



## Areas for Consideration of Impact

### Protected Characteristics

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| <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

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| <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)

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| <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. |

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| <p><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.</p> |
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**Other**

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| <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: full/part time; voluntary; delivering/accessing services.</b>                               |

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

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| <p><b>Article 2 – 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.</p> |
| <p><b>Article 3 - 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.</p>  |
| <p><b>Article 5 - 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.</p>   |
| <p><b>Article 9 - The right to liberty</b> (limited right) – and not to be deprived of that liberty in an arbitrary fashion.</p>   |
| <p><b>Article 10 - The right to a fair trial</b> (limited right) – including the right to be heard and offered effective participation in any proceedings.</p>   |
| <p><b>Article 12 - 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).</p>  |
| <p><b>Article 18 - The right to freedom of thought, belief and religion</b> (qualified right) including conduct central to beliefs (such as worship, appropriate diet, dress etc.)</p>   |
| <p><b>Article 19 - The right to freedom of expression</b> (qualified right) – to hold and express opinions, received/impart information and ideas without interference</p>   |

## UNCRC

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| <b>Article 2</b><br>non-discrimination                                  | <b>Article 15</b><br>freedom of association                         | <b>Article 30</b><br>children from minority or indigenous groups |
| <b>Article 3</b><br>best interests of the child                         | <b>Article 16</b><br>right to privacy                               | <b>Article 31</b><br>leisure, play and culture                   |
| <b>Article 4</b><br>implementation of the convention                    | <b>Article 17</b><br>access to information from the media           | <b>Article 32</b><br>child labour                                |
| <b>Article 5</b><br>parental guidance and a child's evolving capacities | <b>Article 18</b><br>parental responsibilities and state assistance | <b>Article 33</b><br>drug abuse                                  |
| <b>Article 6</b><br>life, survival and development                      | <b>Article 19</b><br>protection from violence, abuse and neglect    | <b>Article 34</b><br>sexual exploitation                         |
| <b>Article 7</b><br>Birth, registration, name, nationality, care        | <b>Article 20</b><br>children unable to live with their family      | <b>Article 35</b><br>abduction, sale and trafficking             |
| <b>Article 8</b><br>protection and preservation of identity             | <b>Article 22</b><br>refugee children                               | <b>Article 36</b><br>other forms of exploitation                 |
| <b>Article 9</b><br>separation from parents                             | <b>Article 23</b><br>children with a disability                     | <b>Article 37</b><br>inhumane treatment and detention            |
| <b>Article 10</b><br>family reunification                               | <b>Article 24</b><br>health and health services                     | <b>Article 38</b><br>war and armed conflicts                     |
| <b>Article 11</b><br>abduction and non-return of children               | <b>Article 25</b><br>review of treatment in care                    | <b>Article 39</b><br>recovery from trauma and reintegration      |
| <b>Article 12</b><br>respect for the views of the child                 | <b>Article 26</b><br>Benefit from social security                   | <b>Article 40</b><br>juvenile justice                            |
| <b>Article 13</b><br>freedom of expression                              | <b>Article 27</b><br>adequate standard of living                    | <b>Article 42</b><br>knowledge of rights                         |
| <b>Article 14</b><br>freedom of thought, belief and religion            | <b>Article 28</b><br>right to education                             |  |

## ACHSCP Impact Assessment – Proportionality and Relevance

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| <b>Name of Policy or Practice being developed</b>   | <b>New Ways of Working Digitally Adult Social Work</b>  |
| <b>Name of Officer completing Proportionality and Relevance Questionnaire</b>                   | <b>Eve Whyte – Senior Project Manager ACHSCP</b>  |
| <b>Date of Completion</b>   | <b>07/08/204</b>  |
| <b>What is the aim to be achieved by the policy or practice and is it legitimate?</b>           | <p>The overall aim is to set out the intention to invest and develop in required digital applications for adult social work staff. These are within Aberdeen City Health and Social Care Partnership (ACHSCP). This in turn could potentially impact staff, vendors and their interactions with clients and the services provided. It could (depending on the design) mean some changes to working practices.</p> <p>The high-level design of these applications may include</p> <p><b>Home Care Commissioning Portal</b> – This would allow staff and potentially citizens to match care packages required with available suppliers and procure the care from an online portal.</p> <p><b>Social Work Practitioner App</b> – Recording and transcription of interviews with service users and families during interaction. In addition, the use of AI to further transcribe and automatically fill in the forms required to support any episodes of care &amp; need required. Social workers would need to check everything for accuracy and compliance.</p> |
| <b>What are the means to be used to achieve the aim and are they appropriate and necessary?</b> | <p><b>What are the means to be used to achieve the aim?</b></p> <p>At each of the following project stages below this will involve several consultations with</p> <ul style="list-style-type: none"> <li>• Service Users,</li> <li>• Social Work Staff,</li> <li>• IT technical staff,</li> <li>• Cyber Security,</li> <li>• Legal,</li> <li>• Governance and Data Protection teams</li> </ul> <p>This is to ensure compliance in any required legislation and adherence to working practise. The aim is to make it safe for staff and citizens to work in the new manner. In addition, the applications will be co designed with social work staff and subject matter experts during the lifecycle of design and build of the project.</p> <ul style="list-style-type: none"> <li>• Pre Project</li> <li>• Inception</li> <li>• Construction</li> <li>• Transition</li> <li>• Business Operation</li> </ul>  |

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|  | <p><b>Are they appropriate and necessary?</b></p> <p>Yes, the impact of an ageing population with a corresponding increase in long term health conditions and complex care needs put increasing financial and resource pressures on services. In addition to the increased pressures on services, there are significant financial constraints in the current climate. This presents challenges to meeting increasing demand with fewer resources and for services who are already under significant pressures to both embrace new ways of working and find the resource to implement change.</p> <p>The <a href="#">Feeley Report</a> underscores the importance of a person-centred approach, advocating for increased investment in social care and the integration of technology to enhance care delivery. By incorporating advanced digital tools, this not only improves care efficiency and quality but also ensures that care services are both flexible and comprehensive, aligning with the person-centred ethos championed by the report. The need for the use of technology to be fully integrated into the delivery of health and social care services is of crucial importance in the current landscape.</p> |
| <p><b>If the policy or practice has a neutral or positive impact, please describe it here.</b></p> | <p>It is thought that both two applications will have a positive impact and bring benefits.</p> <p><b>The Home Care Commissioning portal</b> would, amongst other things, be able to:</p> <ul style="list-style-type: none"> <li>• Provide a single platform, integrated to D365, with a single view of request for Home Care.</li> <li>• Create additional staff capacity</li> <li>• Enable a single view of request, including status to all members of the life cycle of procurement of care (value chain) .</li> <li>• Enable notifications when status change.</li> <li>• Provide an integrated dashboard and reporting of requests per geographical area, type of request, demographics, client group, etc.</li> <li>• Enable a geographical view of where/which type of demand is being generated.</li> <li>• Enable the consortium of providers to issue requests to their member providers Enable suppliers to receive and respond to requests as close to real time as possible.</li> <li>• Enable every user in the value chain (as required) to understand status of request (with permissions limited to their scope of work).</li> </ul>  |

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|   | <ul style="list-style-type: none"> <li>• Enable every user in the value chain to report a change of circumstance (including the family or social worker).</li> <li>• Enable an interface to capture feedback to be shared and integrated to D365, e.g., feedback from family on service quality, feedback from carer on observations during the visit for further consideration of the social worker; and</li> <li>• Keep a secure and centralised exchange of Home Care Plans.</li> <li>• Following full implementation of the Portal, and through the leveraging of information held in D365, future demand will be able to be predicted across each:</li> </ul> <p><b>The Social Care Practitioner Application</b> at high level would be able to.</p> <ul style="list-style-type: none"> <li>• transcribe a live session with a citizen and be able to recognise the participants based on their voice.</li> <li>• automatically summarise the discussion through identification of questions, answers, and key observations.</li> <li>• structure a draft report for review, as per preferred format, that can then be reviewed by the social worker; and</li> <li>• upload report to the platform of reporting in the way of assessment form (as per set up in D365) under the record of the client.</li> <li>• The current model anticipates that it could create capacity for social work staff. Through use of the App, the time to record a detailed report of the interaction will reduce by 25%.</li> </ul> |
| <p><b>Is an Integrated Impact Assessment required for this policy or decision (Yes/No)</b></p>  | <p><b>Yes.</b> Full IIA will be carried out in the early stages stage of the project for each individual application if permission to proceed is given.</p>   |
| <p><b>Rationale for Decision</b><br/> <b>NB: consider: -</b></p> <ul style="list-style-type: none"> <li>• <b>How many people is the proposal likely to affect?</b></li> <li>• <b>Have any obvious negative impacts been identified?</b></li> <li>• <b>How significant are these impacts?</b></li> <li>• <b>Do they relate to an area where there are known inequalities?</b></li> </ul> | <p><b>How many people is the proposal likely to affect?</b></p> <ul style="list-style-type: none"> <li>○ Approximately 450 Social work staff who use the system</li> <li>○ Potentially 1000-3000 Service users on an annual basis (caseload dependant).</li> <li>○ The care provider consortium (currently Under tender) and other care providers ACHSCP commission care to.</li> </ul> <p><b>Have any obvious negative impacts been identified?</b></p>  |

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| <ul style="list-style-type: none"> <li>• <b>Why are a person's rights being restricted?</b></li> <li>• <b>What is the problem being addressed and will the restriction lead to a reduction in the problem?</b></li> <li>• <b>Does the restriction involve a blanket policy, or does it allow for different cases to be treated differently?</b></li> <li>• <b>Are there existing safeguards that mitigate the restriction?</b></li> </ul> | <p>No for initiating the projects - however for each project will need to be considered. Portal - if this is to be used by Citizens/Family/ Carers. Will there be a negative impact for those within Digital Poverty or no access to devices but this will be taken into consideration in the design stage. Practitioners App - considerations for those who with communication issues as well and mitigations against right to privacy.</p> <p><b>How significant are these impacts?</b><br/>The change will be for the better and the aim is to improve services alongside communication and commissioning of care with vendors. The ways of working are thought the moment to be digitally changing not an overhaul and complete redesign of working business processes. It is therefore thought at this stage the change is medium on the scale of change.</p> <p><b>Do they relate to an area where there are known inequalities?</b><br/>No – however given that some other users could be vulnerable and or have special needs. Accessibility of the digital systems will be considered and addressed in the design.</p> <p><b>What is the problem being addressed and will the restriction lead to a reduction in the problem?</b><br/>The problems being address are as follows</p> <p><b><u>Home Care Commissioning Portal</u></b><br/>This has been identified as a priority by ACHSCP staff to address, amongst other things:</p> <ul style="list-style-type: none"> <li>• failure demand.</li> <li>• decrease the time to issue a care offer;</li> <li>• create additional staff capacity; and</li> <li>• ultimately increase value for money on the contracted services, particularly in a context of budget contractions.</li> </ul> <p><b><u>Social Work Practitioner Application*</u></b><br/>A Social Work Practitioner Application to automate the capture of data and the subsequent preparation of draft documentation and reports for review of the Adult Social Worker. By doing so, Adult Social Workers would, amongst other things:</p> <ul style="list-style-type: none"> <li>• increase attention during the interaction to enhance the staff and service user experience;</li> <li>• spend less time on manual documentation; and</li> <li>• have greater capacity to invest greater time in other higher value activities such as early intervention and prevention.</li> </ul> |
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|                             | <p><b>Does the restriction involve a blanket policy, or does it allow for different cases to be treated differently?</b><br/>Not Applicable</p> <p><b>Are there existing safeguards that mitigate the restriction?</b><br/>Not Applicable</p> |
| <b>Decision of Reviewer</b> |   |
| <b>Name of Reviewer</b>     |   |
| <b>Date</b>                 |   |

**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?

Yes, part of the work involved will be done by partner digital suppliers. These services will have responsibility to address these duties in accordance with ACHSCP policy in their contracts. Support and guidance will also be provided to service users and supplier by ACC finance and social work staff.



**ACHSCP Impact Assessment – The Integrated Impact Assessment**

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| <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**

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| <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>       |  |

**Review**

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

Having considered all of the groups, duties, and rights in 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         |        |         |          |
| Other Groups              |        |         |          |
| Human Rights              |        |         |          |
| UNCRC                     |        |         |          |

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

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 |
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**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?

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## ACHSCP Impact Assessment – The Review

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| <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

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| <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 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         |        |         |          |
| Other 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 |
|--------------------|-------------------|--|
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