.
	Female transitioning to male	10th July – 1st August 2023	Our Strategic Plan doesn't differentiate its approach based on anything other than need and all of the aforementioned would be applicable to this group.
Marriage/Civil Partnership	Women	10th July – 1st August 2023	Our Strategic Plan doesn't differentiate its approach based on anything other than need and all of the aforementioned would be applicable to this group.
	Men	10th July – 1st August 2023	Our Strategic Plan doesn't differentiate its approach based on anything other than need and all of the aforementioned would be applicable to this group.
	Same Sex Couple (Male)	10th July – 1st August 2023	Our Strategic Plan doesn't differentiate its approach based on anything other than need and all of the aforementioned would be applicable to this group.
	Same Sex Couple (Female)	10th July – 1st August 2023	Our Strategic Plan doesn't differentiate its approach based on anything other than need and all of the aforementioned would be applicable to this group.
Pregnancy /	Women	10th July – 1st	Our Strategic Plan doesn't differentiate its approach based on anything other

Maternity/Paternity		August 2023	than need and all of the aforementioned would be applicable to this group.
	Men (Paternity)	10th July – 1st August 2023	Our Strategic Plan doesn't differentiate its approach based on anything other than need and all of the aforementioned would be applicable to this group.
Race	A list of categories used in the census is <a href="#">here</a>	10th July – 1st August 2023	Our Strategic Plan doesn't differentiate its approach based on anything other than need and all of the aforementioned would be applicable to this group.
Religion / Belief	A list of categories used in the census is <a href="#">here</a>	10th July – 1st August 2023	Our Strategic Plan doesn't differentiate its approach based on anything other than need and all of the aforementioned would be applicable to this group.
Sex	Female	10th July – 1st August 2023	Our Strategic Plan doesn't differentiate its approach based on anything other than need and all of the aforementioned would be applicable to this group.
	Male	10th July – 1st August 2023	Our Strategic Plan doesn't differentiate its approach based on anything other than need and all of the aforementioned would be applicable to this group.
	Other Gender Identity	10th July – 1st August 2023	Our Strategic Plan doesn't differentiate its approach based on anything other than need and all of the aforementioned would be applicable to this group.
Sexual Orientation	Lesbian	10th July – 1st August 2023	Our Strategic Plan doesn't differentiate its approach based on anything other than need and all of the aforementioned would be applicable to this group.
	Gay	10th July – 1st August 2023	Our Strategic Plan doesn't differentiate its approach based on anything other than need and all of the aforementioned would be applicable to this group.
	Bisexual	10th July – 1st August 2023	Our Strategic Plan doesn't differentiate its approach based on anything other than need and all of the aforementioned would be applicable to this group.
Socio-economic(fairness)	Options detailed in Appendix 2	10th July – 1st August 2023	Our Strategic Plan doesn't differentiate its approach based on anything other than need and all of the aforementioned would be applicable to this group.

## Section 4: Detail the Positive and/or Negative Impacts or Tick to Indicate No Impact

### Key Questions to Address

The Assessment should highlight areas of interest covering the following:

- > Positive and Negative impacts across all protected characteristics.
- > Scale of the Impact: An indication of the degree of potential impact, and whether this is judged to have a High, Medium or Low impact potential.
- > Anticipated duration of the impact if relevant
- > Whether there is a specific differential impact to a particular protected characteristic or characteristics
- > Or if the impact is more wide ranging and general in its effect.
- > Whether any impacts identified would/could be mitigated by an amendment to the policy, practice budget decision or service reform proposal

This information will be indicated by activities at Section 2 and Section 3 above.

Equality Protected Characteristic	Specific Characteristics	Positive Impact (it could benefit the group concerned)	Negative Impact (it could disadvantage the group concerned)	No Impact
Age	Older People (65+)	<p>Carers are supported to be able to continue in the caring role.</p> <p>People will experience their Health and Social Care support is well communicated and accessible.</p> <p>People will have a say in how their Health and Social Care support is provided.</p> <p>People will experience their Health and Social Care Support to be well coordinated.</p> <p>People experience services have supported them to look after their own health and wellbeing.</p> <p>People experience quicker access to the right services at the right time</p> <p>There will be a reduction in unnecessary admissions and readmissions to hospital.</p> <p>Our communities will see their thoughts and ideas in our service delivery.</p>		
	Younger People (16-64)	<p>Carers are supported to be able to continue in the caring role.</p> <p>People will experience their Health and Social Care support is communicated and accessible.</p> <p>People will have a say in how the Health and Social</p>		

		<p>Care support is provided.</p> <p>People experience their Health and Social Care Support to be well coordinated.</p> <p>People experience services support them to look after their own health and wellbeing.</p> <p>People experience quicker access to the right services at the right time.</p> <p>There will be a reduction in unnecessary admissions and readmissions to hospital.</p> <p>Our communities will see their thoughts and ideas in our service delivery.</p>		
	Children (0-16)	Not applicable as services for children are not delegated to the IJB and the Strategic Plan is for adults.		✓
	Looked After Children (Corporate Parenting)	Not applicable as services for children are not delegated to the IJB and the Strategic Plan is for adults.		✓
Disability	Physical Disability	<p>Carers are supported to be able to continue in the caring role.</p> <p>People will experience their Health and Social Care support is communicated and accessible.</p> <p>People will have a say in how the Health and Social Care support is provided.</p> <p>People experience their Health and Social Care Support to be well coordinated.</p> <p>People experience services support them to look after their own health and wellbeing.</p> <p>People experience quicker access to the right services at the right time.</p> <p>There will be a reduction in unnecessary admissions and readmissions to hospital.</p> <p>Our communities will see their thoughts and ideas in our service delivery.</p>		
	Sensory Impairment	<p>Carers are supported to be able to continue in the caring role.</p> <p>People will experience their Health and Social Care support is communicated and accessible.</p>		

	<p>People will have a say in how the Health and Social Care support is provided.</p> <p>People experience their Health and Social Care Support to be well coordinated.</p> <p>People experience services support them to look after their own health and wellbeing.</p> <p>People experience quicker access to the right services at the right time.</p> <p>There will be a reduction in unnecessary admissions and readmissions to hospital.</p> <p>Our communities will see their thoughts and ideas in our service delivery.</p>		
Mental Health	<p>There will be a reduction in Long Term Hospital stays.</p> <p>The human rights and entitlements of people with complex learning and mental health needs will be met through care and support in the community enabling them to live as independently as possible.</p> <p>There will be a reduction in unnecessary admissions and readmissions to hospital and the mental health and wellbeing needs will be met in non-stigmatising, easily accessible support in community settings wherever possible.</p> <p>Carers are supported to be able to continue in the caring role.</p> <p>People will experience their Health and Social Care support is communicated and accessible.</p> <p>People will have a say in how the Health and Social Care support is provided.</p> <p>People experience their Health and Social Care Support to be well coordinated.</p> <p>People experience services support them to look after their own health and wellbeing.</p> <p>People experience quicker access to the right services at the right time.</p> <p>There will be a reduction in unnecessary admissions and readmissions to hospital.</p> <p>Our communities will see their thoughts and ideas in our service delivery.</p>		
Learning	More people will agree that they live in suitable		

	Disability	<p>accommodation at home and in their community. People will have greater access to employment and day opportunities. We will see a reduction in Long Term Hospital stays. Carers will be supported to be able to continue in the caring role. Carers are supported to be able to continue in the caring role. People will experience their Health and Social Care support is communicated and accessible. People will have a say in how the Health and Social Care support is provided. People experience their Health and Social Care Support to be well coordinated. People experience services support them to look after their own health and wellbeing. People experience quicker access to the right services at the right time. There will be a reduction in unnecessary admissions and readmissions to hospital. People with a learning disability will see their thoughts and ideas in our service delivery.</p>		
Gender Reassignment	Male transitioning to female	Our Strategic Plan doesn't differentiate its approach based on anything other than need and all of the aforementioned would be applicable to this group.		
	Female transitioning to male	Our Strategic Plan doesn't differentiate its approach based on anything other than need and all of the aforementioned would be applicable to this group.		
Marriage/Civil Partnership	Women	Our Strategic Plan doesn't differentiate its approach based on anything other than need and all of the aforementioned would be applicable to this group.		
	Men	Our Strategic Plan doesn't differentiate its approach based on anything other than need and all of the aforementioned would be applicable to this group.		
	Same Sex Couple (Male)	Our Strategic Plan doesn't differentiate its approach based on anything other than need and all of the aforementioned would be applicable to this group.		
	Same Sex	Our Strategic Plan doesn't differentiate its approach		



	Couple (Female)	based on anything other than need and all of the aforementioned would be applicable to this group.		
Pregnancy / Maternity/Paternity	Women	Our Strategic Plan doesn't differentiate its approach based on anything other than need and all of the aforementioned would be applicable to this group.		
	Men (Paternity)	Our Strategic Plan doesn't differentiate its approach based on anything other than need and all of the aforementioned would be applicable to this group.		
Race	A list of categories used in the census is <a href="#">here</a>	Our Strategic Plan doesn't differentiate its approach based on anything other than need and all of the aforementioned would be applicable to this group.		
Religion / Belief	A list of categories used in the census is <a href="#">here</a>	Our Strategic Plan doesn't differentiate its approach based on anything other than need and all of the aforementioned would be applicable to this group.		
Sex	Female	Our Strategic Plan doesn't differentiate its approach based on anything other than need and all of the aforementioned would be applicable to this group.		
	Male	Our Strategic Plan doesn't differentiate its approach based on anything other than need and all of the aforementioned would be applicable to this group.		
	Other Gender Identity	Our Strategic Plan doesn't differentiate its approach based on anything other than need and all of the aforementioned would be applicable to this group.		
Sexual Orientation	Lesbian	Our Strategic Plan doesn't differentiate its approach based on anything other than need and all of the aforementioned would be applicable to this group.		
	Gay	Our Strategic Plan doesn't differentiate its approach based on anything other than need and all of the aforementioned would be applicable to this group.		
	Bisexual	Our Strategic Plan doesn't differentiate its approach based on anything other than need and all of the aforementioned would be applicable to this group.		
<b>Socio-economic(fairness)</b>	Options detailed in	Our Strategic Plan doesn't differentiate its approach based on anything other than need and all of the		

	Appendix 2	aforementioned would be applicable to this group.		
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## Section 5: Recommendations and Actions

As a result of this equality impact assessment, please **clearly describe practical actions** you plan to take to:

- ☐ *reduce or remove any identified **negative impact***
- ☐ *promote any **positive impact** or*
- ☐ ***gather** further information/evidence*

Equality Protected Characteristic	Specific Characteristics	Action	Who is responsible	Date for completion
Age	Older People (65+)	<p>When we talk or write about ageing and older people, we will break away from generalisations and outdated ideas. We will ensure that carers, as key partners, have improved access to support and information.</p> <p>Develop further our Age Friendly Communities work, striving to ensure older people feel less isolated and lonely. Continue investing in our Care at Home and Care Home services, ensuring they can meet the needs of our population.</p> <p>Design and implement safe, sustainable, patient outcomes focused systems of urgent care access, pathways, and treatment for Perth &amp; Kinross residents.</p> <p>Intervene early by working with communities and partners across all sectors to develop a range of supports to encourage older people to be active and engaged and reduce social isolation to mitigate some of the effects of aging.</p> <p>If hospital admission is required, we will support people to return home as soon as possible, ensuring their home circumstances are safe and that any carers have all they</p>	Head of Integrated Health and Care Older People	End 2027

		<p>require to support their loved one.</p> <p>Refresh and renew our Care at Home contract, asking providers to work together, to work across previously rigid geographical boundaries and to collectively provide a Care at Home service within Perth and Kinross.</p> <p>Work with our Housing colleagues to ensure housing is fit for purpose and meets the need of our ageing population, this will be key in enabling people to remain in their own home.</p> <p>We will analyse the root cause of admission to hospital, look at implementing preventative measures that keep people in their own homes and communities wherever possible.</p> <p>Ensure people can access the community-based help and support that they need in the evenings, overnight and at weekends.</p> <p>We will further develop our Age Friendly Work.</p>		
Age	Older People (65+)	<p>When we talk or write about ageing and older people, we will break away from generalisations and outdated ideas.</p> <p>We will ensure that carers, as key partners, have improved access to support and information.</p> <p>Develop our Age Friendly Communities work, strive to ensure older people feel less isolated and lonely. Continue to invest in our Care at Home and Care Home services, ensuring they can meet the needs of our population.</p> <p>Design and implement safe, sustainable, patient outcomes focused systems of urgent care access, pathways, and treatment for Perth &amp; Kinross residents.</p> <p>Intervene early by working with communities and partners across all sectors to develop a range of supports to encourage older people to be active and engaged and reduce social isolation to mitigate some of the effects of aging.</p> <p>If hospital admission is required, we will support people to return home as soon as possible, ensuring their home circumstances are safe and that any carers have all they</p>	Head of Integrated Health and Care Older People	End 2027

		<p>require to support their loved one.</p> <p>Refresh and renew our Care at Home contract, asking providers to work together, to work across previously rigid geographical boundaries and to collectively provide a Care at Home service within Perth and Kinross.</p> <p>Work with our Housing colleagues to ensure housing is fit for purpose and meets the need of our ageing population, this will be key in enabling people to remain in their own home.</p> <p>We will analyse the root cause of admission to hospital, look at preventative measure that could be implemented and keep people in their own homes and communities wherever possible.</p> <p>Ensure people can access the community-based help and support that they need in the evenings, overnight and at weekends.</p> <p>We will further develop our Age Friendly Work.</p>		
	Younger People (16-64)	<p>We will ensure that carers, as key partners, have improved access to support and information.</p> <p>Ensure people can access the community-based help and support that they need in the evenings, overnight and at weekends.</p> <p>Continue on our work to Integrate our specialist services, such as IDART, Learning Disabilities/SCOPE and Primary Care Mental Health.</p> <p>Provide a rapid, multi-disciplinary response for people if their health deteriorates to prevent admission to hospital or a care home.</p> <p>We will promote self-management, prevention, and early intervention within the primary care services.</p> <p>We will optimise the use of digital and mobile technologies to enable people to self-manage their health, to enable monitoring, diagnostics, advice, and access which aims to enhance ongoing care and decision making closer to home wherever possible. Disadvantaged communities will benefit from more targeted investment to support self-care and prevention. We will build knowledge, understanding, skills and confidence in service users to use health information, to be</p>	Head of Integrated Health & Care for Adults	End 2027

		<p>active partners in their care, and to navigate health and social care systems. This is known as health literacy.</p> <p>We will establish a culture of anticipatory forward care planning within our community teams to promote and support self-management and enable best management of crises.</p> <p>Change anticipatory to forward.</p> <p>We will enable people to connect with the service and supports that they need at an earlier stage using a social prescribing approach.</p> <p>We will ensure all service provision adopts a reablement approach.</p> <p>Continue to support our third sector providers in developing and rolling out programmes that improve physical and mental wellbeing.</p>		
	Children (0-16)	Not applicable		
	Looked After Children (Corporate Parenting)	Not applicable		
Disability	Physical Disability	<p>Seek to reduce the inequalities that affect the health and social outcomes for people with a physical disability, including access to opportunities for work or learning, a reasonable income and participation in wider social and cultural activities.</p> <p>We will ensure that carers, as key partners, have improved access to support and information.</p> <p>We will ensure that disabled people have equal access to information and are not discriminated against, by producing documents in an accessible format.</p> <p>We will work with partners to enable people with a physical disability to participate as active citizens in all aspects of daily life in Perth and Kinross.</p> <p>Ensure people can access the community-based help and support that they need in the evenings, overnight and at weekends.</p>	Heads of Integrated Health & Care for Older People and Adults	End 2027
	Sensory Impairment	<p>We will ensure that carers, as key partners, have improved access to support and information.</p> <p>We will ensure that disabled people have equal access to information and are not discriminated against, by producing</p>	Strategic lead Sensory Impairment	End 2027

	documents in an accessible format. Ensure people can access the community-based help and support that they need in the evenings, overnight and at weekends.		
Mental Health	<p>Our services will take a comprehensive equality, human rights, and person centred approach always.</p> <p>Continue to invest in Digital Mental Health and Wellbeing Supports. Deliver a targeted Men's Suicide Prevention Campaign in 2024.</p> <p>We will enhance our Suicide Prevention and co-ordination resource and promote training and information across all agencies and services.</p> <p>The holistic needs of those most significantly impacted by mental ill health will be met as a priority.</p> <p>We will prioritise prevention and early intervention of mental ill-health and suicide.</p> <p>Adults who have multiple and complex needs, including adults at risk of harm will be identified more quickly, with targeted and well-coordinated responses.</p> <p>Adopt a Whole Organisational Trauma Informed Approach.</p> <p>Certain health conditions and caring responsibilities impact on our ability to gain employment, we will work with partners to improve availability, access and conditions within the workplace.</p> <p>We will work closely with partners to ensure we provide welfare and money, employability, and home energy advice.</p> <p>We will better understand the impact of inequalities on service users and demand on services using available data and feedback and comments from service users, their families and local community.</p> <p>Ensure people can access the community-based help and support that they need in the evenings, overnight and at weekends.</p>	Head of Integrated Health and Care Adults	End 2027
Learning Disability	<p>Improve our Neurodevelopmental pathways.</p> <p>Certain health conditions and caring responsibilities impact on our ability to gain employment, we will work with partners to</p>	Head of Integrated Health and Care Adults	End 2027

		<p>improve availability, access and conditions within the workplace.</p> <p>We will ensure that disabled people have equal access to information and are not discriminated against, by producing documents in an accessible format.</p> <p>People who have a sensory impairment or learning disability, whose first language is not English and who are older are better able to find and understand Information published by the IJB and Health and Social Care Partnership.</p> <p>Continue to develop our Overnight Responder service, enabling rapid remote responses and enhancing independent living.</p> <p>Ensure people can access the community-based help and support that they need in the evenings, overnight and at weekends.</p>		
Gender Reassignment	Male transitioning to female	<p>Our Strategic Plan doesn't differentiate its approach based on anything other than need, however does identify that the following require to be undertaken on an ongoing basis:</p> <p>Undertake health inequalities, equalities, human rights impact assessment with new policies, plans and investment decisions.</p> <p>Support all people working within the HSCPs, including the independent and voluntary sector, to increase knowledge and skills in, reducing health inequalities, including cultural competence, human rights, equality, and diversity.</p>		
	Female transitioning to male	<p>Our Strategic Plan doesn't differentiate its approach based on anything other than need, however does identify that the following require to be undertaken on an ongoing basis:</p> <p>Undertake health inequalities, equalities, human rights impact assessment with new policies, plans and investment decisions.</p> <p>Support all people working within the HSCPs, including the independent and voluntary sector, to increase knowledge and skills in, reducing health inequalities, including cultural competence, human rights, equality, and diversity.</p>		
Marriage/Civil Partnership	Women	<p>Our Strategic Plan doesn't differentiate its approach based on anything other than need, however does identify that the</p>		



		<p>following require to be undertaken on an ongoing basis: Undertake health inequalities, equalities, human rights impact assessment with new policies, plans and investment decisions.</p> <p>Support all people working within the HSCPs, including the independent and voluntary sector, to increase knowledge and skills in, reducing health inequalities, including cultural competence, human rights, equality, and diversity.</p>		
	Men	<p>Our Strategic Plan doesn't differentiate its approach based on anything other than need, however does identify that the following require to be undertaken on an ongoing basis: Undertake health inequalities, equalities, human rights impact assessment with new policies, plans and investment decisions.</p> <p>Support all people working within the HSCPs, including the independent and voluntary sector, to increase knowledge and skills in, reducing health inequalities, including cultural competence, human rights, equality, and diversity.</p>		
	Same Sex Couple (Male)	<p>Our Strategic Plan doesn't differentiate its approach based on anything other than need, however does identify that the following require to be undertaken on an ongoing basis: Undertake health inequalities, equalities, human rights impact assessment with new policies, plans and investment decisions.</p> <p>Support all people working within the HSCPs, including the independent and voluntary sector, to increase knowledge and skills in, reducing health inequalities, including cultural competence, human rights, equality, and diversity.</p>		
	Same Sex Couple (Female)	<p>Our Strategic Plan doesn't differentiate its approach based on anything other than need, however does identify that the following require to be undertaken on an ongoing basis: Undertake health inequalities, equalities, human rights impact assessment with new policies, plans and investment decisions.</p> <p>Support all people working within the HSCPs, including the independent and voluntary sector, to increase knowledge and skills in, reducing health inequalities, including cultural</p>		

		competence, human rights, equality, and diversity.		
Pregnancy / Maternity/Paternity	Women	Our Strategic Plan doesn't differentiate its approach based on anything other than need, however does identify that the following require to be undertaken on an ongoing basis: Undertake health inequalities, equalities, human rights impact assessment with new policies, plans and investment decisions. Support all people working within the HSCPs, including the independent and voluntary sector, to increase knowledge and skills in, reducing health inequalities, including cultural competence, human rights, equality, and diversity.		
	Men (Paternity)	Our Strategic Plan doesn't differentiate its approach based on anything other than need, however does identify that the following require to be undertaken on an ongoing basis: Undertake health inequalities, equalities, human rights impact assessment with new policies, plans and investment decisions. Support all people working within the HSCPs, including the independent and voluntary sector, to increase knowledge and skills in, reducing health inequalities, including cultural competence, human rights, equality, and diversity.		
Race	A list of categories used in the census is <a href="#">here</a>	Our Strategic Plan doesn't differentiate its approach based on anything other than need, however does identify that the following require to be undertaken on an ongoing basis: Support all people working within the HSCPs, including the independent and voluntary sector, to increase knowledge and skills in, reducing health inequalities, including cultural competence, human rights, equality, and diversity.		
Religion / Belief	A list of categories used in the census is <a href="#">here</a>	Our Strategic Plan doesn't differentiate its approach based on anything other than need, however does identify that the following require to be undertaken on an ongoing basis: Undertake health inequalities, equalities, human rights impact assessment with new policies, plans and investment decisions. Support all people working within the HSCPs, including the independent and voluntary sector, to increase knowledge and skills in, reducing health inequalities, including cultural		

		competence, human rights, equality, and diversity.		
Sex	Female	Our Strategic Plan doesn't differentiate its approach based on anything other than need, however does identify that the following require to be undertaken on an ongoing basis: Support all people working within the HSCPs, including the independent and voluntary sector, to increase knowledge and skills in, reducing health inequalities, including cultural competence, human rights, equality, and diversity. Undertake health inequalities, equalities, human rights impact assessment with new policies, plans and investment decisions.		
	Male	Our Strategic Plan doesn't differentiate its approach based on anything other than need, however does identify that the following require to be undertaken on an ongoing basis: Support all people working within the HSCPs, including the independent and voluntary sector, to increase knowledge and skills in, reducing health inequalities, including cultural competence, human rights, equality, and diversity. Undertake health inequalities, equalities, human rights impact assessment with new policies, plans and investment decisions.		
	Other Gender Identity	Our Strategic Plan doesn't differentiate its approach based on anything other than need, however does identify that the following require to be undertaken on an ongoing basis: Support all people working within the HSCPs, including the independent and voluntary sector, to increase knowledge and skills in, reducing health inequalities, including cultural competence, human rights, equality, and diversity. Undertake health inequalities, equalities, human rights impact assessment with new policies, plans and investment decisions.		
Sexual Orientation	Lesbian	Our Strategic Plan doesn't differentiate its approach based on anything other than need, however does identify that the following require to be undertaken on an ongoing basis: Undertake health inequalities, equalities, human rights impact assessment with new policies, plans and investment decisions.		

		Support all people working within the HSCPs, including the independent and voluntary sector, to increase knowledge and skills in, reducing health inequalities, including cultural competence, human rights, equality, and diversity.		
	Gay	Our Strategic Plan doesn't differentiate its approach based on anything other than need, however does identify that the following require to be undertaken on an ongoing basis: Support all people working within the HSCPs, including the independent and voluntary sector, to increase knowledge and skills in, reducing health inequalities, including cultural competence, human rights, equality, and diversity.		
	Bisexual	Our Strategic Plan doesn't differentiate its approach based on anything other than need, however does identify that the following require to be undertaken on an ongoing basis: Support all people working within the HSCPs, including the independent and voluntary sector, to increase knowledge and skills in, reducing health inequalities, including cultural competence, human rights, equality, and diversity. Undertake health inequalities, equalities, human rights impact assessment with new policies, plans and investment decisions.		
<b>Socio-economic(fairness)</b>	As detailed in Appendix 2	Our Strategic Plan doesn't differentiate its approach based on anything other than need, however does identify that the following require to be undertaken on an ongoing basis: Support all people working within the HSCPs, including the independent and voluntary sector, to increase knowledge and skills in, reducing health inequalities, including cultural competence, human rights, equality, and diversity. Undertake health inequalities, equalities, human rights impact assessment with new policies, plans and investment decisions.	Heads of Integrated Health & Care for Older People and Adults  HSCP Equalities Lead	End 2027

Section 6: Outcomes

When the evidence has been considered in relation to the proposed Policy, Practice, Project, Service Reform or Budget Option, it will be apparent what the likely impacts are. The type, scale, duration, and specificity of the likely impacts will inform the direction of the outcome of the EFIA.

There are four potential outcomes as follows:

- 1. No major change required The Policy, Practice, Project, Service Reform or Budget Option is robust and can continue without amendment
- 2. Continue the Policy, Practice, Project, Service Reform or Budget Option. A justification is required for continuing despite the potential for adverse impact
- 3. Adjust or Amend the Policy, Practice, Project, Service Reform or Budget Option. Remove barriers, make changes to better advance equality or remove or mitigate negative impact
- 4. Stop, or Remove the Policy, Practice Project, Service Reform or Budget Option if adverse effects cannot be justified and cannot be mitigated.

No major change required The Policy, Practice, Project, Service Reform or Budget Option is robust and can continue without amendment.

Section 7: Authorising the Assessment

The following signatures are required:

Service Manager			
Signed	Name	Zoe Robertson McCranor Head of Integrated Health & Care Older People/Strategic Planning Manager	Date 3 June 2024
Quality Assured by PKC Equality and Fairness Impact Assessment Trained Officer (within service)			
Signed	Name	David McPhee Equalities Lead and Adviser	Date

Section 8: Publishing the Assessment

The completed and authorised EFIA should be added to your Service pages on the internet.

Date Action Completed	21 April 2025	Date for Review of EFIA
		June 2025; June 2026

Section 9: Committee Reporting

Ensure your Committee report to accompany this policy includes information about any actions taken to reduce or remove negative impacts identified, or include any positive impacts expected when the policy is implemented.

Section 10: Review and Monitor

Note of Action required (from Section 5)

Ongoing throughout the lifetime of the Strategic Plan.

Date completed

Note of Action required (from Section 5)

Date completed

Note of Action required (from Section 5)

Date completed

Note of Action required (from Section 5)

Date completed

Add more sections as required

## Appendix 1 – Equality Monitoring Data Guidance

### The Equality Protected Characteristics in Our Area

There are nine protected characteristics in the Equality Act and these are disability, sex, race, sexual orientation, gender reassignment, age, marriage and civil partnership, pregnancy and maternity and religion and belief.

The [Scottish Government Equality Evidence Finder](#) is updated twice a year with data surrounding equality evidence from a wide range of policy areas. Some key local statistics should be noted:

Disability - 28% of the Perth & Kinross population consider themselves to have a long term physical or mental health condition, compared to 22% for Scotland overall. (*Scottish Household Survey 2016*)

Sex - 49% of the Perth & Kinross population identify as male, the same as Scotland overall. (*Scottish Household Survey 2016*)

Race - 98% of the Perth & Kinross adult population classify themselves as 'White', compared to 96% for Scotland as a whole (*Scottish Household Survey 2016*)

Sexual orientation - 99% of the Perth & Kinross adult population identify as Heterosexual, compared to 98% for Scotland overall. (*Scottish Household Survey 2016*)

Gender reassignment - The Registrar General for Scotland maintains a Gender Recognition Register in which the birth of a transgender person whose acquired gender has been legally recognised is registered showing any new name(s) and the acquired gender. This enables the transgender person to apply to the Registrar General for Scotland for a new birth certificate showing the new name(s) and the acquired gender. The Gender Recognition Register is not open to public scrutiny. Local information is not available. (*NRS Registration Division 2016*)

Age - Young people under 16 currently make up 16% of the population in Perth & Kinross, compared to the national average of 17%. People aged 65 and over account for 23% of the total population, higher than the national average of 19%. By 2039 this proportion is set to increase to 30%. (*ONS Population data*)

Marriage and civil partnership - 58% of the Perth & Kinross adult population are married or in a civil partnership, compared to 47% for Scotland as a whole. (*Scottish Household Survey 2016*)

Pregnancy and maternity - In 2016, the birth rate was 53.5 per 1000 women aged 15-44. In other words, broadly 5.4% of women of child bearing age were pregnant in 2016 in Perth and Kinross, compared to 5.2% for Scotland as a whole. (*NRS Vital events 2016*)

Religion and belief - 52% of the Perth & Kinross adult population consider themselves to have a religious belief, compared to 49% for Scotland as a whole. (*Scottish Household Survey 2016*)

*National data sources have been used to provide this information but it should be noted that the Scottish Household Survey is only based on a sample of respondents so variations may not be statistically significant.*

## Appendix 2– Socio-economic (Fairness)

### Socio-Economic Disadvantage:

- Low Income – (in comparison to most others) – can be measured in a range of ways e.g. relative poverty (after housing costs) looks at number of individuals living in households with incomes below 60% of UK median income. Statistics on absolute poverty (household living standards over time) and persistent poverty (where households live in poverty for 3 years out of 4) are also available. Poverty statistics can also be broken down by gender, disability, ethnicity, tenure and urban/rural.
- Low/No Wealth – having access to wealth e.g. financial products, equity from housing and a pension, provides some protection from socio-economic disadvantage. Single adult households (including single parent households) have very high risks of low wealth; households with lower educational qualifications and in routine or manual occupations have significantly higher risks of low wealth.
- Material deprivation – refers to households being unable to access basic goods and services and tends to focus on families with children.
- Area deprivation - living in a deprived area can exacerbate negative outcomes for individuals and households already affected by issues of low income.
- Socio-economic background – the structural disadvantage that can arise from parents' education, employment and income (i.e. social class) is more difficult to measure.

Inequalities of Outcome – any measurable differences for communities of interest or communities of place such as:

- Poorer skills and attainment
- Lower quality, less secure and lower paid work
- Greater chance of being a victim of crime
- Lower healthy life expectancy
- Less chance of a dignified and respectful life

Communities of Place – refers to people who are bound together because of where they reside, work, visit or otherwise spend a continuous proportion of their time. Poverty is often hidden in smaller rural communities with issues such as cost of living and accessibility of transport, education and employment impacting more negatively.

Communities of Interest – refers to people who share an identity e.g. an equality protected characteristic. Consideration of the impact on those groups can help develop a deeper understanding of socio-economic impact, particularly by talking to people with lived experiences.

For further information refer to [Fairer Scotland Duty -Interim Guidance for Public Bodies](#)



## Appendix 3– Human Rights Based Approach

A Human Rights approach should also be an embedded consideration in an EFIA.

In summary; we need to consider, where applicable, to what (if any) extent policies, practices, projects, Service Reforms, or Budget Options impact on three key strands of Human Rights:

### Absolute rights:

- > the right to life,
- > the right to freedom from inhuman and degrading treatment

### Limited rights:

- > the right to liberty,
- > the right to a fair trial

### Qualified rights

- > the right to respect for private and family life, home and correspondence
- > the right to freedom of thought, conscience and religion
- > the right to freedom of assembly and association
- > the right to protection of property

Any restriction of Qualified Rights must be:

- > In accordance with the law: have a basis in domestic law, safeguards against arbitrary interference, foreseeable
- > In pursuit of a legitimate aim: including "the economic wellbeing of the country"; "the protection of health", "protection of the rights and freedoms of others"
- > Necessary
- > Proportionate
- > Not discriminatory

There is further guidance on integrating human rights into the equality impact assessment process available on the Scottish Human Rights Commission website following previous pilots with local authorities: <http://eqhria.scottishhumanrights.com/>