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:

Carers Strategy 2019-22

Service and Division/Team:

Perth and Kinross Health and Social Care Partnership

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

Karyn Sharp, Strategic Lead

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

Alison Gallacher, Business Improvement Officer, Christine Tse, Policy Officer and David McPhee, Equalities Team Leader.

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?

To provide improved support to Young and Adult Unpaid Carers living or caring in Perth & Kinross

Who are the main target groups/beneficiaries?

Unpaid Carers of all ages, and, indirectly, the people who they care for, which may include other family members.

What are the intended outcomes of the policy or practice?

That people who provide unpaid care are given support on a sustainable basis as long as they are able and willing to continue in that caring role. Support can be given to improve their health and wellbeing and other areas of their lives that are impacted, as well as to help them to be able to have a life alongside caring. Additionally, for Young Carers, they are supported to be a child first and foremost and have similar opportunities as their peers.

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. ☐)*
Community consultation/involvement outcomes from earlier contacts - this usually includes formally arranged contact with individuals or community, voluntary sector and other relevant interest groups.	Public consultation was held in October 2018 via social media, letters to registered carers, emails, focus groups with carers of all ages, consultation stalls and events. 324 responses were received. A follow-up consultation was carried out at the Carers Conference, Perth, which was open to all across Perth and Kinross, whereby 35 responses were received. Carer representatives are able to provide ongoing feedback on the draft consultation through the Carer Programme Board, Carers Strategic Group, Carers Voice and related subgroups.
Employee involvement/consultation feedback *(eg survey, focus groups)*	Strategy consultation survey was developed through: • Several meetings held with key stakeholders on 12th, 13th, 19th, 20th, and 26th September 2018, and • 2 focus groups: one with adult carers and the other with young carers, both held on 20/9/2018. • Draft consultation has ongoing feedback from key stakeholders across the Partnership and carers.
Research and information list main sources.	Census 2011, General Registrar of Scotland and Relevant legislation where applicable.
Officer knowledge and experience.	Involvement from Strategic Lead for Health and Social Care Partnership; Christine Tse, Policy Officer; Alison Gallacher, Business Improvement Officer; and David McPhee, Equalities Team Leader. All contributors have a vast range of experience and broad knowledge in this area.
Equality monitoring data.	Cross referenced existing information in Appendix 1 and final draft will be shared with Equalities Strategic Forum.
Service user feedback (including customer contact, services and complaints).	Received through events outlined above.
Partner feedback.	Received through events outlined above.
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+)	October 2018	Approx 37% of 324 carers gave feedback on their experience of carer services locally which helped us to develop the themes and commitments of the strategy.
	Younger People (16-64)	October 2018	Approx 42% of 324 carers gave feedback on their experience of carer services locally which helped us to develop the themes and commitments of the strategy.
	Children (0-16)	October 2018	Approx 18% of 324 carers gave feedback on their experience of carer services locally which helped us to develop the themes and commitments of the strategy.
	Looked After Children (Corporate Parenting)		
Disability	Physical Disability		N/A – not particularly relevant due to our strategy relating to supporting carers who look after people with disabilities.
	Sensory Impairment		N/A – not particularly relevant due to our strategy relating to supporting carers who look after people with disabilities.
	Mental Health		N/A – not particularly relevant due to our strategy relating to supporting carers who look after people with disabilities.
	Learning Disability		N/A – not particularly relevant due to our strategy relating to supporting carers who look after people with disabilities.

Gender Reassignment	Male transitioning to female		Consultation opportunities offered through press/social media.
	Female transitioning to male		Consultation opportunities offered through press/social media.
Marriage/Civil Partnership	Women		Consultation opportunities offered through press/social media.
	Men		Consultation opportunities offered through press/social media.
	Same Sex Couple (Male)		Consultation opportunities offered through press/social media.
	Same Sex Couple (Female)		Consultation opportunities offered through press/social media.
Pregnancy / Maternity/Paternity	Women		Carer Positive Employer
	Men (Paternity)		Carer Positive Employer
Race	A list of categories used in the census is here		MECOPP consulted with 6 carers from the Gypsy/Traveller community. Consultation opportunities offered through PKAVS Minorities Hub and through press/social media.
Religion / Belief	A list of categories used in the census is here		Consultation opportunities offered through press/social media.
Sex	Female		Consultation opportunities offered through press/social media.
	Male		Consultation opportunities offered through press/social media.
	Other Gender Identity		Consultation opportunities offered through press/social media.
Sexual Orientation	Lesbian		Consultation opportunities offered through press/social media.
	Gay		Consultation opportunities offered through press/social media.
	Bisexual		Consultation opportunities offered through press/social media.
Socio-economic (fairness)	Options detailed in Appendix 2		Consultation opportunities offered through press/social media.

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+)	The Carers Strategy seeks to improve the lives of all carers regardless of age.		
	Younger People (16-64)	The Carers Strategy seeks to improve the lives of all carers regardless of age.		
	Children (0-16)	The Carers Strategy seeks to improve the lives of all carers regardless of age.		
	Looked After Children (Corporate Parenting)	The Carers Strategy seeks to improve the lives of all carers regardless of age.		
Disability	Physical Disability	The strategy intends to raise awareness of carer support and services to enable all carers to be supported in their caring role and to meet their own outcomes. Carer Support Workers or Social Workers are able to travel to any carers who may not be able to travel outside of their own homes.		

Disability *(Contd)*	Sensory Impairment	The strategy intends to raise awareness of carer support and services to enable all carers to be supported in their caring role and to meet their own outcomes.	There may be an indirect impact on people with sensory impairment due to difficultly in receiving information (eg from posters advertising help and support). However, once they have contacted our service, we are able to make measures to support them in understanding information given to them. Links to existing strategies would be considered eg See Hear, British Sign Language, TEC Strategy.	
	Mental Health	The strategy intends to raise awareness of carer support and services to enable all carers to be supported in their caring role and to meet their own outcomes.	There may be an indirect impact on people with mental health problems and their carers due to perceived societal stigma in accessing services or support. Links to existing strategies would be considered eg Mental Health Strategy.	

Disability *(Contd)*	Learning Disability	The strategy intends to raise awareness of carer support and services to enable all carers to be supported in their caring role and to meet their own outcomes.	There may be an indirect impact on people with learning disability due to difficultly in receiving information (eg from posters advertising help and support). However, once they have contacted our service, we are able to make measures to support them in understanding information given to them. Links to existing strategies would be considered eg Keys to Life Strategy.	
Gender Reassignment	Male transitioning to female	This strategy is all-encompassing and does not differentiate carers or the cared-for by their gender. As carers are assessed only on the impact their caring role has on them using a published eligibility criteria, this ensures that there will be no discrimination against people on gender.		
	Female transitioning to male	This strategy is all-encompassing and does not differentiate carers or the cared-for by their gender. As carers are assessed only on the impact their caring role has on them using a published eligibility criteria, this ensures that there will be no discrimination against people on gender.		

Marriage/Civil Partnership	Women	The strategy seeks to improve the circumstances of each individual carer and enables them to meet their own individual outcomes.		
	Men			There is no evidence of a prevalence which indicated that there would be a specific impact on the strategy at this stage.
	Same Sex Couple (Male)			There is no evidence of a prevalence which indicated that there would be a specific impact on the strategy at this stage.
	Same Sex Couple (Female)			There is no evidence of a prevalence which indicated that there would be a specific impact on the strategy at this stage.
Pregnancy / Maternity/Paternity	Women			There is no evidence of a prevalence which indicated that there would be a specific impact on the strategy at this stage.
	Men (Paternity)			There is no evidence of a prevalence which indicated that there would be a specific impact on the strategy at this stage.

Race	A list of categories used in the census is here.	The strategy seeks to improve the circumstances of each individual carer and enables them to meet their own individual outcomes.	However, where there are language or culture barriers, this may indirectly mean that these people are negatively impacted due to lack of understanding (of published information etc). Additionally, for example, carers from the gypsy/traveler community can find it difficult to access services or support and prefer dedicated workers who can develop a relationship with their community and provide information/support to them. Would work with existing organisations eg PKAVS and MECOPP. An Ethnic Minority Support Worker is also funded as a frontline interface and support. Practice is non-discriminatory and policies would support this throughout any commissioned services.	

Religion / Belief	A list of categories used in the census is here.	The strategy seeks to improve the circumstances of each individual carer and enables them to meet their own individual outcomes.	However, where there are language or culture barriers, this may indirectly mean that these people are negatively impacted (due to difference in cultures which may prevent them from accessing support or certain types of support). Would work with existing organisations eg PKAVS and MECOPP. An Ethnic Minority Support Worker is also funded as a frontline interface and support. Practice is non-discriminatory and policies would support this throughout any commissioned services.	
Sex	Female	The strategy seeks to improve the circumstances of each individual carer and enables them to meet their own individual outcomes.	Some forms of support may appeal more to the other sex or there may not be a female equivalent, eg mens shed, certain leisure activities.	
	Male	The strategy seeks to improve the circumstances of each individual carer and enables them to meet their own individual outcomes.	Some forms of support may appeal more to the other sex, eg carer cafes, therapies, which may indirectly but negatively exclude male carers.	
	Other Gender Identity	The strategy seeks to improve the circumstances of each individual carer and enables them to meet their own individual outcomes.	Some forms of support may appeal more to the other sex, which may indirectly but negatively exclude these carers.	

Sexual Orientation	Lesbian	The strategy seeks to improve the circumstances of each individual carer and enables them to meet their own individual outcomes.	There may be feelings of societal stigma which may prevent some carers from accessing services. Otherwise, the strategy does not discriminate or promote one 'type' of carer over another.	
	Gay	The strategy seeks to improve the circumstances of each individual carer and enables them to meet their own individual outcomes.	There may be feelings of societal stigma which may prevent some carers from accessing services. Otherwise, the strategy does not discriminate or promote one 'type' of carer over another.	
	Bisexual	The strategy seeks to improve the circumstances of each individual carer and enables them to meet their own individual outcomes.	There may be feelings of societal stigma which may prevent some carers from accessing services. Otherwise, the strategy does not discriminate or promote one 'type' of carer over another.	
Socio-economic (fairness)	Options detailed in Appendix 2.	The strategy seeks to improve the circumstances of each individual carer and enables them to meet their own individual outcomes and would consider the needs of those affected particularly by socio-economic disadvantage eg rurality, low income, substance misuse.		

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+)	If an issue were to arise we would reduce or remove any identified negative impact.	Carers Programme Board and Strategy Group through the Risk Mitigation Plan.	
	Younger People (16-64)	If an issue were to arise we would reduce or remove any identified negative impact.	Carers Programme Board and Strategy Group through the Risk Mitigation Plan.	
	Children (0-16)	If an issue were to arise we would reduce or remove any identified negative impact.	Carers Programme Board and Strategy Group through the Risk Mitigation Plan.	
	Looked After Children (Corporate Parenting)	If an issue were to arise we would reduce or remove any identified negative impact.	Carers Programme Board and Strategy Group through the Risk Mitigation Plan.	
Disability	Physical Disability	If an issue were to arise we would reduce or remove any identified negative impact.	Carers Programme Board and Strategy Group through the Risk Mitigation Plan.	
	Sensory Impairment	If an issue were to arise we would reduce or remove any identified negative impact.	Carers Programme Board and Strategy Group through the Risk Mitigation Plan.	
	Mental Health	If an issue were to arise we would reduce or remove any identified negative impact.	Carers Programme Board and Strategy Group through the Risk Mitigation Plan.	
	Learning Disability	If an issue were to arise we would reduce or remove any identified negative impact.	Carers Programme Board and Strategy Group through the Risk Mitigation Plan	

Gender Reassignment	Male transitioning to female	If an issue were to arise we would reduce or remove any identified negative impact.	Carers Programme Board and Strategy Group through the Risk Mitigation Plan.	
	Female transitioning to male	If an issue were to arise we would reduce or remove any identified negative impact.	Carers Programme Board and Strategy Group through the Risk Mitigation Plan.	
Marriage/Civil Partnership	Women	If an issue were to arise we would reduce or remove any identified negative impact.	Carers Programme Board and Strategy Group through the Risk Mitigation Plan.	
	Men	If an issue were to arise we would reduce or remove any identified negative impact.	Carers Programme Board and Strategy Group through the Risk Mitigation Plan.	
	Same Sex Couple (Male)	If an issue were to arise we would reduce or remove any identified negative impact.	Carers Programme Board and Strategy Group through the Risk Mitigation Plan.	
	Same Sex Couple (Female)	If an issue were to arise we would reduce or remove any identified negative impact.	Carers Programme Board and Strategy Group through the Risk Mitigation Plan.	
Pregnancy / Maternity/Paternity	Women	If an issue were to arise we would reduce or remove any identified negative impact.	Carers Programme Board and Strategy Group through the Risk Mitigation Plan and Employer Responsibility.	
	Men (Paternity)	If an issue were to arise we would reduce or remove any identified negative impact.	Carers Programme Board and Strategy Group through the Risk Mitigation Plan and Employer Responsibility.	
Race	A list of categories used in the census is here.	Services have been commissioned through Minorities Community Hub and MECOPP to mitigate and support carers where there is a risk that carers may be indirectly disadvantaged due to race. An Ethnic Minority Support Worker is also funded as a frontline interface and support.	Carers Programme Board and Strategy Group through the Risk Mitigation Plan.	

Religion / Belief	A list of categories used in the census is here.	Services have been commissioned through Minorities Community Hub and MECOPP to mitigate and support carers where there is a risk that carers may be indirectly disadvantaged due to cultural and religious belief. An Ethnic Minority Support Worker is also funded as a frontline interface and support.	Carers Programme Board and Strategy Group through the Risk Mitigation Plan.	
Sex	Female	If an issue were to arise we would reduce or remove any identified negative impact.	Carers Programme Board and Strategy Group through the Risk Mitigation Plan.	
	Male	If an issue were to arise we would reduce or remove any identified negative impact.	Carers Programme Board and Strategy Group through the Risk Mitigation Plan.	
	Other Gender Identity	If an issue were to arise we would reduce or remove any identified negative impact.	Carers Programme Board and Strategy Group through the Risk Mitigation Plan.	
Sexual Orientation	Lesbian	If an issue were to arise we would reduce or remove any identified negative impact.	Carers Programme Board and Strategy Group through the Risk Mitigation Plan.	
	Gay	If an issue were to arise we would reduce or remove any identified negative impact.	Carers Programme Board and Strategy Group through the Risk Mitigation Plan.	
	Bisexual	If an issue were to arise we would reduce or remove any identified negative impact.	Carers Programme Board and Strategy Group through the Risk Mitigation Plan.	
Socio-economic (fairness)	As detailed in Appendix 2.	If an issue were to arise we would reduce or remove any identified negative impact.	Carers Programme Board and Strategy Group through the Risk Mitigation Plan.	

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.

The successful implementation of the strategy including communication and engagement with all groups of carers and support to groups of carers who may be indirectly disadvantaged, will improve the lives of carers across Perth & Kinross.

Section 7: Authorising the Assessment

The following signatures are required:

Service Manager

Signed   K Sharp   Name   Karyn Sharp   Date   09/05/2019

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

Signed   D McPhee   Name   David McPhee   Date   09/05/2019

Section 8: Publishing the Assessment

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

Date Action Completed   10/06/2019   Date for Review of EFIA   September 2019

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)

If any equalities issues are identified through consultation at the Equalities Strategic Forum or as part of our ongoing work we would refer to existing mechanisms for specialist advice as required. The Strategic Lead is a member of the NHS Tayside Equality and Diversity Forum and the Perth and Kinross Equality and Strategic Forum.

Date completed:

August 2019

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 eg 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 eg 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 (ie 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 eg 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/.