



Aberdeen City Health & Social Care Partnership  
*A caring partnership*



# **ASSESSING THE IMPACT OF POLICIES AND PRACTICES**

**APRIL 2024**

## Context of Impact Assessments

### Public Sector Equality Duty

Aberdeen City Integration Joint Board (IJB), and therefore Aberdeen City Health and Social Care Partnership (ACHSCP) have a duty to comply with the Public Sector Equality Duty (PSED). This is defined in [The Equality Act 2010](#), Part 11, Chapter 1, Section 149 which states:“(1) A public authority must, in the exercise of its functions, have due regard to the need to: -

- (a) eliminate discrimination, harassment, victimisation, and any other conduct that is prohibited under this Act,
- (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it,
- (c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.”

The nine “protected characteristics” as defined by the Equality Act 2010 are:

1. Race
2. Disability
3. Age
4. Sex (male or female)
5. Sexual orientation
6. Gender reassignment
7. Pregnancy and maternity
8. Marriage and civil partnership
9. Religion or belief

Eliminating discrimination includes indirect discrimination and fostering good relations includes tackling prejudice and promoting understanding. Advancing equality of opportunity includes removing disadvantage, taking steps to meet the particular needs of people with protected characteristics, and encouraging their participation in service design and delivery.

### The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012

In addition to the PSED under the Equality Act 2010, additional specific duties are placed on Public Sector Bodies under the above Regulations in 2012. [The Equality Act 2010 \(Specific Duties\) \(Scotland\) Regulations 2012](#). These include: -

- Duty to report progress on mainstreaming the equality duty.
- Duty to publish equality outcomes and report progress.
- Duty to assess and review policies and practices.
- *Duty to gather and use employee information.*
- *Duty to publish gender pay gap information.*
- *Duty to publish statements on equal pay, etc.*
- Duty to consider award criteria and conditions in relation to public procurement.
- Duty to publish in a manner that is accessible, etc.
- Duty to consider other matters.

The duties in italics are not relevant to the IJB as they are not an employer.

The IJB publishes Equality Outcomes at least every four years along with a Mainstreaming Framework (or Action Plan) and reports progress against these every two years as required by the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012. The IJB consults with the Equality and Human Rights (EHR) sub group of the Strategic Planning group when preparing these. The EHR consists of representatives from organisations representing people with protected characteristics, who in turn consult with their networks on behalf of Aberdeen City IJB.

In relation to reviewing policies and practices, the above Regulations stipulate that the IJB must consider relevant evidence relating to persons who share a relevant protected characteristic, take into account any assessment made, publish the results of the assessment within a reasonable time period, and make arrangements to review and revise any policy or practice and its impact accordingly.

Whilst the IJB is not a contracting authority it directs both Aberdeen City Council and NHS Grampian to contract on its behalf. It therefore needs to have regard to whether the conditions within contracts should include considerations to enable it to better perform in line with the PSED.

The IJB must publish all relevant information in relation to its PSED in a manner that makes the information accessible to the public and it is recommended that an existing means of public performance reporting is used. As such relevant information will be published on a dedicated page of the ACHSCP website.

#### Fairer Scotland Duty

The [Fairer Scotland Duty](#) places a legal responsibility on particular public bodies in Scotland to actively consider ('pay due regard' to) how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions. To fulfil their obligations under the Duty, public bodies must be able to demonstrate that they actively consider how they can reduce inequalities of outcome in any major strategic decision they make. Strategic Decisions as defined in the guidance are key, high-level such as deciding priorities and setting objectives. In general, they will be decisions that affect how the IJB fulfils its intended purpose for example the Strategic Plan, other strategies, policies and proposals, commissioning decisions and service redesign or transformation.

#### Public Health Scotland Health Inequalities

The Scottish Government is committed to tackling the significant inequalities in Scottish society and one of Public Health Scotland's objectives is to put reducing health inequalities at the heart of all that they do. [Health inequalities - Public Health Scotland](#)

Public Health Scotland (PHS) notes that the fundamental causes of health inequalities are an unequal distribution of income, power and wealth. This can lead to poverty and marginalisation of individuals and groups. These fundamental causes also influence the distribution of wider environmental influences on health, such as the availability of work, education, and good quality housing.

They can also influence access to services and social and cultural opportunities. The wider environment in which people live and work then shapes their individual experiences.

Health inequalities are largely shaped by the social inequalities and life experiences that disadvantage people and limit their opportunities for good health. However, this doesn't mean that ACHSCP has no role to play. Equity - of access to health and social care

services and in the quality of care that people experience - is as important in reducing unequal health outcomes. Providing services in proportion to need is a fundamental element reducing health inequalities.

### Human Rights

The [Independent Review of Adult Care in Scotland](#) (the Feeley Report) recommends establishing a consistent and intentional human rights and equality approach to social care service provision, engendering respect for the fundamental dignity of each and every person and ensuring access to services is universal depending on need. Human rights are rights inherent to all human beings, regardless of race, sex, nationality, ethnicity, language, religion, or any other status. Human rights include the right to life and liberty, freedom from slavery and torture, freedom of opinion and expression, the right to work and education, and many more. Everyone is entitled to these rights, without discrimination.

### United Nations Convention on the Rights of the Child (UNCRC)

The UNCRC is the most complete statement of children's rights ever produced and is the most widely ratified international human rights treaty in history. [UN Convention on the Rights of the Child](#) The Convention has 54 articles that cover all aspects of a child's life and is a legally binding international agreement setting out the civil, political, economic, social and cultural rights that all children everywhere are entitled to. It also explains how adults and governments must work together to make sure all children can enjoy all their rights. The rights are as simple as ABCDE: -

<b>A</b> Rights are for ALL children. <b>UNIVERSAL</b>	<b>B</b> Rights are there at BIRTH. <b>INHERENT</b>	<b>C</b> Rights CANNOT be taken away. <b>INALIENABLE</b>	<b>D</b> Rights DO NOT have to be earned. <b>UNCONDITIONAL</b>	<b>E</b> All rights are EQUALLY important. <b>INDIVISIBLE</b>
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The views of the child have to be seriously considered when taking any decision that directly impacts on their life which includes many of the strategies, policies and practices developed by Aberdeen city IJB . Whilst some services in ACHSCP e.g. Community Nursing do directly deliver services to children, children are generally part of a family group and any decisions we make in relation to service provision to adults in that family group could have a consequential impact on the child and this needs to be specifically considered as part of our impact assessment process. Although the Convention has 54 articles in total, articles 43–54 are about how adults and governments must work together to make sure all children can enjoy all their rights.

### Consumer Duty

The [Consumer Scotland Act 2020](#) does two main things. Firstly, it creates a new body called *Consumer Scotland* which has a statutory role of providing consumer advocacy and advice, and secondly, it establishes a duty on public bodies to have regard to consumer interests.

Section 21 of the Act states the following: A relevant public authority must, when making decisions of a strategic nature about how to exercise its functions, have regard; the impact of those decisions on consumers in Scotland, and the desirability of reducing harm to consumers in Scotland.

“Relevant public authority” includes IJB’s. The definition of consumer can include both individuals and businesses who are purchasing goods and services. In addition to regulations, Consumer Scotland can issue guidance on complying with the duty to have

regard to consumer interests, and relevant public authorities must have regard to that guidance..

### The Armed Forces Covenant Duty

The Armed Forces Act 2021 created a legal obligation on specified bodies in all four home nations of the UK. This is known as the Armed Forces Covenant Duty which came into effect on 22 November 2022. The IJB is a 'specified body' subject to this Duty and some of the services ACHSCP provide, or have responsibility for, are deemed to be relevant functions. We must therefore ensure that all relevant staff are aware of the Duty and that we have appropriate arrangements in place to ensure compliance.

The statutory guidance on the Armed Forces Covenant can be found [here](#). Essentially the Armed Forces Covenant Duty is about ensuring decision making in relation to particular service planning, funding and delivery is informed and that specified bodies must have due regard to particular needs of the Armed Forces Community removing any disadvantage that is unique to their experience and linked to the obligations and sacrifices they make and, in some cases making special provision. It is similar to the responsibilities under the Public Sector Equality Duty and the guidance suggests drawing on experience of complying with that when considering the arrangements the IJB make in future.

## Complying with the various duties

The following is required to ensure we are adequately discharging the various duties we have to meet: -

**Knowledge** –awareness of the legislation and duties and a conscious approach and intent that is supported at the highest level. The duties cannot be delegated.

**Information** –sufficient information must be available to decision makers.

**Consideration** – this must form an integral part of the decision-making process. It is not a matter of box-ticking; it must be exercised in substance, with rigour and with an open mind in such a way that it influences the final decision.

**Timeliness** – compliance begins at the beginning of the decision process – not once the decision has been made. Retro fitting impact assessments is not acceptable.

**Review** –the duty continues to apply not only when a policy is developed and decided upon, but also when it is implemented and reviewed.

### Impact Assessment Process

The above means that we need to: -

1. Consider equality in the development of any policy or practice referring to the ‘areas for consideration’ noted at Appendix A and using a proportionality and relevance test (see Stage 1 and Appendix B).
2. Should there be relevant potential equality impact, note which protected characteristic or area for consideration is impacted (from the lists in Appendix A) and engage and consult with relevant stakeholder groups to ensure we have the evidence and information we need to fully assess the impact and put in place relevant mitigation measures. Findings and actions should be summarised and shared as part of the policy or practice proposal. As part of this stage, you should identify any performance measures that will be incorporated into routine reporting to ensure the impact is as anticipated over time and set a date to review the policy or decision (see Stage 2 and Appendix C)
3. Publish the Summary of findings from the Integrated Impact Assessment on the dedicated page on ACHSCP’s website.(see Stage 3)
4. Regularly review the policy or decision, reporting on any key performance indicators identified and re-visiting the policy or decision if the evidence indicates that it has had a more significant or detrimental impact than originally envisaged. (See Stage 4 and Appendix D)

## Stage 1 – Proportionality and Relevance

The principle of proportionality is at the heart of many human rights claims as any restrictions must be a “proportionate means of achieving a legitimate aim”. Consider the aim to be achieved by the policy or practice, and whether or not it is a legitimate aim. Then consider the means which are used to achieve that aim. Are they appropriate and necessary? Proportionality is often most clearly explained through the expression “*don’t use a sledgehammer to crack a nut*”.

Policies or practice can have positive, negative or no impacts.

- A positive impact would demonstrate the benefit the policy or decision could have for a population group, how it advances equality, fosters good relations, contributes to tackling health inequalities or upholds human rights.
- A negative impact would mean that a population group is at risk of being disadvantaged by the policy, there is a risk of breaching the human rights of people or the requirements of the PSED, or that there is a risk of widening health inequalities.

- If you find that the policy or decision will have no impacts for groups, you should still record this.

At this initial screening stage, the aim is to try to assess whether these could be an actual or potentially negative or adverse impact. If one has been identified (actual or potential) a full Integrated Impact Assessment must be undertaken. If none are arising from the proposal it is not necessary to undertake a full impact assessment. Any positive impacts should be recorded on the Proportionality and Relevance Template regardless of whether a full impact assessment will be carried out or not.

In general, the following questions all feed into whether an Integrated Impact Assessment is required:

- How many people is the proposal likely to affect?
- How significant is its impact?
- Does it relate to an area where there are known inequalities?
- Why are a person's rights being restricted?
- What is the problem being addressed by the restriction on someone's rights?
- Will the restriction lead to a reduction in the problem?
- Does that restriction involve a blanket policy, or does it allow for different cases to be treated differently?
- Are there existing safeguards that mitigate the restriction?

See Appendix B for the template to be used to undertake the Proportionality and Relevance Test.

## **Stage 2 – Impact Assess**

The first step in the impact assessment process is to identify, from the list of Areas for Consideration at Appendix A, which may be impacted negatively from the policy or practice. If you have any evidence that confirms this impact that should be recorded whether that is quantitative data or qualitative information from previous engagement or consultation. You need to also consider cumulative impacts that may arise if this latest policy or practice, added to others that are existing or planned, will have an impact that may not have been the case if it was just this policy or practice that was being introduced.

Next you need to consider which groups of people you still require to consult or engage with and how that will be done. Following engagement and/or consultation you need to record the feedback from each group and also how this was used to inform policy or practice development. There may be multiple entries of this stage as you go back and check out any changes that have been made – each needs to be recorded separately.

Finally you should complete the Summary page at the front of the Impact Assessment confirming that you have considered all of the required areas (in Appendix A) and detailing the key information that you gathered in terms of the groups or rights impacted and what adjustments were made as a result of your engagement and consultation. You must also identify any performance measure that will be used to monitor the impact over time and confirm how and when these will be reported and monitored. You should also identify a review date and confirm the rationale for setting that timescale. This may be based on the length of time the policy is in force or be linked to risk where the higher the risk the shorter the review timescale should be. See Appendix C for the template to be used for Impact Assessment.

### **Stage 3 - Publish**

Impact Assessments should be published where you would expect to find IJB information and where members of the public and other interested parties can easily find and view them. In the case of IJB Impact Assessments, this will be the dedicated Equalities page on the ACHSCP website. When publishing you must consider how the Impact Assessment is named. This should be something people will recognise easily, and which can be found using a simple search function

### **Stage 4 - Review**

Having set a date for review, schedule this so it is not forgotten. If the KPIs indicate the negative impact is greater than originally envisaged consider undertaking an earlier review of the policy or practice and identifying what adjustments could be made to address this. See Appendix D for the Review Template.

### **Support for Compliance with PSED**

The responsibility for compliance with PSED is delegated to the Lead for Strategy and Transformation who is supported by both the Transformation Programme Manager (Strategy and Infrastructure) and the Senior Project Manager (Strategy).

The Equality and Human Rights (EHR) Group is a sub group of the Strategic Planning Group and consist of representatives of minority and seldom heard groups in Aberdeen covering the range of protected characteristics. The group can assist in the development of Impact Assessments by facilitating access to groups they represent and/or undertaking consultation and engagement on our behalf. They also keep ACHSCP up to date with relevant updates or particular concerns emerging.

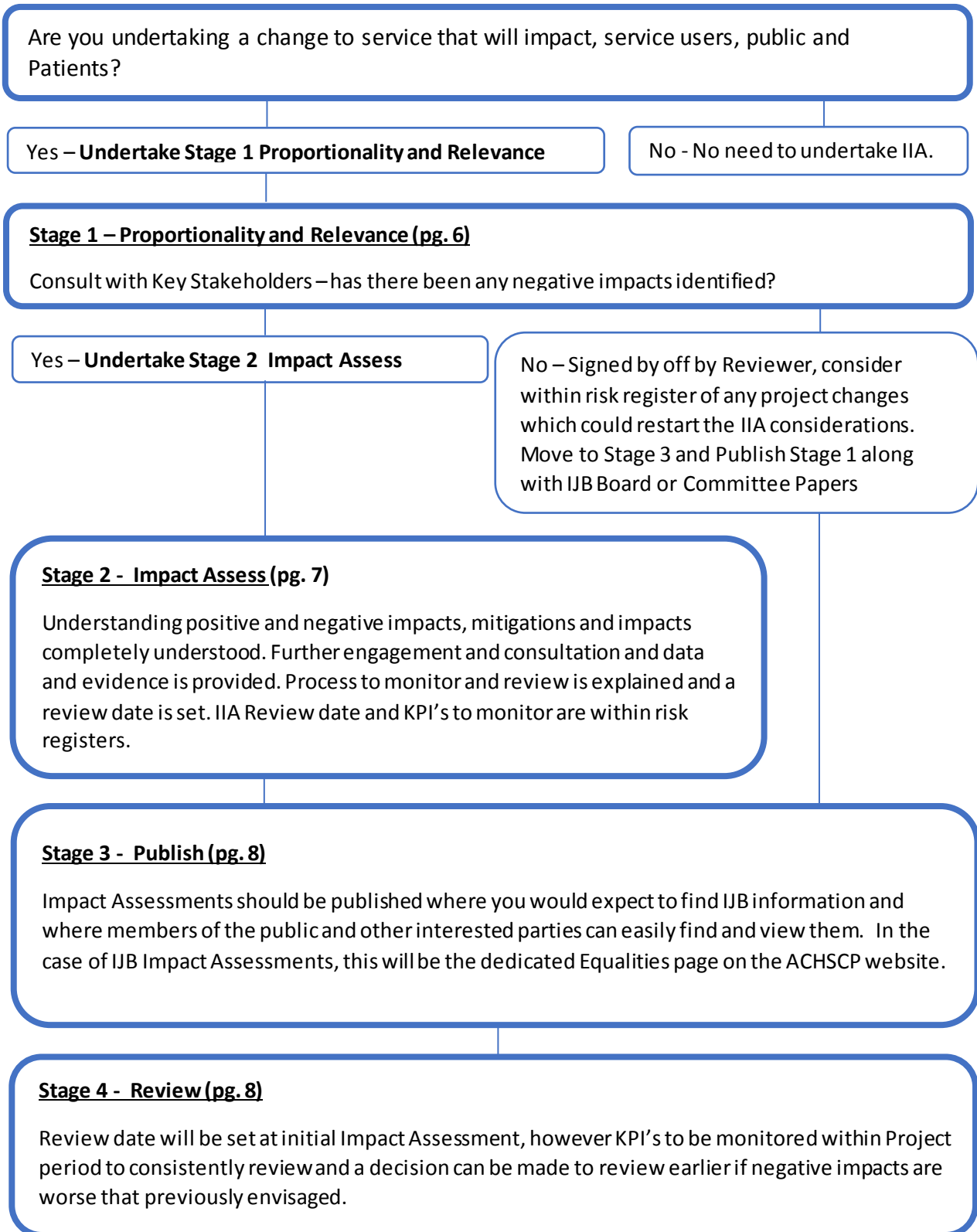
A DiversCity Officers Group has been constituted which has representatives from each service within ACHSCP. The group support each other in the development of Impact Assessments through sharing knowledge, expertise and good practice, building a bank of exemplar Impact Assessments to assist others.

### **Accountability and Governance**

Ultimately our compliance with the PSED is monitored by the Equality and Human Rights Commission (EHRC) in Scotland who liaise with nominated representatives and provide advice and guidance in improving our compliance. There is an IJB Equality Peer Support Group where IJB representative across Scotland share best practice and learning. The Equality and Human Rights Group review progress against our duty on a quarterly basis, cross referencing the Business Planner of the IJB and its Committees and ensuring that Impact Assessments are carried out where relevant and reviewing the quality of those produced.



## Integrated Impact Assessment (IIA) Process flowchart



## Areas for Consideration of Impact

## APPENDIX A

### Protected Characteristics

<b>Age:</b> older people; middle years; early years; children and young people.
<b>Disability:</b> physical impairments; learning disability; sensory impairment; mental health conditions; long-term medical conditions.
<b>Gender Reassignment:</b> people undergoing gender reassignment
<b>Marriage &amp; Civil Partnership:</b> people who are married, unmarried or in a civil partnership.
<b>Pregnancy and Maternity:</b> women before and after childbirth; breastfeeding.
<b>Race and ethnicity:</b> minority ethnic people; non-English speakers; gypsies/travellers; migrant workers.
<b>Religion and belief:</b> people with different religions or beliefs, or none.
<b>Sex:</b> men; women; experience of gender-based violence.
<b>Sexual orientation:</b> lesbian; gay; bisexual; heterosexual.

### Fairer Scotland Duty

<b>Low income</b> – those who cannot afford regular bills, food, clothing payments
<b>Low Wealth</b> – those who can meet basic living costs but have no savings for unexpected spend or provision for the future.
<b>Material Deprivation</b> – those who cannot access basic goods and services, unable to repair/replace broken electrical goods, heat their homes or access to leisure or hobbies
<b>Area of Deprivation/Communities of Place</b> - consider where people live and where they work (accessibility and cost of transport)
<b>Socio-Economic Background</b> - social class, parents' education, employment, income.

### Health Inequality (those not already covered in the Fairer Scotland Duty)

<b>Low literacy / Health Literacy</b> includes poor understanding of health and health services (health literacy) as well as poor written language skills.
<b>Discrimination/stigma</b> – negative attitudes or treatment based on stereotyping. Discrimination can be direct or indirect and includes harassment and victimisation.
<b>Health and Social Care Service Provision</b> - availability, and quality/affordability and the ability to navigate accessing these.
<b>Physical environment and local opportunities</b> - availability and accessibility of housing, transport, healthy food, leisure activities, green spaces, air quality and housing/living conditions, exposure to pollutants, safety of neighbourhoods, exposure to crime, transmission of infection, tobacco, alcohol and substance use.
<b>Education and learning</b> - availability and accessibility to quality education, affordability of further education, Early Years development, readiness for school, literacy and numeracy levels, qualifications.

## Human Rights (note only the relevant ones are included below)

<b>Article 2 - The right to life</b> (absolute right) – everyone has the right to life, liberty and security of person which includes access to basic necessities and protection from risks to their life from self or others.
<b>Article 3 - The right not to be tortured or treated in an inhuman or degrading way</b> (absolute right) - which includes anything that causes fear, humiliation intense physical or mental suffering or anguish.
<b>Article 5 - The right to liberty</b> (limited right) – and not to be deprived of that liberty in an arbitrary fashion.
<b>Article 6 - The right to a fair trial</b> (limited right) – including the right to be heard and offered effective participation in any proceedings.
<b>Article 8 - The right to respect for private and family life, home and correspondence</b> (qualified right) – including the right to personal choice, accessible information and communication, and participation in decision-making (taking into account the legal capacity for decision-making).
<b>Article 9 - The right to freedom of thought, belief and religion</b> (qualified right) - including conduct central to beliefs (such as worship, appropriate diet, dress etc.)
<b>Article 10 - The right to freedom of expression</b> (qualified right) – to hold and express opinions, received/impart information and ideas without interference
<b>Article 14 - The right to no discrimination</b> – not to be treated in a different way compared with someone else in a similar situation. Indirect discrimination happens when someone is treated in the same way as others that does not take into account that person's different situation. An action or decision will only be considered discriminatory if the distinction in treatment cannot be reasonably and objectively justified.

## UNCRC

<b>Article 2</b> non-discrimination	<b>Article 15</b> freedom of association	<b>Article 30</b> children from minority or indigenous groups
<b>Article 3</b> best interests of the child	<b>Article 16</b> right to privacy	<b>Article 31</b> leisure, play and culture
<b>Article 4</b> implementation of the convention	<b>Article 17</b> access to information from the media	<b>Article 32</b> child labour
<b>Article 5</b> parental guidance and a child's evolving capacities	<b>Article 18</b> parental responsibilities and state assistance	<b>Article 33</b> drug abuse
<b>Article 6</b> life, survival and development	<b>Article 19</b> protection from violence, abuse and neglect	<b>Article 34</b> sexual exploitation
<b>Article 7</b> Birth, registration, name, nationality, care	<b>Article 20</b> children unable to live with their family	<b>Article 35</b> abduction, sale and trafficking
<b>Article 8</b> protection and preservation of identity	<b>Article 22</b> refugee children	<b>Article 36</b> other forms of exploitation

<b>Article 9</b> separation from parents	<b>Article 23</b> children with a disability	<b>Article 37</b> inhumane treatment and detention
<b>Article 10</b> family reunification	<b>Article 24</b> health and health services	<b>Article 38</b> war and armed conflicts
<b>Article 11</b> abduction and non-return of children	<b>Article 25</b> review of treatment in care	<b>Article 39</b> recovery from trauma and reintegration
<b>Article 12</b> respect for the views of the child	<b>Article 26</b> Benefit from social security	<b>Article 40</b> juvenile justice
<b>Article 13</b> freedom of expression	<b>Article 27</b> adequate standard of living	<b>Article 42</b> knowledge of rights
<b>Article 14</b> freedom of thought, belief and religion	<b>Article 28</b> right to education	

### Specific groups and duties

<b>Looked after (incl. accommodated) children and young people</b>
<b>Carers:</b> paid/unpaid, family members.
<b>Homelessness:</b> people on the street; staying temporarily with friends/family; in hostels, B&Bs.
<b>Involvement in the criminal justice system:</b> offenders in prison/on probation, ex-offenders.
<b>Addictions and substance misuse</b>
<b>Refugees and asylum seekers</b>
<b>Staff:</b> full/part time; voluntary; delivering/accessing services.
<b>Consumer Duty</b>
<b>Armed Forces Covenant</b>

APPENDIX B

ACHSCP Impact Assessment – Stage 1 – Proportionality and Relevance

Name of Policy or Practice being developed	
Name of Officer completing Proportionality and Relevance Questionnaire	
Date of Completion	
What is the aim to be achieved by the policy or practice and is it legitimate?	
What are the means to be used to achieve the aim and are they appropriate and necessary?	
If the policy or practice has a neutral or positive impact please describe it here.	
<p>Is an Integrated Impact Assessment required for this policy or decision (Yes/No)  <i>Note – if multiple assessments are required please complete a separate template for each of these and embed them in the section below ‘Rationale for Decision’ with a brief supporting narrative. This will ensure all relevant assessments are connected regardless of the stage they are at in the process.</i></p>	
<p>Rationale for Decision  <b>NB: consider: -</b></p> <ul style="list-style-type: none"> <li>• How many people is the proposal likely to affect?</li> <li>• Have any obvious negative impacts been identified?</li> <li>• How significant are these impacts?</li> <li>• Do they relate to an area where there are known inequalities?</li> <li>• Why are a person’s rights being restricted?</li> <li>• What is the problem being addressed and will the restriction lead to a reduction in the problem?</li> </ul>	

<ul style="list-style-type: none"> <li>• Does the restriction involve a blanket policy, or does it allow for different cases to be treated differently?</li> <li>• Are there existing safeguards that mitigate the restriction?</li> </ul>	
<b>Decision of Reviewer</b>	
<b>Name of Reviewer</b>	
<b>Date</b>	

**APPENDIX C**

**ACHSCP Impact Assessment – Stage 2 – Impact Assessment**

<b>Description of Policy or Practice being developed including intended aim.</b>	
<b>Is this a new or existing policy or practice?</b>	
<b>Name of Officer Completing Impact Assessment</b>	
<b>Date Impact Assessment Started</b>	
<b>Name of Lead Officer</b>	
<b>Date Impact Assessment approved</b>	

**Summary of Key Information**

<b>Groups or rights impacted.</b>	
<b>Feedback from consultation and engagement and how this informed development of the policy or practice</b>	
<b>Performance Measures identified, where these will be reported and how impact will be monitored.</b>	

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**Review**

<b>Date the Impact will be reviewed</b>	
<b>Rationale for Date</b>	

Having considered all of the groups, duties and rights in the list at Appendix A of the Guidance on Impact Assessment could this policy or practice have a negative impact on any of the following. Please answer Yes or No. If you answer Yes, please specify precisely which particular group, duty or right will be impacted and how and also what (if any) current evidence you have.

	Yes/No	Details	Evidence
Protected Characteristics			
Fairer Scotland Duty			
Health Inequality			
Specific Groups			
Human Rights			
UNCRC			

Will there be any cumulative impacts between this policy or decision and others	Yes	No
Describe what this cumulative impact will be and include evidence mitigations in the sections below		

Please list below the groups of stakeholders to be engaged with or consulted, what feedback has been received and how this has influenced development of the policy or practice and what (if any) mitigating actions have been put in place.

Stakeholder Groups	Feedback Received	Influence on Policy or Practice/Mitigating Actions



**Scottish Specific Public Sector Duties (SSPSED)**

Procured, Tendered or Commissioned Services

Is any part of this policy/service to be carried out wholly or partly by contactors and if so, how will equality, human rights including children's rights and the Fairer Scotland duties be addressed?

**ACHSCP Impact Assessment – Stage 4 – Review**

<b>Name of Impact Assessment being reviewed</b>	
<b>Name of Officer completing review</b>	
<b>Date Review Commenced</b>	
<b>Reason for Review (scheduled or accelerated)</b>	
<b>Reason for Accelerated Review</b>	
<b>Name of Lead Officer</b>	
<b>Date Review Completed</b>	

**Summary of Key Information**

<b>What amendments have been identified to the original Impact Assessment?</b>	
<b>What evidence do you have for these amendments?</b>	
<b>What actions have you taken to review the policy or practice in light of the review?</b>	

Having considered all of the groups, duties and rights in the list at Appendix A of the Guidance on Impact Assessment has the impact of this policy or practice changed from the original assessment? Please answer Yes or No. If you answer Yes, please specify precisely what change has occurred and which particular group, duty or right it affects and how and also what (if any) current evidence you have.

	Yes/No	Details	Evidence
Protected Characteristics			
Fairer Scotland Duty			
Health Inequality			
Specific Groups			
Human Rights			
UNCRC			

Will there be any cumulative impacts between this policy or decision and others	Yes	No
Describe what this cumulative impact will be and include evidence mitigations in the sections below		

Please list below the groups of stakeholders to be engaged with or consulted, what feedback has been received and how this has influenced development of the policy or practice and what (if any) mitigating actions have been put in place in light of the changes identified above.

Stakeholder Groups	Feedback Received	Influence on Policy or Practice/Mitigating Actions