

# Equality and Children's Rights Impact Assessment (Stage 1)

**This is a legal document as set out in the**

- **Equality Act (2010), the Equality Act 2010 (Specific Duties) (Scotland) regulations 2012,**
- **the UNCRC (Incorporation) (Scotland) Act 2024,**

**and may be used as evidence for cases referred for further investigation for compliance issues.**

**Completing this form helps you to decide whether or not to complete to a full (Stage 2) EQIA and/or Children's Rights and Wellbeing impact Assessment (CRWIA). Consideration of the impacts using evidence, and public/patient feedback may also be necessary.**

## Question 1: Title of Policy, Strategy, Redesign or Plan

NHS Fife Visiting Procedure

## Question 2a: Lead Assessor's details

<b>Name</b>	Jamie Doyle	<b>Tel. No</b>	20828
<b>Job Title:</b>	Head of Nursing	<b>Ext:</b>	20828
<b>Department</b>	Acute Services Division	<b>Email</b>	Jamie.Doyel@nhs.scot

## Question 2b: Is there a specific group dedicated to this work? If yes, what is the title of this group?

No

## Question 3: Detail the main aim(s) of the Policy, Strategy, Redesign or Plan. Please describe the specific objectives and desired outcomes for this work.

<b>Aim</b>	The aim of this procedure is to ensure a person-centred approach to hospital visiting across NHS Fife, emphasising the critical role of family and friends support in providing high-quality, safe, effective, and compassionate care. The procedure seeks to balance the positive impact of family, friend and loved one's involvement with necessary safety measures to minimize infection risks and maintain a safe clinical environment.
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	<p><b>Specific Objectives:</b></p> <ol style="list-style-type: none"> <li>1. To promote a person-centred approach to hospital visiting, ensuring that family, friend and loved one's involvement is considered an integral part of patient care.</li> <li>2. To recognise and support the vital role of family members and friends in enhancing the quality, safety, and compassion of care provided to patients.</li> <li>3. To establish clear guidelines for hospital visiting that balance the benefits of family and friend support with measures to reduce infection risks.</li> <li>4. To maintain a safe clinical environment by implementing necessary safety protocols during family visits.</li> <li>5. To ensure that visiting policies are aligned with current public health guidelines and NHS Fife's infection control procedures.</li> <li>6. To foster collaboration between healthcare teams and families to ensure the ongoing well-being of patients during their hospital stay.</li> </ol>
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#### Question 4: Identifying the Impacts in brief

Consider any potential Impacts whether positive and/or negative including **social and economic impacts** and human rights. Please note, in brief, what these may be, if any. **Please do not leave any sections blank.**

Relevant Protected Characteristics	Impacts negative and positive Social / Economic Human Rights
<p><b>Age -</b>  <i>Think: adults, older age etc.</i>  <i>For impacts on 0-18 year old, please refer to the below Question 5 - children's rights assessment (CRWIA).</i></p>	<p><b>Positive Impacts:</b></p> <ul style="list-style-type: none"> <li>• A person-centred approach to hospital visiting ensures that people of all ages, including older adults, can benefit from the support of family members, which can positively impact their emotional well-being, reduce feelings of isolation, and support their recovery.</li> <li>• For children and younger individuals, family involvement can provide emotional comfort, reduce anxiety, and support better outcomes during their hospital stay.</li> <li>• The policy aims to make visiting more flexible and therefore this will impact positively those of working age who could be affected by shift work/patterns or those of school age who could be impacted by those restrictions.</li> <li>• This policy will make it easier for visitors to do so at times that suit them best</li> </ul>

	<p><b>Negative Impacts:</b></p> <ul style="list-style-type: none"> <li>The introduction of safety measures may restrict the frequency or type of visits, affecting the quality of care for vulnerable elderly patients, but this will be outweighed by the impact of necessary infection control/safety measures.</li> </ul>
<p><b>Disability –</b>  <i>Think: mental health, physical disability, learning disability, deaf, hard of hearing, sight loss etc.</i></p>	<p><b>Positive Impacts:</b></p> <ul style="list-style-type: none"> <li>A flexible, person-centred visiting procedure can accommodate the needs of people with disabilities, including physical, sensory, or learning disabilities. Family support can be crucial in helping individuals with disabilities navigate hospital settings and maintain their emotional well-being.</li> <li>The procedure ensures equitable access for patients with disabilities to receive the benefit of family visits, which may be vital for their mental health.</li> <li>Due to the improved flexibility of this procedure, it is anticipated there will be a positive impact on visitors that have disabilities.</li> </ul> <p><b>Negative Impacts:</b></p> <ul style="list-style-type: none"> <li>Strict safety measures, such as limiting visitor numbers or imposing distance requirements, may disproportionately affect individuals with disabilities, particularly those who require more frequent or specialised support from family members.</li> <li>The procedure may not sufficiently address the needs of those with specific disabilities who may struggle to understand or follow the safety protocols.</li> </ul> <p><b>Human Rights Impacts:</b></p> <ul style="list-style-type: none"> <li><u>Positive</u>: Supports the right of individuals with disabilities to receive adequate family support during hospital visits.</li> <li><u>Negative</u>: Restricting family visits for disabled individuals may limit their autonomy and their right to familial care, potentially exacerbating feelings of isolation, at times that restrictions may</li> </ul>

	be required in relation to infection prevention and control.
<p><b>Race and Ethnicity –</b>  <i>Note: Race = “a category of humankind that shares certain distinctive physical traits” e.g. Black, Asian, White, Arab</i></p> <p><i>Ethnicity = “large groups of people classed according to common racial, national, tribal, religious, linguistic or cultural origin/background”</i></p> <p><i>Think: White Gypsy Travellers, Black African, Asian Pakistani, White Romanian, Black Scottish, mixed or multiple ethnic groups.</i></p>	<p><b>Positive Impacts:</b></p> <ul style="list-style-type: none"> <li>• A flexible visiting policy can ensure that family members and friends from diverse racial and ethnic backgrounds can participate in care and decision-making, fostering culturally competent care.</li> <li>• For certain ethnic groups, maintaining family involvement is crucial for cultural reasons, as family plays an essential role in caregiving and emotional support.</li> </ul> <p><b>Negative Impacts:</b></p> <ul style="list-style-type: none"> <li>• In some cultures, there may be challenges with balancing family expectations and the hospital’s infection control policies, leading to potential misunderstandings or dissatisfaction.</li> </ul> <p><b>Social/Economic Impacts:</b></p> <ul style="list-style-type: none"> <li>• <u>Positive:</u> Family involvement can improve recovery outcomes for patients from diverse ethnic backgrounds, promoting social cohesion and community support.</li> </ul>
<p><b>Sex –</b>  <i>Think: male and/or female, intersex, Gender-Based Violence</i></p>	<p><b>Positive Impacts:</b></p> <ul style="list-style-type: none"> <li>• The procedure ensures that both male and female patients can receive family support, which is essential for emotional well-being and recovery, regardless of gender.</li> <li>• The procedure ensures equitable treatment for all patients, including those who may have gender-related needs and staff will follow the gender based violence policy as required.</li> </ul>
<p><b>Sexual Orientation -</b>  <i>Think: lesbian, gay, bisexual, pansexual, asexual, etc.</i></p>	<p><b>Positive Impacts:</b></p> <ul style="list-style-type: none"> <li>• The procedure ensures that all patients, regardless of their sexual orientation, can receive support from their loved ones during their hospital stay.</li> <li>• This clear and inclusive procedure could help prevent discrimination based on</li> </ul>

	sexual orientation.
<p><b>Religion and Belief -</b>  <i>Note: Religion refers to any religion, including a lack of religion. Belief refers to any religious or philosophical belief including a lack of belief.</i>  <i>Think: Christian, Muslim, Buddhist, Atheist, etc.</i></p>	<p><b>Positive Impacts:</b></p> <ul style="list-style-type: none"> <li>• The procedure ensures that individuals of all religions and beliefs can have their family members visit, which is crucial for spiritual support and adherence to religious customs</li> <li>• Flexibility in visiting policies can accommodate specific religious or spiritual needs, such as prayer or fasting.</li> </ul>
<p><b>Gender Reassignment –</b>  <i>Note: transitioning pre and post transition regardless of Gender Recognition Certificate</i>  <i>Think: transgender, gender fluid, nonbinary, etc.</i></p>	<p><b>Positive Impacts:</b></p> <ul style="list-style-type: none"> <li>• A flexible, inclusive visiting procedure ensures that individuals undergoing gender reassignment can receive support from their family members without facing discrimination or exclusion.</li> <li>• Supports the mental and emotional health of transgender individuals by respecting their need for family support during transition and recovery.</li> </ul> <p><b>Human Rights Impacts:</b></p> <ul style="list-style-type: none"> <li>• <u>Positive</u>: Upholds the right to family life and non-discrimination for individuals undergoing gender reassignment.</li> </ul>
<p><b>Pregnancy and Maternity –</b>  <i>Note: Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after birth.</i>  <i>Think: workforce maternity leave, public breast feeding, etc.</i></p>	<p><b>Positive Impacts:</b></p> <ul style="list-style-type: none"> <li>• The procedure ensures that pregnant individuals and new mothers can have family and friends support during their hospital stay, which is essential for emotional well-being and recovery.</li> <li>• Clear visitation rights for partners and family members can foster better maternal outcomes and reduce stress for new parents.</li> </ul> <p><b>Human Rights Impacts:</b></p> <ul style="list-style-type: none"> <li>• <u>Positive</u>: Protects the right to family support for pregnant individuals and new parents.</li> </ul>

<p><b>Marriage and Civil Partnership –</b>  <i>Note: Marriage is the union between a man and a woman or between a same-sex couple. Same-sex couples can also have their relationships legally recognised as a civil partnership.</i>  <i>Think: workforce, etc.</i></p>	<p>This policy will have no impact on workforce or on this protected characteristic.</p>
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### Question 5: Children's Rights & Wellbeing Impact Assessment

From July 2024, the UNCRC is enforceable by law. This means public bodies must act compatibly with children's rights. Please consider here any impacts of your proposal on children's rights as per the [UNCRC](#) articles. The UNCRC applies to all under 18s, with no exceptions.

Even if your proposal does not directly impact children, there may be indirect impact, so please work through the below regardless.

UNCRC Right	Anticipated Impacts & Relevant Mitigations
<p><b>Article 3 - Best Interests of the Child</b>  <i>Note: Consideration to how any proposal may impact children must be made. Decisions must be made whilst considering what is best for children.</i></p>	<p>Policy allows and promotes children being able to visit and have visitors. This policy has a positive impact on this, maintaining and prioritising the rights of all children and young people.</p>
<p><b>Article 6 &amp; 19- Life, Survival and Development &amp; Protection</b>  <i>Think: Children have the right to life. Governments should make sure that children develop and grow healthily and should protect them from things or people which could hurt them.</i></p>	<p>Policy does not exclude children; the policy is person centred and allows flexibility as appropriate and required.</p>
<p><b>Article 12 &amp; 13 – Respect for Children's Views and Access to Information</b>  <i>Note: every child has the right to have a say in decisions that affect them this could include making a complaint and accessing information.</i></p>	<p>Flexibility of this procedure is intended to support a positive impact on children and dependents of patients. Children are welcome to provide feedback on this procedure.</p>
<p><b>Article 22 &amp; 30 – Refugee &amp;/or Care Experienced Children</b>  <i>Note: If a child comes to live in the UK from another country as a refugee, they should have the same rights as children born in the UK. Some children may need additional considerations to make any proposal equitable for them (e.g. The Promise, Language interpretation or cultural differences).</i></p>	<p>Procedure fully supports this.</p>

<p><b>Article 23 – Disabled Children</b>  <i>Note: Disabled children should be supported in being an active participant in their communities.</i></p> <p><i>Think: Can disabled children join in with activities without their disability stopping them from taking part?</i></p>	<p>Procedure is inclusive of all children, including those with disabilities.</p>
<p><b>Article 24 &amp; 27 – Enjoyment of the Highest Attainable Standard of Health</b>  <i>Note: Children should have access to good quality health care and environments that enable them to stay healthy both physically and mentally.</i></p> <p><i>Think: Clean environments, nutritious foods, safe working environments.</i></p>	<p>Procedure is flexible, person centred and supports children and young people.</p>
<p><b>Other relevant UNCRC articles:</b>  <i>Note: Please list any other <a href="#">UNCRC</a> articles that are specifically relevant to your proposal.</i></p>	

**Question 6: Please include in brief any evidence or relevant information, local or national that has influenced the decisions being made. This could include demographic profiles, audits, publications, and health needs assessments.**

**Adults with Incapacity (Scotland) Act 2000** – which can be accessed via visiting: <https://www.legislation.gov.uk/asp/2000/4/contents/enacted>

**NHS Scotland Infection Prevention and Control Manual** – which can be accessed via visiting: <https://www.nipcm.hps.scot.nhs.uk/>

**Scottish Government Visiting** – which can be accessed via visiting: <https://www.gov.scot/publications/coronavirus-covid-19-hospital-visiting-guidance/>

**Question 7: Have you consulted with staff, public, service users, children and young people and others to help assess for Impacts?**  
**(Please tick)**

Yes		No	x
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If yes, **who** was involved and **how** were they involved?

If not, why did you not consult other staff, patients or service users? Do you have feedback, comments/complaints etc that you are using to learn from, what are these and what do they tell you?

NHS Fife Clinical Policy & Procedure Group

**Question 10: Which of the following ‘Conclusion Options’ applies to the results of this Stage 1 EQIA and why? Please detail how and in what way each of the following options applies to your Plan, Strategy, Project, Redesign etc.**

*Note: This question informs your decision whether a Stage 2 EQIA is necessary or not.*

<b>Conclusion Option</b>	<b>Comments</b>
<b>1. No Further Action Required.</b> Impacts may have been identified, but mitigations have been established therefore no requirement for Stage 2 EQIA or a full Children’s Rights and Wellbeing Impact Assessment. (CRWIA)	This procedure is anticipated to have positive impacts and all negative impacts identified are in relation to safety and infection control restrictions therefore appropriate mitigations are limited. No requirement for Stage 2 EQIA.
<b>2. Requires Further Adjustments.</b> Potential or actual impacts have been identified; further consideration into mitigations must be made therefore Stage 2 EQIA or full CRWIA required.	
<b>3. Continue Without Adjustments</b> Negative impacts identified but no feasible mitigations. Decision to continue with proposal without adjustments can be objectively justified. Stage 2 EQIA /full CRWIA) may be required.	
<b>4. Stop the Proposal</b> Significant adverse impacts have been identified. Proposal must stop pending completion of a Stage 2 EQIA or full CRWIA to fully explore necessary adjustments.	


**PLEASE NOTE: ALL LARGE SCALE DEVELOPMENTS, CHANGES, PLANS, POLICIES, BUILDINGS ETC MUST HAVE A STAGE 2 EQIA /full CRWIA)**


If you have identified that a full EQIA/CRWIA is required then you will need to ensure that you have in place, a working group/ steering group/ oversight group and a means to reasonably address the results of the Stage 1 EQIA/CRWIA and any potential adverse outcomes at your meetings.

For example you can conduct stage 2 and then embed actions into task logs, action plans of sub-groups and identify lead people to take these as actions.

It is a requirement for Stage 2 EQIA's to involve public engagement and participation.

You should make contact with the Participation and Engagement team at [fife.participationandengagements@nhs.scot](mailto:fife.participationandengagements@nhs.scot) to request community and public representation, and then contact Health Improvement Scotland to discuss further support for participation and engagement.

To be completed by Lead Assessor	
Name	Jamie Doyle
Email	<a href="mailto:Jamie.Doyle@nhs.scot">Jamie.Doyle@nhs.scot</a>
Telephone (ext)	20828
Signature	
Date	30 May 2025

To be completed by Equality and Human Rights Lead officer – for quality control purposes	
Name	Isla Bumba
Email	<a href="mailto:Isla.bumba@nhs.scot">Isla.bumba@nhs.scot</a>
Telephone (ext)	29557
Signature	
Date	2/6/25

**Return to Equality and Human Rights Team at**  
**[Fife.EqualityandHumanRights@nhs.scot](mailto:Fife.EqualityandHumanRights@nhs.scot)**