

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

Dementia Carers Education Programme

Question 2a: Lead Assessor's details

Name	Helen Skinner	Tel. No	01592 643355
Job Title:	Nurse Consultant for Dementia	Ext:	28429
Department	Acute Services	Email	Helen.skinner@nhs.scot

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

Dementia Carers Education Short Life Working Group

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.

Aim	<p>This bespoke programme has been specifically designed to support the educational and practical learning needed to support and sustain family care for a relative or friend living with dementia. The focuses are as follows:</p> <ul style="list-style-type: none"> • Enhancing knowledge and understanding of the effects of dementia • Developing practical skills in the fundamentals of care and caring • Facilitating opportunities for peer-to-peer learning • Introductions to community services and support and making healthcare connections
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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>Age - <i>Think: adults, older age etc.</i></p> <p><i>For impacts on 0-18 year old, please refer to the below Question 5 - children's rights assessment (CRWIA).</i></p>	<p>The majority of carers who will attend this programme will be caring for someone over the age of 65 years. This programme will have a positive impact for those carers, and people living with dementia that they support.</p>
<p>Disability – <i>Think: mental health, physical disability, learning disability, deaf, hard of hearing, sight loss etc.</i></p>	<p>The programme will be held in the Alzheimer Scotland Brain Health and Dementia Resource Centre in Kirkcaldy. The centre is wheelchair accessible.</p> <p>There are good public transport links as the venue is located behind Stance 7 at Kirkcaldy Bus station.</p> <p>There is a drop off point on Hill Street behind the centre and there is nearby street parking and local town centre carparks nearby.</p> <p>A hearing loop system is not available in the Alzheimer Scotland premises unfortunately. Should a hearing loop be required we will obtain one on loan from NHS Fife (either Pharmacy at VHK or from Whytemans Brae Hospital Main Reception).</p> <p>We will be able to access a BSL interpreter through the Language Line digital service provided by NHS Fife or a face to face BSL</p>

	<p>interpreter can be organised via the NHS Fife Patient Experience Team.</p>
<p>Race and Ethnicity – <i>Note: Race = “a category of humankind that shares certain distinctive physical traits” e.g. Black, Asian, White, Arab</i> <i>Ethnicity = “large groups of people classed according to common racial, national, tribal, religious, linguistic or cultural origin/background”</i> <i>Think: White Gypsy Travellers, Black African, Asian Pakistani, White Romanian, Black Scottish, mixed or multiple ethnic groups.</i></p>	<p>The programme will be delivered in the English language.</p> <p>If someone requires an interpreter we will access NHS Fife interpreter services, either in-person interpretation or through a digital format using Language Line.</p> <p>Written materials will be translated as needed on request.</p> <p>Our leaflet has the accessibility statement included.</p> <p>All sessions will be culturally sensitive.</p>
<p>Sex – <i>Think: male and/or female, intersex, Gender-Based Violence</i></p>	<p>This new programme will impact all sexes equally.</p> <p>No adverse impact is predicted but should it arise any additional action necessary would be taken to adapt the programme as required.</p>
<p>Sexual Orientation - <i>Think: lesbian, gay, bisexual, pansexual, asexual, etc.</i></p>	<p>No adverse impact is predicted but should it arise any additional action necessary would be taken to adapt the programme as required.</p>
<p>Religion and Belief - <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>No adverse impact is predicted but should it arise any additional action necessary would be taken to adapt the programme as required.</p>
<p>Gender Reassignment – <i>Note: transitioning pre and post transition regardless of Gender Recognition Certificate</i> <i>Think: transgender, gender fluid, nonbinary, etc.</i></p>	<p>No adverse impact is predicted but should it arise any additional action necessary would be taken to adapt the programme as required.</p>

<p>Pregnancy and Maternity – <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>No adverse impact is predicted but should it arise any additional action necessary would be taken to adapt the programme as required.</p>
<p>Marriage and Civil Partnership – <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, inpatients visiting rights, etc.</i></p>	<p>No adverse impact is predicted but should it arise any additional action necessary would be taken to adapt the programme as required.</p>

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>Article 3 - Best Interests of the Child <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>As the majority of people living with dementia tend to be over the age of 65 years it is not expected that we will have participants on the programme who have a caring role and are under the age of 18 years. However each article has been considered and comments provided.</p> <p>No adverse impact is predicted but should it arise any additional action necessary would be taken to adapt the programme as required.</p>
<p>Article 6 & 19- Life, Survival and Development & Protection <i>Think: Children have the right to life. Governments should make sure that children develop and grow healthily and</i></p>	<p>No adverse impact is predicted but should it arise any additional action necessary would be taken to adapt the programme as required.</p>

<i>should protect them from things or people which could hurt them.</i>	
Article 12 & 13 – Respect for Children’s Views and Access to Information <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>	No adverse impact is predicted but should it arise any additional action necessary would be taken to adapt the programme as required.
Article 22 & 30 – Refugee &/or Care Experienced Children <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>	No adverse impact is predicted but should it arise any additional action necessary would be taken to adapt the programme as required.
Article 23 – Disabled Children <i>Note: Disabled children should be supported in being an active participant in their communities.</i> <i>Think: Can disabled children join in with activities without their disability stopping them from taking part?</i>	No adverse impact is predicted but should it arise any additional action necessary would be taken to adapt the programme as required.
Article 24 & 27 – Enjoyment of the Highest Attainable Standard of Health <i>Note: Children should have access to good quality health care and environments that enable them to stay healthy both physically and mentally.</i> <i>Think: Clean environments, nutritious foods, safe working environments.</i>	No adverse impact is predicted but should it arise any additional action necessary would be taken to adapt the programme as required.
Other relevant UNCRC articles: <i>Note: Please list any other UNCRC articles that are specifically relevant to your proposal.</i>	Not applicable

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.

New dementia strategy for Scotland: Everyone's Story (2023) [dementia-scotland-everyones-story.pdf](#)

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	
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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?

The members of the Short Life Working Group developing the programme attended various carer groups run by Alzheimer Scotland, STAND and Fife Carers Centre. Carers were asked their views about the proposed content and delivery of the programme.

We used the feedback from the consultant sessions to refine the programme so that it meets the needs of carers. The carers asked for shorter sessions rather than a full day, interactive sessions rather than just presentations, and to hear the lived experience of other carers.

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.

Conclusion Option	Comments
1. No Further Action Required. 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)	Impacts of the new programme have been identified and any necessary action required to mitigate has been established. A stage 2 EQIA or a full Children's Rights and Wellbeing Impact Assessment is not required.
2. Requires Further Adjustments. Potential or actual impacts have been identified; further consideration into mitigations must be made therefore Stage 2 EQIA or full CRWIA required.	
3. Continue Without Adjustments 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.	

4. Stop the Proposal Significant adverse impacts have been identified. Proposal must stop pending completion of a Stage 2 EQIA or full CRWIA to fully explore necessary adjustments.	
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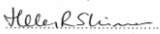
PLEASE NOTE: ALL LARGE SCALE DEVELOPMENTS, CHANGES, PLANS, POLICIES, BUILDINGS ETC MUST HAVE A STAGE 2 EQIA /full CRWIA)


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 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	
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Signature	
Date	21.02.2025

To be completed by Equality and Human Rights Lead officer – for quality control purposes	
Name	Isla Bumba
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Telephone (ext)	29557
Signature	
Date	11.4.25

Return to Equality and Human Rights Team at
Fife.EqualityandHumanRights@nhs.scot