



Areas for Consideration of Impact

Protected Characteristics

Age: older people; middle years; early years; children and young people.
Disability: physical impairments; learning disability; sensory impairment; mental health conditions; long-term medical conditions.
Gender Reassignment: people undergoing gender reassignment
Marriage & Civil Partnership: people who are married, unmarried or in a civil partnership.
Pregnancy and Maternity: women before and after childbirth; breastfeeding.
Race and ethnicity: minority ethnic people; non-English speakers; gypsies/travellers; migrant workers.
Religion and belief: people with different religions or beliefs, or none.
Sex: men; women; experience of gender-based violence.
Sexual orientation: lesbian; gay; bisexual; heterosexual.

Fairer Scotland Duty

Low income – those who cannot afford regular bills, food, clothing payments
Low Wealth – those who can meet basic living costs but have no savings for unexpected spend or provision for the future.
Material Deprivation – those who cannot access basic goods and services, unable to repair/replace broken electrical goods, heat their homes or access to leisure or hobbies
Area of Deprivation/Communities of Place - consider where people live and where they work (accessibility and cost of transport)
Socio-Economic Background - social class, parents' education, employment, income.

Health Inequality (those not already covered in the Fairer Scotland Duty)

Low literacy / Health Literacy includes poor understanding of health and health services (health literacy) as well as poor written language skills.
Discrimination/stigma – negative attitudes or treatment based on stereotyping. Discrimination can be direct or indirect and includes harassment and victimisation.
Health and Social Care Service Provision - availability, and quality/affordability and the ability to navigate accessing these.
Physical environment and local opportunities - availability and accessibility of housing, transport, healthy food, leisure activities, green spaces, air quality and housing/living conditions, exposure to pollutants,

safety of neighbourhoods, exposure to crime, transmission of infection, tobacco, alcohol and substance use.
Education and learning - availability and accessibility to quality education, affordability of further education, Early Years development, readiness for school, literacy and numeracy levels, qualifications.

Other

Looked after (incl. accommodated) children and young people
Carers: paid/unpaid, family members.
Homelessness: people on the street; staying temporarily with friends/family; in hostels, B&Bs.
Involvement in the criminal justice system: offenders in prison/on probation, ex-offenders.
Addictions and substance misuse
Refugees and asylum seekers
Staff: full/part time; voluntary; delivering/accessing services.

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

Article 2 – The right to no discrimination – not to be treated in a different way compared with someone else in a similar situation. Indirect discrimination happens when someone is treated in the same way as others that does not take into account that person’s different situation. An action or decision will only be considered discriminatory if the distinction in treatment cannot be reasonably and objectively justified.
Article 3 - The right to life (absolute right) – everyone has the right to life, liberty and security of person which includes access to basic necessities and protection from risks to their life from self or others.
Article 5 - The right not to be tortured or treated in an inhuman or degrading way (absolute right) which includes anything that causes fear, humiliation intense physical or mental suffering or anguish.
Article 9 - The right to liberty (limited right) – and not to be deprived of that liberty in an arbitrary fashion.
Article 10 - The right to a fair trial (limited right) – including the right to be heard and offered effective participation in any proceedings.
Article 12 - The right to respect for private and family life, home and correspondence (qualified right) – including the right to personal choice, accessible information and communication, and participation in decision-making (taking into account the legal capacity for decision-making).
Article 18 - The right to freedom of thought, belief and religion (qualified right) including conduct central to beliefs (such as worship, appropriate diet, dress etc.)
Article 19 - The right to freedom of expression

(qualified right) – to hold and express opinions, received/impart information and ideas without interference

UNCRC

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

ACHSCP Impact Assessment – Proportionality and Relevance

Name of Policy or Practice being developed	General Practice: Tender to support Asylum Seeker health needs
Name of Officer completing Proportionality and Relevance Questionnaire	Susie Downie
Date of Completion	28/10/2023
What is the aim to be achieved by the policy or practice and is it legitimate?	The purpose of the policy is to ensure equitable access to health services whilst ensuring general practice sustainability for new asylum seekers in Aberdeen City.
What are the means to be used to achieve the aim and are they appropriate and necessary?	<p>The intended outcome/s of the policy is to:</p> <ul style="list-style-type: none"> - Equitable access to GMS services for Asylum seekers within Aberdeen City - To deliver against the New Scots Outcomes which will ultimately help them to lead better lives and adopt a better standard of living - To provide appropriate financial resource to support general practice to deliver care for those AS with additional complexity and demand for services - To ensure Mental health needs are identified early - To ensure all legal duties are fully delivered - To ensure no negative impact on current service delivery to the general public and ensure good relations with asylum seeker cohort
If the policy or practice has a neutral or positive impact please describe it here.	<p>This policy would have a positive impact on Asylum Seeker population as well as protection of services to the general public.</p> <p>Look to be specific around which area will see the positive impact. From the content I would say;</p> <p>Race and ethnicity - Positive Impact. The investment into accessing GMS services and HAT team ensures that this population would not be disadvantaged. Evidence shows that language and communication are the biggest challenges for this cohort so by using face to face health needs</p>

assessment and language line information at early stage can be sought to ensure support is provided. Mental health and trauma is the biggest health issue along with a higher risk of contagious diseases. Many studies have noted the high prevalence of trauma. The HAT team have undergone trauma informed practice and wider teams supporting AS have been made aware of resources to support this cohort. Equalities and Diversity Team are coordinating. Information for this cohort is better written as studies show that these individuals have trouble retaining information due to the stress of arrival. Peer support within contingency accommodation will help to provide support to one another. In addition links to 3rd sector organisations / charities in line with background/religion /interests will be made. This group is economically disadvantaged and therefore consideration of cost of travel is required. Local access to healthcare or transport provided is a necessity.

Disability – Positive impact. Early intervention and triage by MH practitioner means that any concerns can be identified at the earliest opportunity. If a patient and their family members and carers have to travel further to access GP and nursing healthcare, this could seriously disadvantage disabled people. There would also be a cost implication.

Age - Neutral. Currently there are a small number of individuals undergoing age assessments however this does not impact access to health care.

Pregnancy/ Maternity – Positive Impact. As per disability.

Religion or Belief - Positive impact. The investment into accessing GMS services and HAT team ensures that this population would not be disadvantaged through early identification of needs. A main challenge is the diversity of culture, religion and languages with people coming from multiple countries and therefore have differing health needs as a result. There are a number of individuals who demonstrate a lack of trust of anchor organisations which is also to be considered.

Sexual Orientation - Neutral. It is recognised that LGBT community may be negatively viewed in

	<p>different cultures within the Asylum seeker community.</p> <p>Fairer Scotland duty - This cohort gets very little funding so consideration of being able to walk to services locally or to provide transport/expenses to do so.</p> <p>Discrimination and service provision - The proposals should help to eliminate unlawful discrimination, harassment and victimisation by encouraging the whole system incl external stakeholders to contribute to supporting AS via the HAT team and ACC Resettlement team referrals and connections. Accessing the services outlined in the plan, AS will better integrate into society and alleviate negative perceptions about them. Relationships between themselves and the general community should also be improved.</p>
<p>Is an Integrated Impact Assessment required for this policy or decision (Yes/No)</p>	<p>No.</p>
<p>Rationale for Decision NB: consider: -</p> <ul style="list-style-type: none"> • How many people is the proposal likely to affect? • Have any obvious negative impacts been identified? • How significant are these impacts? • Do they relate to an area where there are known inequalities? • Why are a person's rights being restricted? • What is the problem being addressed and will the restriction lead to a reduction in the problem? • Does the restriction involve a blanket policy, or does it allow for different cases to be treated differently? 	<p>The policy change looks to support and ensure access to healthcare for asylum seekers (AS) rather than further disadvantage. This policy will impact on any asylum seeker arriving in Aberdeen City at short notice and with very little know about each individual.</p> <p>This proposal seeks to ensure the AS are assessed as soon as possible and directed to the correct services/resources. This is currently projected to be around 800-900 people however this may be more or less. This commission seeks to ensure access to healthcare for asylum seekers. Potential increased risk as identified by Public Health Protection due to the lack of temporary accommodation in Dover. Access to GP and HNA is imperative to ensure early sight and warning is given in order to follow HP protocols e.g. Isolation</p> <p>This cohort gets very little funding so consideration of being able to walk to services locally or to provide transport/expenses to do so.</p> <p>All AS have the right to access free healthcare in the same way as any UK citizen and this proposal ensures that any barriers such as language, culture or income would be as minimised as soon possible from arrival. This is a preventative and</p>

<ul style="list-style-type: none"> • Are there existing safeguards that mitigate the restriction? 	<p>early intervention approach. (Linked to Article 2 ensuring non-discrimination).</p> <p>Fostering of Good Relations - The proposals will help Refugees and Asylum seekers to access both specialist advice and support and mainstream services which will ultimately help them to lead better lives and adopt a better standard of living. Factors such as having more confidence in knowing what is available and how to access these services will encourage AS to take ownership of their own and their families' lives so that they are able to better integrate into society. This will inevitably have a positive effect on community cohesion which in turn positively impacts upon the longer term benefit of developing strong future relations and realising equality of opportunity. The team and New Scots Outcome plan contains specific actions relating to promoting good relations between communities and ensuring good communication which is easily readable and translated into multiple languages.</p>
<p>Decision of Reviewer</p>	<p>No need for stage 2 as there are no negative impacts identified with the proposal, if IJB recommendations are agreed.</p>
<p>Name of Reviewer</p>	<p>Emma King, Primary Care Lead, ACHSCP</p>
<p>Date</p>	<p>02/10/2023</p>

Scottish Specific Public Sector Duties (SSPSED)

Procured, Tendered or Commissioned Services

Is any part of this policy/service to be carried out wholly or partly by contactors and if so, how will equality, human rights including children's rights and the Fairer Scotland duties be addressed?

Yes by General Practice which is a contracted service of Aberdeen City Health and Social Care Partnership (ACHSCP). All provisions are catered for AS e.g. Food, shelter, toiletries.

Main gap is leisure activities and hobbies however connections to 3rd sector are being made.

As part of the SLA there will be provisions re Fairer Scotland duty to ensure patients are seen and treated in an accessible way eg. Clinics based at the hub and access to local pharmacy. The Health Assessment Team will work from the contingency accommodation to conduct their health needs assessment in a face to face manner with interpretation using language line. Consideration for travel to access healthcare and any associated costs would be included with team members at accommodation sites. The HAT team have undergone training in trauma-informed and MH first aid as well as establishing close links with multi agency groups to ensure AS access all available supports. Communications will

be in plain English and identification of language barriers will be supported through the use of translated documents and language line. This will be monitored on an ongoing basis via regularly monthly reporting. Continuous engagement via Citywide Practice meetings and GP leads fortnightly meetings will also take place to ensure any improvements are made in a timely fashion and any risks mitigated.