Equality & Poverty Impact Assessment 00667 (Version 1)

SECTION ONE: ESSENTIAL INFORMATION

Service & Division:	Social Work Adult Services Community Care	Lead Officer Name:	James Spence
		Team:	Planning, Performance and Finance
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Proposal:	A non-recuring budget of £250,000 is available to establish the Digital Health and Care Fund which will be targeted towards improving the use and availability of digital health and care technologies within Falkirk. The fund will be allocated by the Falkirk Health and Social Care Partnership. The funding programme has been developed and will be commissioned by representatives from health and social care and third sector who are part of the Digital Health and Care Programme Board. Digital Health and Care refers to the integration of advanced technical solutions to enhance and support health and care services. By adopting approaches that make appropriate use of digital health and care technologies, services can leverage personalised and efficient care delivery, improve service user outcomes and empower individuals to actively participate in managing their health. The capture of data relevant to the service user's needs enables more informed decision-making and proactive interactions. Technology has become a supporting workstream within the [Falkirk Health & Social Care Partnership Strategic Plan 2023-2026](). The workstream has been implemented to ensure that the partnership use technology to explore new ways of helping people and to deliver services.	Reference No:	

Scotland's Digital Health and Care Strategy sets out a vision to improve the care and wellbeing of people in Scotland by making best use of digital technologies in the design and delivery of services. This fund will help contribute towards the outcomes for technology as a supporting workstream and ensure technology is being used to help individuals and support the delivery of services.

Fund Outcomes

The fund aims to develop and increase the use of digital health and care technologies in services within Falkirk, and support the implementation of technology as a supporting workstream within the Strategic Plan as well as the priorities set out in Scotland's Digital Health and Care Strategy. The outcomes of the fund are directly aligned to the priorities of the Falkirk Health & Social Care Partnership strategic Plan 2023-2026 and therefore aim to use digital health and care technologies to achieve outcomes:

- Community based services are strengthened and supported through technology.

- Digital Health and Care Technologies provide access to the right care, at the right time, in the right place.

- Technology solutions focus on prevention, early intervention and minimising harm.

- Carers are supported in their caring role through the application of digital technologies.

What is the Proposal?	Budget & Other Financial Decision	Policy (New or Change)	HR Policy & Practice	Change to Service Delivery / Service Design
	Yes	No	No	No

Who does the Proposal affect?	Service Users	Members of the Public	Employees	Job Applicants

	Yes	Yes	Yes	No
Other, please specify:				

Identify the main aims and projected outcome of this proposal (please add date of each update):	
08/01/2024	To achieve the above outcomes, projects must support at least one of Falkirk's HSCP Strategic Plan Priorities, they are: • Support and strengthen community based services. • Ensure people can access the right care, at the right time, in the right place. • Focus on prevention, early intervention and minimising harm. • Ensure Carers are supported in their caring role. • Supporting Workstreams: Workforce, technology, communication and engagement.
08/01/2024	Projects must also support one of the priorities within Scotland's Digital Health & Care Strategy: • Digital Access: People have flexible digital access to information, their own data and services which support their health and wellbeing, wherever they are. • Digital skills and leadership: Digital skills are seen as core skills for the workforce across the health and care sector. • Digital services: Digital options are increasingly available as a choice for people accessing services and staff delivering them. • Digital futures: Our wellbeing and economy benefits as Scotland remains at the heart of digital innovation and development. • Data-driven services and insight: Data is harnessed to the benefit of citizens, services and innovation. • Digital foundations: The infrastructure, systems, regulation, standards, and governance are in place to ensure robust and secure delivery.

SECTION TWO: FINANCIAL INFORMATION

For budget changes ONLY please include information below:			Benchmark, e.g. Scottish Average
Current spend on this service (£'0000s)	Total:	250 (ringfenced but not yet spent)	The Chief Finance Officer and the Partnership Funding Co-ordinator agreed to ringfence a budget of £250k for the Digital Health and Care Fund. The fund will be available on a non-recurring basis and will be utilised over a three-year period. This structured approach aims to facilitate effective planning and implementation of projects supported by the fund by 1 April 2027
Reduction to this service budget (£'0000s)	Per Annum:		
Increase to this service budget (£'000s)	Per Annum:		
If this is a change to a charge or concession please complete.	Current Annual Income Total:		
	Expected Annual Income Total:		
If this is a budget decision, when will the saving be achieved?	Start Date:		
	End Date (if any):		

SECTION THREE: EVIDENCE	Please include any evidence or relevant information that has influenced the decisions contained in this EPIA. (This could include demographic profiles; audits; research; health needs assessments; national guidance or legislative requirements and how this relates to the protected characteristic groups.)

A - Quantitative Evidence	This is evidence which is numerical and should include the number people who use the service and the number of people from the protected characteristic groups who might be affected by changes to the service.

The most up to date Internet Access data analysed by the Office of National Statistics was produced in August 2020. This period was notable as it occurred early in the COVID-19 pandemic and it is possible that some figures may have changed as the demands on technology increased during this period. The 2020 figures demonstrated that the use of digital technologies for health-related and non-health related activities was not consistent across age, gender and disabled groups.

National Quantitative Evidence

In the category of "Looking for health-related information (eg injury, disease, nutrition, improving health etc)", the Office of National Statistics findings were that 61-70% of people aged between 16 and 54 used the Internet to find health-related information, compared to 55% in the age group 55-64 and 40% aged 65 or over. Females are more likely to use the internet to find health-related information (Females 67%, Males 53%). 55% of people with a disability defined in the Equality Act used the internet to search for health-related information.

The findings showed that in 2020, only 6% of people aged 55-64 had "Accessed personal health records online". With the Scottish Government's key commitment to deliver the "Digital Front Door", a platform for people to get access to their health and care information and to health and care services, directly and allow people to access, self-manage, and contribute to their own health and care information online, there is a clear need to ensure people are supported. The Digital Health and Care Fund has the potential to contribute to avoid Falkirk's population being left behind.

The Office of National Statistics findings in the category of "Making an appointment with a medical practitioner via a website or app" revealed low percentages overall, with no group having more than 25% of internet users having made a (face to face or other) appointment in this way. 15% of people aged 55-64 and 19% of people 65 and over had made an appointment via a website or app. 17% of males and 24% of females made appointments in this way. 23% of individuals with an disability defined in the Equality Act made an appointment via a website or app. All age groups fell between 11% to 19% in 2020 in relation to "Using other online health services via a website or app instead of having to go to the hospital or visit a doctor, for example getting a prescription or a consultation online". However, as these figures were produced in 2020 at the beginning of the COVID-19 pandemic and, as such, may have changed significantly in the years since.

Falkirk Quantitative Evidence

A Falkirk HSCP exercise conducted in 2023 provides more local and up-to-date findings. The Equality Outcomes and Mainstreaming Report first phase of consultation, led by the Equalities & Human Rights Lead Officer, took place between September and November 2023. Officers engaged in 30 hours face-to-face contact with service users and stakeholders across 14 community groups. 76 responses were also gathered via an online consultation.

At the engagement events and online survey service users were asked if they were adversely impacted accessing internet-based services. If they were, they were asked what barriers caused this. This resulted in multiple and recurring barriers emerging.

EQUALITY MONITORING BREAKDOWN

Below is a breakdown of equality monitoring information from the online consultation and the percentage of respondents who stated they were adversely impacted by digital exclusion. (From Briefing Note produced by the Equalities & Human Rights Lead Officer)

Age	Respondents	% Impacted
16-24	2	0%
25-34	17	5%
35-44	15	53%
45-54	12	50%
55-64	7	43%
65+	23	

56% (13)

Gender

Respondents

% Impacted

Female

51

47%

Male

25

29%

Disability & Caring Responsibilities

Respondents

% Impacted

Disability or Health Condition

34

59%

Caring Responsibilities

19

58%

Ethnicity

Respondents

% Impacted

Asian, Asian British

12

50%

Black, African, Caribbean or Black British

3

0%

Mixed or Multiple Ethnic Groups

1

100%

Other Ethnic Group

11

36%

Prefer Not to Say

3

33%

White

46

43%

Religion

Respondents

% Impacted

Christian

30

40%

Muslim

16

50%

No Religion or Belief

23

39%

Other

3

33%

Prefer not to Say

4

50%

B - Qualitative Evidence	This is data which describes the effect or impact of a change on a group of people, e.g. some information provided as part of performance reporting.

Social - case studies; personal / group feedback / other

The Equality Outcomes and Mainstreaming Report produced by the Equalities & Human Rights Lead Officer, sets out specific barriers that technology can introduce, which the Digital Health and Care Fund can seek to address.

National Qualitative Evidence

Human Rights Principles for Digital Health and Social Care: The Health and Social Care Alliance Scotland (ALLIANCE), Scottish Care and VOX (Voices of Experience) worked together to support the development of rights based health and social care policy and practice across Scotland. Their work sets out five principles that can be applied to Digital Health and Social Care ensure the rights of the individual are built into plans and projects:

- People at the Centre
- Digital where it is best suited
- Digital as a choice
- Digital inclusion, not just widening access
- Access and control of digital data

https://www.alliance-scotland.org.uk/digital/wp-content/uploads/2021/04/Applying-the-Human-Rights-Principles-for-Digital-Health-and-Social-Care-updated-2023.pdf

Building Trust in the Digital Era: Achieving Scotland's Aspirations as an Ethical Digital Nation is a Digital Ethics Expert Group Report. The purpose of this report is to advance the vision of an Ethical Digital Nation as set out in Scotland's Digital Strategy (Digital Directorate, 2021). Compiled by the National Expert Group on Digital Ethics, it aims to develop strategic and actionable recommendations for an Ethical Digital Scotland, informed by the best available evidence, expert knowledge and insights from multiple publics and stakeholders.
https://www.gov.scot/binaries/content/documents/govscot/publications/independent-report/2022/11/building-trust-digital-era-achieving-scotlands-aspirations-ethical-digital-nation/documents/building-trust-digital-era-achieving-scotlands-aspirations-ethical-digital-nation-digital-ethics-expert-group-report/building-trust-digital-era-achieving-scotlands-aspirations-ethical-digital-nation-digital-ethics-expert-group-report/govscot%3Adocument/building-trust-digital-era-achieving-scotlands-aspirations-ethical-digital-nation-digital-ethics-expert-group-report.pdf

SSSC Technology Practice Guide – Care Inspectorate. SSSC have produced a good practice guide to highlight good practice that supports good outcomes, help care services, their staff and Care Inspectorate staff to achieve positive experiences of digital technology to support care, support care providers to better understand and offer good quality digital engagement. This practice guide provides some examples of how digital technologies are being used to support person-centred care.
https://www.careinspectorate.com/images/Technology_practice_guide.pdf

TEC STORIES - TEC Services Association (TSA)

TEC Services Association (TSA) has created a powerful collection of 'TEC Stories', capturing 10 very different, very personal stories, all of which paint a vivid picture of how technology enabled care is transforming people's lives within a care setting.

- Take an outcomes-led approach

- Promote autonomy
- Enable connectivity
- Be quality-led

Help to reduce or defer an escalation of needs

https://www.tsa-voice.org.uk/downloads/tec_stories_care_homes/tec_stories_care_homes_-_final_low_res.pdf

Falkirk Qualitative Evidence

The Falkirk HSCP Equality Outcomes Monitoring Report consultation led by the Equalities & Human Rights Lead Officer between September and November 2023 identified a list of the recurring barriers respondents faced when accessing internet-based services including a summary of what they said about those barriers, set out below. The Digital health and Care Fund must take into account the findings of the consultation to support individuals.

Accessibility:

- Individuals do not have access to a phone, laptop or internet therefore cannot access internet-based services. Some also cannot afford the devices and do not see the necessity of taking a financial hit to have them.
- No Interest in Technology and online services:
- People have no interest in learning about technology or accessing Internet-based services. They would rather stick with traditional methods such as face-to-face contact and filling out paper forms.

Support:

- Individuals rely on family to do everything that is required online, such as filling out online forms. Those without family rely on friends or groups that they attend to show them what to do.

Know the basics:

- Individuals only know the very basics of technology, such as texting and phoning from a mobile phone. Anything after that becomes too complicated and confusing for them which stops their willingness to learn more. They lack the knowledge and training required.
- Some only have access to basic technology which cannot do complex approaches that are often required to accessing internet-based services, for example scanning a QR code or downloading apps.

Awareness:

- Respondents are not aware of services that are internet-based or can be accessed online. Furthermore, they assume services are internet-based when they cannot find access to them.

Concerns accessing Internet-based Services:

- Respondents have concerns over the safety of accessing internet-based services and do not feel comfortable using the technology required to access them. They are worried about possible repercussions if they make a mistake when using technology.

Websites/Phone lines difficult to navigate:

- Individuals can be put off accessing internet-based services if navigating a website or communicating with an automated telephone system is involved.
- Websites can be too complicated to navigate for individuals to find their information, which leads to them giving up looking.
- When automated telephone lines are involved it can confuse individuals, particularly older people, when they have to press specific numbers or required to explain the reason for their phone call to an automated machine that cannot understand.
- One bad experience with both makes them hesitate and unwilling to use again.

Best Judgement:	
Has best judgement been used in place of data/research/evidence?	Yes
Who provided the best judgement and what was this based on?	There may be some groups whose views have not been captured despite best efforts. However, by applying the broad principles set out in the Human Rights Principles for Digital Health and Social Care, the SSSC Technology Practice Guide and Building Trust in the Digital Era, views of individuals can be considered through the application process for projects seeking funding.
What gaps in data / information were identified?	Technology is a broad category that impacts everyone in different ways. It is a area that evolves rapidly and will continue to evolve throughout the life of the Digital health and Care Fund. Technologies such as AI are still being understood. Emerging technologies throughout the life of the fund, can be addressed through the governance mechanisms agreed via the Senior Leadership Team.
Is further research necessary?	No
If NO, please state why.	The need for the fund and overall principles are broadly understood at time of launch. Emerging technologies throughout the life of the fund can be addressed through the governance mechanisms agreed via the Senior Leadership Team.

Has the proposal / policy / project been subject to engagement or consultation with service users taking into account their protected characteristics and socio-economic status?	Yes
If YES, please state who was engagement with.	As set out in the previous sections, the Fund is informed by a Falkirk HSCP exercise conducted in 2023. The Equality Outcomes and Mainstreaming Report first phase of consultation, led by the Equalities & Human Rights Lead Officer, took place between September and November 2023. Officers engaged in 30 hours face-to-face contact with service users and stakeholders across 14 community groups. 76 responses were also gathered via an online consultation.
If NO engagement has been conducted, please state why.	

How was the engagement carried out?		**What were the results from the engagement? Please list...**
Focus Group	No	
Survey	Yes	See Above sections
Display / Exhibitions	Yes	Falkirk Oder People's Network Event
User Panels	No	
Public Event	Yes	Falkirk Oder People's Network Event
Other: please specify	76 responses were also gathered via an online consultation.	

Has the proposal / policy/ project been reviewed / changed as a result of the engagement?	Yes
Have the results of the engagement been fed back to the consultees?	No
Is further engagement recommended?	No

SECTION FIVE: ASSESSING THE IMPACT

Equality Protected Characteristics:	What will the impact of implementing this proposal be on people who share characteristics protected by the Equality Act 2010 or are likely to be affected by the proposal / policy / project? This section allows you to consider other impacts, e.g. poverty, health inequalities, community justice, carers etc.

Protected Characteristic	Neutral Impact	Positive Impact	Negative Impact	Please provide evidence of the impact on this protected characteristic.
Age		✓		Funded technology projects have the potential to significantly enhance the lives of older individuals by fostering improved well-being, connectivity, and independence. Smart devices, health monitoring applications, and assistive technologies empower older people to manage their health actively, while social platforms and video communication tools bridge gaps, mitigating loneliness. However, it's imperative to address potential drawbacks. Because digital literacy challenges can present a significant obstacle, the assessment of projects seeking funding must factor digital inclusion considerations into the evaluation process, Support and training must be clearly set out as part of the evaluation process so that funded projects include appropriate support, emphasise the importance of user-friendly interfaces, robust cybersecurity measures, and comprehensive educational initiatives. By funding projects that include support, the challenges can be minimised resulting in a positive impact. Striking a balance between embracing technological advancements and safeguarding against risks is essential for maximising the positive impact of technology on the protected characteristics of age.
Disability		✓		Projects funded by the Digital Health and Care Fund may hold tremendous promise in positively impacting the lives of individuals with disabilities, encouraging inclusivity, accessibility, and autonomy. Innovations such as assistive technologies, adaptive devices, and customisable interfaces empower people with disabilities to navigate the digital landscape and engage more fully in various aspects of life. However, it is crucial to acknowledge and mitigate potential challenges. Addressing issues of ensuring widespread accessibility, and prioritising user-friendly designs will be essential when assessing applications for funding and reviewing project plans. By actively considering these factors, technology can become a powerful force for breaking down barriers and enhancing the protected characteristic of disability, promoting a more inclusive and equitable society.

				characteristic of sex, to ensure equality, inclusivity, and empowerment. Technologies that promote educational access, career opportunities, and health and care tailored to diverse gender needs will contribute to breaking down traditional barriers. However, it will be crucial to address potential biases and disparities that may arise in technology development.
Ethnicity		✓		Projects receiving funding through the Digital Health and Care Fund can positively impact individuals in relation to the protected characteristic of ethnicity, promoting diversity, inclusion, and cultural understanding. Technologies and projects that prioritise multilingual interfaces, diverse representation in content creation, and equitable access to digital resources contribute to bridging cultural gaps. The promotion of the fund and the review of applications must avoid potential biases and discrimination to ensure fair representation across ethnic backgrounds.
Religion / Belief / non-Belief		✓		Technological advancements that accommodate various religious practices, provide inclusive digital environments, and offer diverse content contribute to creating a more tolerant and inclusive society.
Sexual Orientation		✓		Technologies and digital initiatives that prioritise inclusive language, representation, and support networks contribute to creating a more accepting digital landscape. Applications for funding must be reviewed to address potential biases and challenges related to sexual orientation in technology. Striving for diversity and sensitivity in content creation, ensuring privacy and security for LGBTQ+ individuals, and actively combating discrimination in online spaces .
Transgender		✓		Funded technology projects have the potential to positively impact individuals concerning the protected characteristic of transgender identity. Funded projects may support diverse gender experiences. Projects funded through the Digital Health and Care Fund must prioritise respectful representation, inclusive language, and digital spaces that affirm diverse gender identities to contribute to creating a more supportive and understanding environment. However, it is crucial to address potential biases and challenges related to transgender identities in technology. Ensuring privacy and security, combating discrimination, and actively promoting diverse gender perspectives are vital aspects.

Pregnancy / Maternity		✓		Technology applications will be reviewed to ensure inclusivity and support. Digital health and care projects that support or provide reliable pregnancy-related information, accessible health and care applications and access to supporting online communities.
Marriage / Civil Partnership		✓		Technology applications will be reviewed to ensure inclusive representation, provide equal access to resources for all relationship types, and respect the diversity of partnerships.
Poverty		✓		The protected characteristic of poverty may be positively impacted through the Digital health and Care Fund to promote access, empowerment, and opportunities for socio-economic improvement. Technologies that address digital divides, provide affordable access to education and job opportunities, and offer innovative solutions for financial inclusion contribute to mitigating the impact of poverty. Potential disparities and biases in technology may affect economically disadvantaged individuals and the Fund must be careful not to negatively influence the digital divide. By supporting projects that ensuring affordability, create inclusive digital solutions, and demonstrate how they can help bridge the technological gap will be essential considerations.
Care Experienced		✓		The Fund may support individuals who have experienced care. Digital projects with inclusive educational resources, mentorship programs, or offer guidance may contribute to creating a more supportive environment for care-experienced individuals.
Other, health, community justice, carers etc.	✓			Other protected characteristics will be considered in the review of applications and award of funding through governance mechanisms. in general the fund will support inclusive solutions and accessible resources to contribute to creating a more equitable and supportive digital environment for these individuals.

| Risk (Identify other risks associated with this change) | The Digital health and Care Fund, while holding great potential for positive impact, mut also carefully consider and mitigate potential risks associated with protected characteristics. Privacy concerns are paramount in relation to health data to ensure the confidentiality and security of of individuals across all characteristics.

Ensuring accessibility is critical to avoid creating technology solutions that inadvertently exclude certain groups or individuals in vulnerable situations. Addressing biases in datasets is essential to prevent discrimination and ensure representation across different different characteristics.

The Fund must be cautious of exacerbating existing health or care inequalities. Special attention must be given to designing solutions that bridge gaps in health and care and do not widen factors such as social-economic status.

Risks will be assessed through the governance of projects to ensure that projects minimise or mitigate negative impacts of technology projects funded through the Digital Health and Care programme. |
|---|---|
| **Evidence of Due Regard** | |
| **Eliminate Unlawful Discrimination (harassment, victimisation and other prohibited conduct):** | The Fund will follow the Partnership's policies and guidance, outlining a clear commitment to non-discrimination, equal opportunity and respectful conduct. All stakeholders involved in the fund, including developers, administrators and users must adhere to these policies. Governance around the fund will ensure that discrimination is eliminated in the administration of funded projects. |
| **Advance Equality of Opportunity:** | Equality of opportunity will be advanced in relation to protected characteristics by ensuring support and inclusive design are built into processes. Funded projects must demonstrate a commitment to inclusive design and accessibility as the fund aims to ensure that digital health and care projects supported are accessible to individuals across diverse age groups, abilities, genders, sexual orientations, and other protected characteristics. By providing resources to projects that prioritise inclusivity, the fund contributes to breaking down barriers and fostering equal access to health and care innovation. Furthermore, the transparent evaluation criteria and emphasis on non-discrimination create a fair and level playing field for all stakeholders involved. This approach positions the fund as a catalyst for promoting equality of opportunity, ensuring that technological advancements in health and care are accessible and beneficial to individuals regardless of their protected characteristics. |
| **Foster Good Relations (promoting understanding and reducing prejudice):** | The fund will actively foster good relations, promoting understanding and reducing prejudice in relation to protected characteristics. Collaboration lies at the core of the fund's approach, as it seeks to work closely with projects supporting a diverse range of individuals needs. By encouraging partnerships and facilitating open communication, the fund aims to create an environment where different perspectives and needs are understood and respected. Through these collaborative efforts, the fund not only supports innovative digital projects but also contributes to building a more inclusive and understanding health and care ecosystem, ultimately reducing prejudice and promoting positive relations among diverse groups. |

SECTION SIX: PARTNERS / OTHER STAKEHOLDERS

Which sectors are likely to have an interest in or be affected by the proposal / policy / project?		Describe the interest / affect.
Business	No	
Councils	Yes	Falkirk Council will experience some impact from this fund as the Digital Falkirk plans align with the Partnership's Digital Health and Care priorities. The fund may present opportunities to support Falkirk Council Service Users through digital solutions. Projects such as the Fairer Falkirk initiative which focus on addressing inequalities will align with the Fund's ambitions.
Education Sector	No	
Fire	No	
NHS	Yes	Partners in NHS FV will experience some impact from this fund as the NHS-FV digital plans align with the Partnership's Digital health and Care activity. The fund may present opportunities to support patients and service users health and care needs through digital solutions and the availability of support. NHS projects such as the Remote Healthcare Pathways work (using technology to take blood pressure reading at home and communicate them via an app) may be significantly supported through funded projects that focus on supporting digitally excluded individuals. Funded projects that benefit health and care services will help strengthen an integrated health and care service.
Integration Joint Board	Yes	The fund offers a unique opportunity to strengthen the integration of health and social care through digital advancements. Projects may support implementation of shared digital resources, streamline communication systems, and standardise digital tools, ultimately contributing to more cohesive and user-centric care delivery. The fund represents opportunities to embrace innovation and efficiency in service provision.
Police	No	

Third Sector	Yes	The fund creates a pathway for third-sector organisations to access resources for digital projects that address specific health and care challenges. Those whose applications are accepted may experience positive impacts, gaining opportunities to innovate and contribute to health and care solutions and to support service users through digital approaches. By participating, these partners can play a more active role in shaping the digital landscape of health and care, potentially improving service delivery, outreach, and support for vulnerable populations. The fund offers a chance for the third sector to collaborate with the Partnership NHS, Falkirk Council and other stakeholders, encouraging a more integrated and inclusive approach to addressing health and social care needs. The extent of impact will depend on the effectiveness of project proposals, highlighting the importance of strategic planning and alignment with shared health and care objectives.
Other(s): please list and describe the nature of the relationship / impact.		

SECTION SEVEN: ACTION PLANNING

Mitigating Actions:	If you have identified impacts on protected characteristic groups in Section 5 please summarise these in the table below detailing the actions you are taking to mitigate or support this impact. If you are not taking any action to support or mitigate the impact you should complete the No Mitigating Actions section below instead.

Identified Impact	To Who	Action(s)	Lead Officer	Evaluation and Review Date	Strategic Reference to Corporate Plan / Service Plan / Quality Outcomes

No Mitigating Actions

Please explain why you do not need to take any action to mitigate or support the impact of your proposals.

The fund does not require immediate mitigating action as robust governance mechanisms are in place to systematically identify and address risks on a project-by-project basis. The governance framework is designed to proactively assess potential challenges, ensuring that each funded project undergoes thorough scrutiny for any associated risks. This approach enables the fund to respond effectively to emerging issues. The existing governance structure manages risks throughout the lifecycle of each project supported by the fund.

Are actions being reported to Members?	Yes / No
If yes when and how ?	

SECTION EIGHT: ASSESSMENT OUTCOME

Only one of following statements best matches your assessment of this proposal / policy / project. Please select one and provide your reasons.		
No major change required	Yes	The proposal demonstrates a comprehensive understanding and integration of considerations related to age, disability, gender, sexual orientation, and other protected characteristics. The inclusive language, diverse representation, and accessibility features embedded within the proposal reflect a commitment to addressing potential biases and ensuring equitable outcomes. The governance mechanisms will manage risks on a project-by-project basis, minimising the likelihood of discrimination or adverse impacts on specific groups. The proposal aligns with principles of fairness, inclusivity, and respect for diversity, indicating that no significant modifications are necessary at this stage.
The proposal has to be adjusted to reduce impact on protected characteristic groups	No	
Continue with the proposal but it is not possible to remove all the risk to protected characteristic groups	No	
Stop the proposal as it is potentially in breach of equality legislation	No	

SECTION NINE: LEAD OFFICER SIGN OFF

Lead Officer:			
Signature:	*James Spence*	**Date:**	09/01/2024

SECTION TEN: EPIA TASK GROUP ONLY

OVERALL ASSESSMENT OF EPIA:	Has the EPIA demonstrated the use of data, appropriate engagement, identified mitigating actions as well as ownership and appropriate review of actions to confidently demonstrate compliance with the general and public sector equality duties?		Yes / No
ASSESSMENT FINDINGS **If YES, use this box to highlight evidence in support of the assessment of the EPIA** **If NO, use this box to highlight actions needed to improve the EPIA**			
Where adverse impact on diverse communities has been identified and it is intended to continue with the proposal / policy / project, has justification for continuing <u>without making changes</u> been made?	Yes / No	If YES, please describe:	

LEVEL OF IMPACT: The EPIA Task Group has agreed the following level of impact on the protected characteristic groups highlighted within the EPIA		
LEVEL		**COMMENTS**
HIGH	Yes / No	
MEDIUM	Yes / No	
LOW	Yes / No	

SECTION ELEVEN: CHIEF OFFICER SIGN OFF

Director / Head of Service:			
Signature:	*Martin David Thom*	**Date:**	09/01/2024