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 Integrated Appraisal Toolkit) - 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 Integrated Appraisal Toolkit (IAT) 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 IAT 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 IAT, 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 then this full Equality and Fairness Impact Assessment (EFIA) should be undertaken.**

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 Integrated Appraisal Toolkit.

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 Integrated Appraisal Toolkit

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:

Connecting with Communities for Change: Participation and Engagement Strategy 2025-2028

Service and Division/Team:

PKHSCP Policy and Commissioning Team

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

Zoe Robertson, Head of Integrated Care (Over 65s)/ Service Manager Planning and Commissioning

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

Rachel Natanson, Team Leader Policy and Commissioning
Andreea Paius, Policy and Commissioning Officer
Ashley Blundell, Policy and Commissioning Officer
Jade Doig, Policy and Commissioning Officer

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

X New   ☐ Existing

What are the main aims of the policy or practice?

The overarching ambition of this new policy is to support and facilitate more effective inclusion of all interested parties in the design and delivery of health and social care services falling under the HSCP remit. Supporting equity is the foundation on which is has been conceived. It details actions to support people whose voices are often missed from these activities, voices of those who have lived and living experience.

A key task of the policy and action plan is to scope current voices, to inform what will be required to provide opportunities for everyone (inclusive of all protected characteristics) to be able to participate in the work of the HSCP. It is an approach which considers and works to mitigate the power imbalances that exist for people who use services or may require services in the future. There are specific activities planned to critically reflect, assess, and improve the range of voices involved in service development and design.

Key to the strategy's success is broadening our reach to all communities to ensure that the people who live in Perth and Kinross are aware of the participatory means by which they can influence service delivery at local level. We will continue to build on current work, whilst also listening to our diverse communities to understand what else is required to enhance participation and engagement rates. Our aim is to work closely with current and potential future service users to shape and

influence the delivery of services they receive or might receive. We will endeavour to support more communities across Perth and Kinross to be involved in our participation and engagement activities.

Improved communication strategies will be implemented to broaden the reach of participation and co-design activities, inclusive of feedback to demonstrate the influence achieved. Active outreach is planned to support engagement by a wider spectrum of participants (including community members, workforce and partners). This will enable people to have influence beyond the traditional, professional spaces and places within which decision making occurs.

We will work to support strategic partners and groups to be informed and influenced by lived experience, including those with intersecting identities. The knowledge held by those who face societal barriers and discrimination will be promoted.

The new policy seeks to improve the level, quality, and meaning of participation and engagement in health and social care services provided in Perth and Kinross. There is a special focus on building capacity and positive relationships with communities, required as a foundation towards our aspirations of co-designed and co-produced services so that they best meet the needs of individuals and communities. Specifically, the strategy extends the following commitments to the residents of Perth and Kinross:
- To work towards embedding co-production throughout the organisation
- To ensure we have continuous conversations with our communities.

The strategy also details the following aims:
- To ensure no one is left behind by:
  - identifying and overcoming barriers to participation, inclusion, and community engagement, making it more accessible and equitable for everyone to participate fully and meaningfully;
  - developing different and creative ways to support individuals and communities to meaningfully be involved in how we plan, design, and deliver services.
- To offer a range of meaningful opportunities for communities to shape the development, design, and delivery of services, strategies and policies, ensuring their participation from the outset.
- To ensure our communities are aware of participation and engagement opportunities and how to access them.
- To clearly outline for people and communities the process and timeline for feedback and to demonstrate the influence of their input on decisions and outcomes.
- To increase the skills and expertise of our workforce and communities in engagement and co-production.

Who are the main target groups/beneficiaries?

The policy crosscuts all areas of practice in health and social care: older people, people with mental health issues, learning disabilities, autism, physical disabilities, sensory impairment, unpaid carers.

What are the intended outcomes of the policy or practice?

Over the three years of the strategy, intended outcomes are:

- Everyone who has views to share is offered the opportunity to be heard and is supported to meaningfully participate.
- Communities are inspired to participate in our future work.
- People are actively involved and have influence in shaping the development, design, and delivery of services, strategies, and policies.
- Provide engagement opportunities for the community.
- Communities will understand how they have supported change within the HSCP services.
- Our workforce and community members will feel confident in their ability to participate.
- Our communities and workforce will have the opportunity to build new skills and expertise to improve the effectiveness of our services through greater understanding the needs of those we serve, and through the knowledge they contribute.

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 *(continue on a separate sheet if necessary – tick to indicate this has been done x*
Community consultation/involvement outcomes from earlier contacts - this usually includes formally arranged contact with individuals or community, voluntary sector and other relevant interest groups	A wide-ranging approach to consultation was adopted to inform this policy, given the nature of what it is intended to cover and convey to our communities. Significant efforts were employed to ensure that we engaged with as many groups likely to be impacted by the work undertaken in this strategic area as possible. This included both locality-based, wide-net approaches to gathering public views, and targeted engagement with specific groups, including older people, carers, people with mental health and wellbeing concerns. A full list of groups visited and venues where engagement/ consultation activities took place is available at the end of this assessment. The data from these engagement activities directly informed the current policy's approach and action plan. Lesser heard voices were sought out in order to support participation by those who are often marginalised.
Employee involvement/consultation feedback *(e.g. survey, focus groups)*	The strategic planning group, which is made up of members of our workforce, contributed to three specific workshops looking at Healthcare Improvement Scotland Self- Audit of Community Engagement.
Research and information list main sources	- Ingrid Burkett (2017), Introduction to Co-design Introduction-to-Codesign-2.pdf (ingridburkett.com) - Think Local Act Personal (What makes co-production different? - In more detail - Co-production - Co-production in commissioning tool - Think Local Act Personal - Grace Eyre (2023)" Co-production Week 2023", Co-production Week 2023 - Grace Eyre (grace-eyre.org)

	- Healthcare Improvement Scotland CEIM Framework Diagram https://ihub.scot/media/10298/ceim-framework-diagram-final-0-5.pdf - Forsyth, K. (2024) "5 Types of community", www.usehall.com - Christie, C. (2011) *Commission on the future delivery of public services*. Edinburgh: The Scottish Government - Scottish Government (2014) *The Public Bodies (Joint Working) (Scotland) Act 2014,* Norwich: TSO (The Stationery Office) - Scottish Government (2015) *The Community Empowerment (Scotland) Act 2015*, Norwich: TSO (The Stationery Office) -Scottish Government (2016) Health and Social Care Delivery Plan, Edinburgh: The Scottish Government - Scottish Government (2019) *Scottish Approach to Service Design*, Scottish Government Digital Directorate - Scottish Government (2023) *Planning with People,* TSO (The Stationery Office) - Healthcare Improvement Scotland (2023), "The Quality Framework for Community Engagement and Participation: Supporting the delivery of effective engagement, developing practice and sharing learning", 20230420 Quality Framework For Community Engagement Document Apr 2023 V1-0 (1).pdf - Ali, H. (2020) "I am not 'hard to reach'", www.uprising.org.uk - What works Scotland and Scottish Community Development Centre (2016) "National Standards for Community Engagement", National Standards for Community Engagement	SCDC - We believe communities matter - Arnstein, S. (1969) "A ladder of citizen partnership", *Journal of the American Institute of Planners*, 35:4, pp.216-224 - Scottish Co-Production Network (2024) "What is co-production?", Scottish Co-production Network (coproductionscotland.org.uk) - Social Care Institute for Excellence (2022) "Co-production: what it is and how to do it", Co-production: what it is and how to do it - SCIE - McKercher, K.A. (2020) *Beyond Sticky Notes. Codesign for real: mindsets, methods and movements*, Beyond Sticky Notes, Sydney - Scottish Government (2024) "Planning with People: Community Engagement and Participation Guidance"
Officer knowledge and experience	This policy has been developed by a Policy Officer with significant knowledge, skills, and experience relating to the benefits of inclusion, engagement, and participation. Development of the strategy was informed by engaging with colleagues across different teams, including the wider Policy Team, Learning and Development Team, and Community

	Engagement Team.
Equality monitoring data	
Service user feedback (including customer contact, services and complaints)	As part of the aforementioned continuous conversations approach to community engagement, service users' views were gathered and inform the strategy, action plan, and the current equalities impact assessment.
Partner feedback	The strategy was presented to the Strategic Planning Group, which is made up of our own workers, carers and service user representatives, and third sector organisations, and feedback from this group utilised in the currently presented draft. As the strategy aims for ongoing and iterative feedback, forums including the Adult Social Work and Social Care will provide regular opportunities for feedback over the life-course of the strategy.
Other - this may be information gathered in another Council area, nationally or in partner organisations which is considered to have relevance	

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) 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 *(continue on a separate sheet if necessary – tick to indicate this has been done* ☐
Age	Older People (65+)	Various dates across 2024	As per list of community consultation included at the end of this assessment, conversations with older people took place in a range of venues across various dates. The current Participation Strategy is directly informed, in strategic aims, outcomes, and planned activities, by these discussions.
	Younger People (16-64)		As above.
	Children (0-16)		Not applicable as the HSCP do not have a remit for children.
	Looked After Children (Corporate Parenting)		As above.
Disability	Physical Disability		This strategy was informed by varied voices captured through the continuous conversations engagement approach highlighted. No specific discussions in relation to physical disability or the other protected characteristics listed below were arranged, though the approach will have undoubtedly captured some of these voices. Ongoing assessment of the impact of work carried out under this strategy forms part of our action plan; this includes robust linking with HSCP strategy groups responsible for progressing work in each area of practice.

	Sensory Impairment		As above.
	Mental Health		As above.
	Learning Disability		As above.
Gender Reassignment	Male transitioning to female		As above.
	Female transitioning to male		As above.
Marriage/Civil Partnership	Women		As above.
	Men		As above.
	Same Sex Couple (Male)		As above.
	Same Sex Couple (Female)		As above.
Pregnancy / Maternity/Paternity	Women		As above.
	Men (Paternity)		As above.
Race	A list of categories used in the census is here		As above.
Religion / Belief	A list of categories used in the census is here		As above.
Sex	Female		As above.
	Male		As above.
	Other Gender Identity		As above.
Sexual Orientation	Lesbian		As above.
	Gay		As above.
	Bisexual		As above.
Socio-economic(fairness)	Options detailed in Appendix 2		The current strategy's focus on lesser-heard voices is informed by Officers' knowledge of the range of socio-economic disadvantages which lead to inequitable access to services. Whilst not specifically explored as part of the consultation activities for the strategy, workers engaged with the public in a range of settings to fully represent the diversity of P&K, including in socio-economic terms.

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+)	Older people will have more opportunities to participate and engage, leading to improved service design and delivery to better support needs, leading to better health outcomes and reducing inequalities. It is a recognised benefit of research and engagement activities that people become more informed through the process of participation.		Positive There is likely to be specific impacts to people's experience of health and social care services as engagement supports improvement and service development. Additionally, there is anticipated to be wide-ranging and general benefits relating to people's connection and sense of inclusion in health and social care services.
	Younger People (16-64)	People aged 16-64 will have increased opportunity to participate and engage, leading to improved service design and delivery to better support needs, leading to better health outcomes and reducing inequalities.		Positive There is likely to be specific impacts to people's experience of health and social care services as engagement supports improvement and service development. Additionally, there is

				anticipated to be wide-ranging and general benefits relating to people's connection and sense of inclusion in health and social care services.
	Children (0-16)	This policy is focused on adults, though is likely to indirectly impact children as well as more tangibly shaping the health and social care services today's children will access as adults.		Positive
	Looked After Children (Corporate Parenting)	Whilst this policy relates to P&K's adult population, it is anticipated that success in reaching our outcomes will positively impact everyone's experience of health and social care services. This group may experience benefits connected with better linking of services.		Positive
Disability	Physical Disability	Those with physical disabilities will have better and more opportunities to meaningfully participate in the improvement, design, and delivery of services. It is expected this will positively impact health outcomes and work to reducing health inequalities.		Positive
	Sensory Impairment	Those with sensory impairment will have better and more opportunities to meaningfully participate in the improvement, design, and delivery of services. It is expected this will positively		Positive

		impact health outcomes and work to reducing health inequalities.		
	Mental Health	Those experiencing mental health issues at all levels, from mild/ moderate to severe/ enduring, will have increased and more meaningful opportunities to contribute to ongoing service design, delivery, and improvement.		Positive
	Learning Disability	People with Learning Disabilities will have increased and more meaningful opportunities to contribute to ongoing service design, delivery, and improvement.		Positive
Gender Reassignment	Male transitioning to female	It is intended that all groups will realise positive impacts from this policy due to its high-level commitments to listening to all those with something they wish to share with the HSCP.		Positive
	Female transitioning to male	It is intended that all groups will realise positive impacts from this policy due to its high-level commitments to listening to all those with something they wish to share with the HSCP.		Positive
Marriage/Civil Partnership	Women	It is intended that all groups will realise positive impacts from this policy due to its high-level commitments to listening to all those with something they wish to share with the HSCP.		Positive

	Men	It is intended that all groups will realise positive impacts from this policy due to its high-level commitments to listening to all those with something they wish to share with the HSCP.		Positive
	Same Sex Couple (Male)	It is intended that all groups will realise positive impacts from this policy due to its high-level commitments to listening to all those with something they wish to share with the HSCP.		Positive
	Same Sex Couple (Female)	It is intended that all groups will realise positive impacts from this policy due to its high-level commitments to listening to all those with something they wish to share with the HSCP.		Positive
Pregnancy / Maternity/Paternity	Women	It is intended that all groups will realise positive impacts from this policy due to its high-level commitments to listening to all those with something they wish to share with the HSCP.		Positive
	Men (Paternity)	It is intended that all groups will realise positive impacts from this policy due to its high-level commitments to listening to all those with something they wish to share with the HSCP.		Positive
Race	A list of categories used in the census is here	Active outreach will be undertaken to ensure we engage with the full racial diversity of P&K and take time		Positive

		to understand needs specifically in relation to race, both in relation to understanding lived experience of health and social care services and in how we can best carry out engagement work using culturally competent approaches.		
Religion / Belief	A list of categories used in the census is here	Active outreach will be undertaken to ensure we engage with the full religious diversity of P&K and take time to understand needs specifically in relation to religion and faith, both in relation to understanding lived experience of health and social care services and in how we can best carry out engagement work using culturally competent approaches.		Positive.
Sex	Female	It is intended that all groups will realise positive impacts from this policy due to its high-level commitments to listening to all those with something they wish to share with the HSCP.		Positive.
	Male	It is intended that all groups will realise positive impacts from this policy due to its high-level commitments to listening to all those with something they wish to share with the HSCP.		Positive.
	Other Gender Identity	It is intended that all groups		Positive.

		will realise positive impacts from this policy due to its high-level commitments to listening to all those with something they wish to share with the HSCP.		
Sexual Orientation	Lesbian	It is intended that all groups will realise positive impacts from this policy due to its high-level commitments to listening to all those with something they wish to share with the HSCP.		Positive.
	Gay	It is intended that all groups will realise positive impacts from this policy due to its high-level commitments to listening to all those with something they wish to share with the HSCP.		Positive.
	Bisexual	It is intended that all groups will realise positive impacts from this policy due to its high-level commitments to listening to all those with something they wish to share with the HSCP.		Positive.
Socio-economic(fairness)	Options detailed in Appendix 2	As the programme of work associated with this policy's action plan is focused on engagement/ participation work in part to address existing inequalities, it is anticipated the policy will have a beneficial impact on those with socio-economic disadvantage through better connections with services, people having greater		Positive.

		influence in decisions which affect their lives, and through working towards improved, more accessible services.		

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+)	Active outreach can help promote positive impacts, i.e., sense of inclusion, benefits associated with participation. This includes fostering participation with older people in a range of settings, including within care homes and sheltered housing and social events.	All involved in work falling under the scope of the Participation and Engagement Strategy. Oversight: Policy Team, Community Engagement Team, Older People's Transformation Projects Team.	Ongoing over time-period of strategy.
	Younger People (16-64)	As above, active outreach can promote positive impacts and help foster inclusion and greater levels of participation, as per the strategic aims of the current policy.	All involved in work falling under the scope of the Participation and Engagement Strategy. Relevant Strategic Leads/ Strategy Group representatives.	Ongoing.
	Children (0-16)	None – children are not part of the HSCP remit.	n/a	
	Looked After Children (Corporate Parenting)	As above.	n/a	
Disability	Physical Disability	Work under this policy will link with other HSCP programmes of strategic development to include those already	Policy Team Community Engagement Team Strategic Lead and Strategy	Ongoing.

		participating in different areas of practice development, ensuring a cohesive approach to broadening our participation and engagement reach.	Group members for PKHSCP Physical Disabilities Strategy.	
	Sensory Impairment	Develop accessible materials and seek advice from those working in the area and people with lived experience to support participation, as per this policy.	Policy Team Community Engagement Team Strategic Lead and Strategy Group members for PKHSCP See Hear Strategy.	Ongoing
	Mental Health	Work under this policy will link with other HSCP programmes of strategic development to include those already participating in different areas of practice development, ensuring a cohesive approach to broadening our participation and engagement reach.	Policy Team Community Engagement Team Strategic Lead and Strategy Group members for PKHSCP Mental Health and Wellbeing Strategy.	Ongoing
	Learning Disability	Develop accessible materials and seek advice from those working in the area and people with lived experience to support participation, as per this policy.	Policy Team Community Engagement Team Strategic Lead and Strategy Group members for PKHSCP Learning Disability and Autism Strategies.	Ongoing
Gender Reassignment	Male transitioning to female	There are no specific workstreams in relation to this group, however there are many potential intersecting areas of work. People with lived experience of gender reassignment will be encouraged to participate in work that impacts them, and any reasonable adjustments would be supported.		
	Female transitioning to male	As above.		
Marriage/Civil Partnership	Women	There are no specific workstreams in relation to this group, however there are many potential intersecting areas of work. People with lived experience of marriage/ civil partnership will be		

		encouraged to participate in work that impacts them, and any reasonable adjustments would be supported.		
	Men	As above.		
	Same Sex Couple (Male)	As above.		
	Same Sex Couple (Female)	As above.		
Pregnancy / Maternity/Paternity	Women	There are no specific workstreams in relation to this group, however there are many potential intersecting areas of work. People with lived experience of pregnancy/ maternity will be encouraged to participate in work that impacts them, and any reasonable adjustments would be supported.		
	Men (Paternity)	There are no specific workstreams in relation to this group, however there are many potential intersecting areas of work. People with lived experience of paternity will be encouraged to participate in work that impacts them, and any reasonable adjustments would be supported.		
Race	A list of categories used in the census is here	Accessible materials and required translation services would be accessed as required and available to support inclusion and reduce barriers, as per the policy.	Policy Team Community Engagement Team Strategic Leads/ Strategy Group Representatives. With support from third sector organisations, PKC Equalities Team, as required.	Ongoing.
Religion / Belief	A list of categories used in the census is here	There are no specific workstreams in relation to religion/ belief; however, people with a range of beliefs and following different religions will be encouraged to participate in work which impacts them, with any reasonable	Policy Team Community Engagement Team	Ongoing

		adjustments fully supported. The strategy's commitments to ensuring no one is left behind and to allowing all those who wish to share the opportunity to participate are intended to ensure we achieve increased diversity in representation and participation.		
Sex	Female	There are no specific workstreams in relation to this group, however there are many potential intersecting areas of work. Women will be encouraged to participate in work that impacts them, and any reasonable adjustments would be supported.		
	Male	There are no specific workstreams in relation to this group, however there are many potential intersecting areas of work. Men will be encouraged to participate in work that impacts them, and any reasonable adjustments would be supported.		
	Other Gender Identity	There are no specific workstreams in relation to this group, however there are many potential intersecting areas of work. All people, regardless of gender identity, will be encouraged to participate in work that impacts them, and any reasonable adjustments would be supported.		
Sexual Orientation	Lesbian	There are no specific workstreams in relation to this group, however there are many potential intersecting areas of work. People of all sexual orientations will be encouraged to participate in work that impacts them, and any reasonable adjustments would be supported.		

	Gay	There are no specific workstreams in relation to this group, however there are many potential intersecting areas of work. People of all sexual orientations will be encouraged to participate in work that impacts them, and any reasonable adjustments would be supported.		
	Bisexual	There are no specific workstreams in relation to this group, however there are many potential intersecting areas of work. People of all sexual orientations will be encouraged to participate in work that impacts them, and any reasonable adjustments would be supported.		
Socio-economic(fairness)	As detailed in Appendix 2	Barriers to participation existing for people experiencing socio-economic disadvantage will be identified through regular, reflective review of engagement activities undertaken as part of this policy's implementation.	Policy Team, Community Engagement Team, Participation Panel once established. Strategic Leads/ Steering Groups as identified.	Ongoing throughout the period covered by the strategy.

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.

> 1.   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   Date

Quality Assured by PKC Equality and Fairness Impact Assessment Trained Officer (within service)

Signed   Name   Date

Section 8: Publishing the Assessment

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

Date Action Completed   Date for Review of EFIA

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)

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/

List of consultation groups/ venues informing the new policy:
- Carers Voice
- Dementia café
- Wellbeing café
- Trauma Healing Together Service User panel
- Carse Community Café, Invergowrie
- Madoch Centre Knitting Group
- St Serf's/ Orwell Practice, Loch Leven Health Centre
- Kinross-shire and Glenfarg Stronger Communities meeting
- Crieff Community Hospital reception area
- Taymount surgery

- Reminiscence Group
- Knit and Knatter, Riverside Church
- Perth Stronger Communities meeting
- Blair Atholl and Struan Community Council
- James Court sheltered housing
- Tay Valley Connections
- International Day of Older People public event
- Fearnan Fab Friday
- Blethers Group Blairgowrie
- Fun Junction, Crieff
- Breadalbane Men's Shed
- Alyth Lunch Club
- Kenmore Primary School parents
- Aberfeldy Medical Practice
- Alyth 50+ Club
- Craigvinean Surgery, Dunkeld
- Pitlochry library
- Blairgowrie Community Hospital
- Carse Medical Practice: GP surgery and CCATS clinic
- Madoch Centre, Madoch Meet Up
- Loch Leven Library
- Crieff Community Hospital Hearing Aid Clinic
- CLD Community Roadshow – Letham Hub
- Glover St Surgery (Kings and Victoria Practice)
- RVS Social Club (St Matthews Church)
- Letham St Marks Church
- Whitefriars Surgery
- The Community Hub, Scone
- AK Bell library
- Butty and Blether, Letham4all
- Oot the Hoose
- Moulin coffee morning
- Pitlochry soup lunch
- Birks cinema
- Glen Lyon, Fearnan and Fortingall Community Council
- Kirkmichael groups
- Dalweem Care Home
- Aberfeldy Boccia Club
- Kenmore primary school parents
- Blairgowrie Hearing Aid Clinic
- Breadalbane library
- Atholl Medical Centre
- Carse Stronger Communities meeting
- Cuppa n Cake Group, Blairgowrie