Key issues to consider during HIIA scoping workshops (2015)

This document provides some further explanation of the bullet points included in the checklist for scoping workshops (i.e. the *HIIA Workbook Summary, 2015*). It gives some information on the ways in which a policy could impact differentially on different groups of people, and on areas of potential health impact. It may be used together with the checklist to stimulate discussion but is intended to provide pointers rather than be a definitive reference source.

This document will be revised regularly by NHS Health Scotland to keep it relevant, up-to-date and useful for impact assessment. Further information, such as case studies and information on particular equality issues, is being developed on the equalities section of Health Scotland's website: www.healthscotland.com/Equalities/index.aspx

Checklist 1: Differential impacts

These are some of the issues to think about when considering the ways in which a proposal could have differential impacts on different population groups. This is not an exhaustive list, and is provided simply as initial pointers to stimulate thinking.

Equality and human rights issues: all groups

Prejudice, discrimination and exclusion are harmful for all groups.[1]

Ensure language and images in any communications are inclusive and appropriate.

Communications should use the national standards for community engagement to ensure meaningful engagement with all populations affected by the policy.[2]

Consider potential to promote positive attitudes and equal opportunities for all groups.

Consider potential to promote good relations between different groups and encourage participation in public life for all groups.

Consider potential to address discrimination (direct, indirect and victimisation), harassment and personal harm against any population group.

Consider the potential to better understand and address assumptions, prejudice and stereotyping of different population groups.


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Consider how to address confidentiality, privacy and data protection issues.

Consider how to collect demographic information on each of the groups for profiling of access to/outcomes of services and initiatives.

Age

- Children, young people, adults and older adults may have different needs, expectations and styles of communication.
- Younger people are more likely to live in deprived areas than people from older age groups.[3]
- Intolerance towards children and young people[4] may limit their opportunities, for example, by excluding them from public places.[5]
- Older people are more likely to have mobility and sensory impairments.
- Older people are more likely to require care, and to be carers.
- Women substantially outnumber men in older age groups.

Disability

- Disabled people may have a physical or mental impairment that affects their ability to carry out normal day-to-day activities, including mobility, continence, speech, hearing, eyesight (including colour blindness), memory, ability to learn/understand, and ability to lift objects. As a result disabled people may require wheelchair access, or communication support such as induction loops, large print text, switches at accessible heights, interpreters etc.
- People with a long-term mental or physical impairment may find it more difficult to access services via public transport or walking, and to retain employment.
- One in five disabled Scots have experienced harassment because of their disability.[6]

Gender

- Men have lower healthy life expectancy and total life expectancy than women[7].
- For some conditions, such as mental illness, there is a greater expressed need for services among women compared to men.[8]
- Cultural norms and expectations may impact on behaviour and health outcomes: for example, young men are more likely to be involved in violence or accidents and the suicide rate is three times higher in men than women.[9] [10]
- Carers are disproportionately female, both in the home and in the workplace. Women are also more likely to require regular help.[11]
- Transgender people typically report poor experiences with services, primarily related to attitudes of and assumptions made by staff. They

experience high levels of discrimination with direct impacts on mental health, and have high levels of substance use and self harm. They may also have needs in relation to modesty such as privacy in changing areas, provision of single gender accommodation, appropriate uniforms/dress code.[12]

Sexual orientation

- Lesbian, gay and bisexual (LGB) people often experience significant mental and physical health problems related to homophobia, heterosexism and social exclusion.
- High rates of self-harm, attempted suicide as well as high levels of alcohol, drug and tobacco use have been reported across the LGB population.
- Gay and bisexual men may be less likely to be registered with a GP.
- Men who have sex with men (MSM) represent the group most at risk from HIV transmission.[13]
- Partner abuse may occur in same sex as well as heterosexual couples.

Race and ethnicity

- People from some ethnic groups may require communication/information support, such as interpreters and translated materials.
- People from some ethnic groups may have different experiences, expressions of and ways of dealing with mental health problems that may not be picked up by mainstream services.
- People from some ethnic groups may have cultural needs in relation to diet (e.g. halal or kosher meat), modesty (e.g. privacy in changing areas, provision of single gender accommodation, appropriate uniforms/dress code), organ/tissue donation, blood sharing, certain drugs/treatments, burial and death rites, etc.
- Coronary heart disease, diabetes and stroke incidence and mortality are higher in South Asian men and women when compared to the rest of the UK population. African people in the UK are diagnosed with HIV at a higher rate than other ethnic groups.[14]

Religion or belief

- People who follow a religion or have religious or philosophical beliefs may have particular needs in relation to diet, modesty (e.g. halal or kosher meat, privacy in changing areas, provision of single gender accommodation, appropriate uniforms/dress code), organ/tissue donation, blood sharing, certain drugs/treatments, burial and death rites, quiet room facilities etc.
- There are established links between sectarianism and violence including partner abuse (e.g. rates of partner abuse are significantly higher after old firm football matches).

Socio-economic disadvantage

- People who are socio-economically deprived have greater health needs and often complex health and social problems.
- Poverty often clusters in certain geographical neighbourhoods, but most people who are income deprived do not live in the most deprived neighbourhoods.
- People of low income may face barriers arising from the costs of accessing services, e.g. transport costs or costs of time off work.
- People who are less articulate, have low education levels or poorer literacy skills may experience barriers to services and employment.
- Homeless people often have complex health and social problems that make it harder for them to access services.

Carers

Carers UK reports that there were about 660,000 carers in Scotland, about one in eight of the population.[15] Caring responsibilities, including childcare and care for other family members, may limit people's participation in employment, education and other aspects of life. This may impact on the carer's social status, income, mental and physical health, and ability to access services.

Checklist 2: Areas of impact

Listed are some areas of potential impact. The notes below highlight the importance of these issues for health and suggest some ways in which they might be impacted. Again, this is not an exhaustive list and is provided as initial pointers for discussion. Consider how each potential area of impact would impact differentially on the affected population groups**.**

What impact will the policy have on lifestyles?

Diet and nutrition

Importance for health	Issues to consider
Eating a healthy diet can reduce the risk of cardiovascular disease, cancers, obesity and several other conditions. The Scottish Diet Action Plan set targets to increase consumption of fresh fruit and vegetables, bread and breakfast cereal, and oily fish; to reduce consumption of total fat and saturated fat, salt and sugar, and to increase breastfeeding. A recent review[16] found that none of the dietary targets had been met and diets were poorer in the most deprived populations. Two thirds of the population is now overweight or obese, partly because of over consumption of foods high in fat and sugar. Obesity is more common among people with learning disabilities and some black and minority ethnic (BME) groups.	Dietary intake is influenced strongly by: • availability and affordability of both 'healthy' foods (especially fresh fruit and vegetables) and 'unhealthy' foods containing high levels of fat, sugar and salt • individuals' cooking skills and literacy • ability to eat and drink unaided • culture, traditions and food habits between and within population groups • provision of food, for example, for people living in state-provided accommodation.

Exercise and physical activity

Importance for health	Issues to consider
Physical activity improves mental health and reduces the risk of cardiovascular disease, colon cancer, osteoporosis, obesity, diabetes and injuries. Inactivity accounts for over a third of deaths from heart disease. An estimated 43% of men and 32% of women aged 16 years and over were achieving the recommended level of physical activity to achieve these benefits for adults in 2009.[17] The recommended target is for adults to achieve 30 minutes of moderate physical activity (such as brisk walking) at least five days per week. Children should achieve 60 minutes of moderate activity each day.[18] [19] Some people gain this through purposive leisure activity such as sport. For many people the most sustainable way to achieve it is to build physical activity into their daily life, for example, by walking or cycling to work. Levels of physical activity have declined in recent decades due to a shift to more sedentary work and less active travel modes, though there has been an increase more recently.[20] Inactivity is associated with deprivation, especially for women.[21]	Physical activity levels are influenced by: • the nature of work (sedentary work has become more common) • availability and accessibility of play facilities • availability, accessibility and promotion of leisure services and where appropriate support to use these • available transport choices • whether the environment is designed to promote walking and cycling.

Substance use: tobacco, alcohol or drugs

Importance for health	Issues to consider
Just under a quarter of Scottish adults smoke, with the rate in 2009–10 being over four times higher in the most deprived 10% of areas compared to the 10% least deprived (44% and 9%).[22] Some 80% of smokers start smoking in their teens; 15,000 (13–24) start each year. Someone who starts smoking at age 15 is over three times more likely to die of cancer due to smoking than someone who starts in their mid-20s.[23] Smoking increases the risk of cancers, coronary heart disease, respiratory disease and other conditions. In Scotland, 13,000 people died from conditions related to smoking in 2010.[24] This was around a quarter of all deaths[25]. Smoking disproportionately affects those already disadvantaged by poverty.	Tobacco is highly addictive and consumption is strongly associated with: • availability • affordability • attractiveness/cultural norms
In 2003, 2,882 people were estimated to have died from alcohol attributable conditions in Scotland. This estimate includes appropriate proportions of deaths from causes such as road accidents and certain forms of cancer. This is 5% of all deaths (6.8% of male and 3.3% of female deaths).[26] In 2003, there were 41,414 hospital discharges attributable to alcohol consumption, accounting for 7.3% of all discharges. Socio-economic deprivation is associated with increasing alcohol consumption, but the harm it causes	Alcohol consumption is strongly associated with: • availability • affordability • cultural norms

people in more deprived circumstances cannot be attributed solely to the quantity of alcohol consumed. There is little evidence to explain why alcohol and deprivation make such a damaging combination, but it is likely to be due to a mixture of individual risks (such as poor diet or drug use) and environmental risks (such as drinking on the street).	
There were 485 drug-related deaths in 2010 (363 male and 122 female), and 384 of these were aged under 45. The long-term trend rose in 2008 (574 deaths) but has since declined.	There are strong links between problematic substance misuse and: • poverty and social exclusion • communities where drug misuse is normalised • low educational attainment • truancy or exclusion from school • involvement in criminal activity or anti-social behaviour • abuse and neglect.

Sexual health

Importance for health	**Issues to consider**
Teenage pregnancy rate is around 58.6 pregnancies per 1,000 woman under 20. In 2009, there were 12,521 teenage pregnancies in Scotland.[27] There has been a rising trend in the rates of the major sexually transmitted infections.[28] More new acute STIs are diagnosed in men.[29] Almost a quarter of all acute STI diagnoses are in those aged less than 20.	Poorer sexual health outcomes are associated with: • lower socio-economic status • lower education level • gender and sexual orientation • cultural beliefs, especially about gender roles • family attitudes, values and communication • physical and financial barriers to sexual health services • country of origin.

Learning and skills

Importance for health	Issues to consider
People with higher levels of education have higher life expectancy and lower risk of poor health.[30] Skills that may enhance physical and mental health outcomes include social skills,[31] self-efficacy (belief in your own abilities), resilience and coping mechanisms.[32] Support for parents to improve parenting skills can improve outcomes for both children and parents.[33]	Skills may be enhanced by: • formal and informal educational and training opportunities • educational approaches that value diversity and foster social skills as well as academic achievement • encouragement and opportunities for success, which boost self-efficacy • parenting support • cultural norms and values that support learning.

What impact will the proposal have on the social environment?

Social status

Importance for health	Issues to consider
There is a close association between relative social status and health. For example, workplace studies show that people at higher grades have better physical and mental health than lower grade staff.[34 35 36 37 38] It is thought that increasing status differences and status competition cause chronic stress that affects the cardiovascular and immune systems and leads to more rapid aging.[39]	Will the proposal affect the relative social status of different groups of people?

Employment (paid or unpaid) and working conditions

Importance for health	Issues to consider
There is strong evidence that for most people, being unemployed brings poorer health outcomes than being in work. The benefits of employment include provision of structured time, social contact and satisfaction arising from involvement in a collective effort. Being unemployed is associated with increased mortality, poorer physical and mental health, and higher GP consultation and hospital admission rates. Unemployment also leads to poorer socio-economic status, relative poverty and financial anxiety. People who are long-term unemployed are more likely to have low qualification levels, have a disability, be lone parents, be from an ethnic minority, or be older workers.	Will the proposal impact on employment (including unpaid employment such as volunteering)? How secure will any new employment be? What will the quality of employment be – for example, in relation to job control and job strain? Will it impact on workers' level of control over their work? Will the proposal impact on exposure to occupational hazards? Will the employment provide opportunities for social interaction, learning and a sense of being valued? Will local people benefit? Do local people have the right skills to access the new employment?

People with a criminal record often face particular difficulties accessing employment. Unemployment in young people can have long-term impacts on their productivity, income and employment outcomes. There is also strong evidence that job insecurity and low quality work have adverse effects on health, particularly mental health. Work with poor psychosocial quality can be worse for mental health than having no job.[40] Conversely, people who have varied jobs and control over what they do experience lower levels of illness.[41] People who work in work environments that provide higher levels of control have better health than those with low levels of control. Exposure to physical hazards and intimidation in the workplace can impair physical and mental health.[42]	Will local businesses benefit (e.g. SME's, social enterprises)? Will the proposal target employment at people who experience barriers in accessing the labour market? Will contractors be asked to apply and demonstrate agreed equality, ethical and sustainability standards? Who will benefit from any volunteering opportunities? How will volunteers be supported?

Income

Importance for health	Issues to consider
There is strong evidence that people of low income have poorer physical and mental health than more affluent people. For almost any health condition or health indicator, there is a gradient of better health with increasing affluence.[43] [44] People living in the most income-deprived areas have healthy life expectancy on average 10 years lower than those living in the most affluent communities,[45] higher mortality and morbidity, poorer mental health, are more likely to smoke, have poorer diets, babies are more likely to be low birth weight and less likely to be breastfed. Countries with higher levels of income inequality have poorer health. Both absolute and relative poverty have an impact on health.[46] The reasons include poorer access to material resources and chronic psychosocial stress caused by poverty. Financial hardship may lead to wider consequences including debt, fuel poverty and homelessness, all of which have adverse impacts on health. There are also life course effects, which means that life circumstances in childhood have a lasting impact on health into adulthood.[47] [48] [49] [50]	Will the proposal impact on incomes? Whose income will be affected? How will the proposal affect relative incomes, and income differentials?

Crime and fear of crime

Importance for health	Issues to consider
Crime and fear of crime have a significant impact on quality of life.[51] Crime can directly damage health, for example, by physical injuries arising from violent attack and can have long-term impacts on mental health. Crime can increase stress, smoking, drinking or drug use. Perpetrators of violent crime are often reported as drunk or on drugs at the time of the offence. Alcohol is increasingly identified as being a common factor in a range of crime types including domestic abuse, violent incidents, anti-social behaviour and sexual assault. Fear of crime may limit people's lifestyles in a way that is detrimental to their health, for example, it may restrict physical activity and social participation because people are fearful of walking in their neighbourhoods. Fear of crime has been shown to undermine local social networks and trust (social capital). Around a fifth of Scottish adults reported they had been the victim of at least one crime in the Scottish crime survey 2008/09.[52] 30% of this was violent crime and 70% property crime. Around 42% of crimes were reported to the police. Men aged 16–24 have the highest risk of being a victim of both property and violent crime. Harm caused by crime is concentrated in people who are socio-economically disadvantaged. Prisoners are drawn in disproportionately large numbers from deprived areas, with more than a	Will the proposal impact on: • safe, stable and nurturing relationships between children and their parents and caretakers • availability and misuse of alcohol • access to lethal means • life skills and opportunities for children and youth • gender equality and empowerment of women • cultural norms that support violence • criminal justice systems • social welfare systems • social distance between conflicting groups • economic inequality and concentrated poverty? Will the proposal affect aspects of the physical environment associated with crime such as: • poor physical security • low levels of surveillance • insecure access to and from buildings and public areas • territorialism • poor management and maintenance • low pedestrian density?

tenfold difference in imprisonment rates between populations in the highest and lowest SIMD quintiles in 2007. Of prisoners, 95% are men[53]; 5% of the population experienced either mental or physical partner abuse. The majority of reported physical partner abuse is perpetrated by men against women and children of both sexes but may also occur in same sex relationships. Discrimination in relation to ethnicity, disability, sexual orientation, poverty, age, migrant or refugee status etc. can increase and intensify vulnerability to abuse. Health consequences of abuse include injury, anxiety, depression, poor self-perception, poor education and employment history, addictions, self harm, eating disorders and suicide. Abuse will also affect a person's capacity and confidence to approach and make use of public services. Children who either witness or suffer domestic violence are more likely to become victims or perpetrators.	

Family support and social networks

Importance for health	Issues to consider
There is an association between social support, social capital and health.[54] Social capital includes: Bonding: strong supportive ties within a group, e.g. in a family, which can increase confidence and self esteem. Bridging: weaker ties that connect people, for example, between acquaintances, which give access to new ideas, resources, communities and cultures. Linking: connections between people with different backgrounds and circumstances. These increase the ability of individuals and communities to influence change. All of the above have been shown to be protective factors for mental and physical health[55].	Will the proposal enhance potential for social or family support? Will the proposal increase positive connections between people in different groups? Will the proposal develop a sense of belonging for all communities to appreciate? Will the proposal value the diversity of people's different backgrounds and circumstances?

Stress, resilience and community assets

Importance for health	Issues to consider
Resilience of both individuals and communities is seen as relevant and significant in supporting a sense of positive mental health.[56] Resilience in individuals is influenced by elements such as parenting, social networks, educational opportunities, and physical activity and diet – these elements have been shown to have a lasting impact both on maintaining good mental health, and on recovering from adverse circumstances. Resilience in communities (also related to social cohesion) is related to identity, and is often focused on links between groups within a community, financial security and opportunity, or about positive feelings about place. Fractured communities often face higher rates of violence and disorder, and people experience more mental health problems and higher levels of stress in these places. Making use of people's own strengths and assets, and building on these, can help to combat negative social and economic determinants of health and wellbeing[57]. However, this should not mean that people are left to manage deprivation or inequality, but that resilience and assets should be strengthened.	How will the proposal influence physical health and lifestyle choices? Will the proposal impact on substance use of individuals/community or the services that work to tackle these issues? Will the proposal impact on educational opportunities? How will the proposal affect the community? Will the proposal or plan impact on opportunities for volunteering, cooperative sharing, exchange and social engagement? Will the proposal create more opportunities for green space, for safe outside areas, and places to meet? Will the proposal or plan impact on pollution, noise, transport or access to services? What will the impact be on housing and a sense of crowding or neighbourhood noise?

Participation and inclusion

Importance for health	Issues to consider
Participation and inclusion are two key concepts in promoting mental wellbeing. Participation is the extent to which people are involved and engaged in their immediate household, and includes cultural and leisure activities as well as volunteering, membership of clubs, involvement in local decision making. Strong social networks, social support and social inclusion play a significant role in both enhancing mental wellbeing and preventing mental health problems. Social isolation is a risk factor for both deteriorating mental health and suicide. Social support and social participation do not mediate the effects of material deprivation, which in itself is a significant cause of social exclusion.	Will proposal ensure that people are connected to each other? Will it enable access to cultural, leisure, volunteering activities? Will it promote people coming together at an individual and or community level? Will it provide opportunities for people to have a meaningful role, e.g. volunteer, carer? Will the proposal impact on paid employment opportunities? Will the proposal impact on people's levels of trust, feeling listened to and or feelings of safety? Will the proposal impact on challenging stigma and discrimination, e.g. stigma of mental ill-health, racism? Will the proposal target those most vulnerable to feelings of isolation?

Control

Importance for health	Issues to consider
A sense of control over one's choices and environment/situation has been shown to be effective in maintaining good mental health, and in changing to a more healthy lifestyle.[58] Control includes: a sense of agency (believing in your ability to pursue goals); mastery (over environment and circumstances); autonomy (having self-determination); and self-efficacy (believing in your own abilities). All are key influences to supporting mental health and wellbeing. A lack of these elements has been shown to increase stress and damage mental wellbeing.	Will the proposal allow people to have more or less control of their everyday lives? Will the proposal impact on people's sense of control in the workplace? Will the proposal, policy or plan impact negatively on employment for the area/population? What impact will changes have on financial security and confidence? Will the proposal result in people having insecure employment? What impact will the proposal have on access to education and support services? Will the proposal impact on cultural norms and expectations?

What impact will the proposal have on the physical environment?

Living conditions

Importance for health	Issues to consider
Our physical environment can have a significant impact on both our physical and mental health and, research is showing, that it also impacts on both the level of our achievements and our life span. This applies to our total physical environment though housing is obviously a key factor.[59,60] The World Health Organization (WHO) suggests a quarter of the total global burden of disease is caused by environmental hazards.[61] Poor quality housing is associated with poor health outcomes. In particular, housing that is damp and/or mouldy is associated with mental ill-health.[62] Improvements to the energy efficiency of homes can reduce the risk of cardio-respiratory disease and reduce fuel poverty. Living in high-rise flats and overcrowding are associated with poorer mental health, particularly for families. 'Greenspace' means any vegetated land or water. Experiencing greenspace is associated with improved mental health and reduced stress.[63 64] Access to high quality, well-connected greenspace is also associated with increased levels of physical activity. Greenspace can also enhance social interactions.	Will the proposal improve the quality of the wider environment or housing quality? Will it improve the overall appearance of the neighbourhood or add to the local community? Will the proposal improve general living conditions and overall neighbourhood satisfaction? Will the proposal impact on access to or quality of public space and greenspace? Will the proposal impact on rents or other housing costs? Will the proposal impact on housing design in terms of provision of space for families to eat together, and for children to play? Will the proposal impact on people in travelling communities? How will residents be involved in the process from start to finish?

Pollution or climate change

Importance for health	Issues to consider
Air pollution, both indoor and outdoor, is associated with cardio-respiratory disease.[65] Water contamination can cause gastrointestinal (GI) infections. Extreme changes in weather or temperature can cause significant impact on health, especially in vulnerable people, e.g. children, the elderly and the immuno-compromised. Flooding causes significant adverse impacts particularly on mental health. WHO estimates that climate change caused 150,000 deaths in 2000, mostly in developing countries.[66] In Scotland, 40% of carbon emissions are from power stations and energy intensive industrial installations. Transport, rural land use and heat are also significant sources. Greenspace, particularly trees and large shrubs, can protect people from flooding, air pollution, noise and extremes of temperature in urban environments.	Will the proposal cause or minimise air, water, soil or noise pollution? Will the proposal affect the risk of flooding? Will the proposal enhance or damage greenspace? Will the proposal impact on carbon emissions? Will the proposal make efficient use of natural resources? Will the proposal minimise waste and dispose of it in accordance with current good practice? Will the proposal create cleaner, safer and greener neighbourhoods (e.g. by reducing litter and graffiti, and maintaining pleasant public spaces)? Will the proposal protect and improve bio-diversity (e.g. wildlife habitats)?

Unintentional injuries and public safety

Importance for health	Issues to consider
Unintentional injury is one of the main causes of death and is a common cause of emergency hospital admissions in children. It is also a common cause of emergency hospital admissions and deaths among adults. In Scotland in 2009, unintentional injury caused 21 childhood deaths (under 15 years old) – approximately 1 in 16 childhood deaths – and 8,511 emergency admissions.[67] There were 1,326 adult (over 15 years old) deaths from unintentional injuries, which is 1 in 40 adult deaths. Unintentional injuries may occur at home, at work, in sport and recreation, on the roads and at school. The main types of unintentional injuries include road traffic crashes, poisoning, falls, burns and scalds, drowning, choking, exposure to animate/inanimate mechanical forces, assault, over exertion and accidental exposure to unspecified factors. The most common reason for hospital admission is falls but the most common reason for deaths is road crashes. Vulnerable groups such as children and frail older people are most at risk. The risk increases with socio-economic deprivation, and in most age groups males are more likely to suffer than females. Unintentional injury in the home may be reduced by safety devices like smoke alarms, stair gates, removal of tripping hazards, hand rails and child resistant packaging on poisonous substances. Safety devices need to be properly installed and maintained.[68]	Will the proposal increase activities commonly associated with injury? If so, what actions have been taken to mitigate the risks? What is the evidence that these actions will be effective? Has specific consideration been given to the risks to children? Will the proposal involve large public gatherings? If so, has a risk assessment been done? Will the proposal impact on people's ability to install or maintain safety devices? Will the proposal affect traffic speeds, or exposure of vulnerable road users to traffic? Will the proposal provide people with skills to reduce their risk of injury? What is the evidence that this will be effective?

Tailored exercise programmes for older people may reduce risk of falling in the home. Road safety education for children can improve their road crossing behaviour but needs to be repeated at regular intervals. Driver education in schools can lead to early licensing and ‘increase’ the proportion of teenagers involved in crashes. Speed restrictions and engineering measures can reduce the risk of road crashes.	

Transmission of infectious disease

Importance for health	Issues to consider
Infectious diseases range from minor self-limiting conditions like ‘colds’ to life-threatening conditions like influenza and legionella that can affect many people. Bloodborne viruses like hepatitis or HIV can also significantly affect an individual’s life and choices. Infectious diseases that are notifiable under public health legislation can lead to exclusion from the workplace and exclusion of children from school or nursery. Where a worldwide outbreak of disease takes place, e.g. SARS or H1N1, the consequences for large sectors of the population can be serious causing high levels of illness and death. People who are frail or have poor immune systems are more vulnerable to infections. This might apply to the elderly and children but this will depend on the disease. Those resident in institutions such as prisons or care homes may be at greater risk.	Will the proposal impact on the likelihood of transmission by: • contaminated food or water • direct contact with or droplets from infected people or animals • contact with blood or other body fluids. Will the proposal impact on travel of people, foods or disease vectors? Will the proposal impact on agricultural controls or other controls on food and food products? Will the proposal impact on provision of clean water, sanitation systems or water pollution?

How will the proposal impact on access to and quality of services?

Health care

Importance for health	Issues to consider
Appropriate delivery of high quality healthcare should improve health outcomes. There is evidence that the people most in need may find it most difficult to access healthcare.[69]	Will the proposal impact on access to or quality of health services? How will it impact on access and quality for those people who are most in need?

Transport

Importance for health[70,71]	Issues to consider
Access to jobs, education, shops, leisure and other essential services is of central importance to an individual's socio-economic status and therefore health. People may be excluded from these because they lack accessible, affordable transport. Road traffic contributes to air pollution; it accounts for 30% of $PM_{2.5}$, which are small airborne particles that have been associated with cardio-respiratory disease. It is estimated that overall there is a 6% change in mortality per 10 µg m^{-3} change in annual average $PM_{2.5}$.[72] In 2007 there were almost 400 deaths due to road traffic accidents in Scotland; this is less than 1% of all deaths. RTAs account for 5.8% of all unintentional injuries in adults, which resulted in an emergency admission to hospital.[73] Road users at highest risk of being killed or seriously injured are cyclists and pedestrians. The most commonly cited cause of a road crash is speed. Active travel modes like walking and cycling increase physical activity	Will the proposal lead to a change in levels of motorised transport? Will it encourage or discourage people to use active modes of transport? Will it impact on access to services and amenities by active travel or public transport? Will it involve development of major infrastructure?

levels. Major road or rail infrastructure or large traffic volumes can lead to community severance. Transport noise may cause annoyance and sleep disturbance. Greenhouse gas emissions from road transport constituted 19% of all greenhouse gas emissions in 2008.[74] A range of detrimental health impacts are predicted to arise from continued climate change. One in 20 journeys in the UK is associated with the NHS.	

Social services

Importance for health	**Issues to consider**
Social services provide support to people and may help them fulfil basic needs, gain skills and access other services and employment.	Will the proposal impact on access to or quality of social services? If so, which groups and which services will this affect?

Housing services

Importance for health	Issues to consider
Poor quality housing is associated with poor health and wellbeing outcomes.[75] Homelessness is associated with particularly poor health outcomes. Housing and area improvement can improve perceived safety, community involvement and area satisfaction; however, may also increase housing costs and cause disruption, uncertainty, lack of control, displacement or relocation to new housing, social exclusion and community division. Home ownership is associated with better health, but mortgage arrears are associated with poor health, particularly mental health. Sustainable communities will offer sufficient range, diversity, affordability and accessibility of housing within a balanced housing market.	Will the proposal affect the risk of homelessness, or provision of support for people who are homeless or are at risk of homelessness? Will the proposal improve housing conditions? How will residents and others affected be consulted and involved in decision making? Will people be displaced? How will the proposal affect housing or other related costs? Will there be disruption to residents? Will there be changes to the social mix of the area? Will the proposal encourage active travel, physical activity and play? How will homes and public spaces be maintained?

Education provision

Importance for health	Issues to consider
People with higher levels of education have higher life expectancy and lower risk of poor health.[76] This is partly because they are more likely to be employed and increases in education are associated with higher paid, higher status employment. People with higher education levels are also likely to work in a safer environment and report more fulfilling, subjectively rewarding jobs. Education may also embed habits, skills and values that support social skills and participation in society. Education may enhance self-efficacy (belief in your own ability) and increase psychological resilience and coping mechanisms. The greatest benefits are observed from early years education and support. But benefits of education apply not only to school education but also adult learning courses. [77]	Will the proposal enhance educational attainment for children or adults? Will the proposal provide educational opportunities likely to lead to high quality employment? Will the education include opportunities to develop social skills, personal resilience and other life skills such as coping or parenting skills? Will the proposal increase health literacy or knowledge of health and health-related behaviour? How will people be selected for these opportunities? Is priority given to people who disproportionately have poorer educational outcomes? Will any groups face barriers to accessing education?

Culture and leisure services

Importance for health	Issues to consider
Leisure services may: • provide opportunities for physical activity • enhance social capital by supporting connections between people from different backgrounds and circumstances.[78] • provide opportunities to gain skills. The use of arts in healthcare settings can improve clinical outcomes related to mental and physical health. Culture-led regeneration initiatives, which encourage the re-use of redundant buildings, greater public use of open spaces and the mixed use of urban space, can reduce traffic and fear of crime, increase sense of safety and instil a sense of pride of place.[79]	Will the proposal impact on leisure services? If so, which services and how could they enhance health? Which people are likely to make use of these services? Will the proposal target people who are disproportionately affected by poor access to and quality of culture and leisure services?

Communicating information

Importance for health	Issues to consider
A good communication strategy should aim to embed the views of the local community in the planning, development and monitoring of services.[80] Good communication and engagement should also empower people to live healthier lives, manage their own health and promote equal access to services while enhancing public aspiration and wellbeing.[81]	Reaching all members of the community. Using inclusive imagery and plain language. Translating information into community language. Communicating with those with sensory disabilities. Evaluating communication strategies.

Checklist 3: Human rights

Human rights are the basic rights and freedoms that everyone is entitled to. We are all entitled to human rights in order to live with dignity. Human rights demand recognition and respect for the inherent dignity and value of every human being, and provide the shared values and the legal basis to ensure that everyone is protected against abuses that undermine their dignity, and give the opportunities they need to realise their full potential, free from discrimination. [82] [83] [84] [85] [86]

Human rights belong to everyone, everywhere, regardless of nationality, sexuality, gender, race, religion or age. The foundation of modern human rights is the Universal Declaration of Human Rights (UDHR), adopted by the United Nations in 1948.

Human rights may be:

Absolute: cannot be limited or interfered with in any way.

Limited: can be limited in specific and finite circumstances.

Qualified: can be interfered with when a number of conditions are met.

The UK has incorporated into UK law most of the rights in the European Convention through the Human Rights Act 1998, which came into force in October 2000. The Human Rights Act 1998 contains 15 rights, six of which are particularly relevant to health and are set out in the following table.

Please note that the Human Rights Act uses slightly different titles for rights from the European Convention of Human Rights (ECHR).

This section provides some detail on the Articles that may help in teasing out how these apply to health and your area of work.

Right	Type of Right	Summary
Life (Article 2, ECHR)	**Absolute** (cannot be limited or interfered with in any way)	The right to life is an absolute right, which means that there is a duty on the state/public authorities not to take away anyone's life and a duty to take reasonable steps to protect life.
Freedom from ill-treatment (Article 3, ECHR)	**Absolute** (cannot be limited or interfered with in any way)	Inhuman treatment is prohibited under this article, which means that treatment that causes severe mental or physical harm must never occur. Degrading treatment means treatment that is grossly humiliating and undignified. Whether treatment reaches this threshold depends on various factors including the age, physical and mental health of the person who experiences harm and the power relationship involved. Duties under this right not only include refraining from an action or an omission that results in inhuman or degrading treatment, but also taking reasonable positive steps to prevent ill-treatment, to protect those at immediate risk of ill-treatment and to provide effective remedies where ill-treatment occurs.
Liberty (Article 5, ECHR)	**Limited** (Can be limited in specific and finite circum-stances)	Unless identified in one of a range of narrow exceptions, such as preventing harm to yourself or others through lawful arrest or detention, no one should be unnecessarily detained against their will.
Fair hearing (Article 6, ECHR)	**Limited** (Can be limited in specific and finite circum-stances)	This right is about a fair and public hearing and due process. In certain situations, not only in criminal cases, but also in processes that determine civil rights (such as employment, property disputes and benefits claims) the right to a fair trial will apply. It is not always easy to determine whether Article 6 applies, but applying the principles can demonstrate good practice in decision making in many instances.

Private and family life (Article 8, ECHR)	**Qualified** (can be interfered with when a number of conditions are met)	This right is very broad in scope and covers many different situations. This right relates to the following main areas: Privacy – this is defined broadly and relates to all aspects of privacy both in and outside of an individual's private home. Family life – this covers all close and personal ties of a family kind, not only those of a blood or formalised nature. Physical, psychological and moral wellbeing – this covers the right to wellbeing through retaining autonomy, choice and dignity. It requires that there is access to information and participation in decisions that affect an individual's life Home – this is not about a right to a house but rather a right to respect the home life of an individual. Correspondence – this covers all forms of communication with others such as phone calls, letters, emails etc.
Freedom of thought, conscience and religion (Article 9, ECHR)	**Qualified** (can be interfered with when a number of conditions are met)	Everyone is free to hold a broad range of views, beliefs and thoughts and to follow a religious faith. The right to manifest – to practice through (e.g. prayer or diet) or to show (e.g. through dress or adornments). Those beliefs may be limited only in special circumstances.

Examples of application of human rights

The following examples of the application of these six key rights for health may guide consideration of potential human rights issues related to the proposal being assessed.

Life (Article 2, ECHR)

Case study 1

A disabled 10-year-old girl was admitted to hospital with a chest infection that developed into pneumonia. Against the wishes of the girl's mother, the hospital refused to ventilate her and placed a 'Do Not Resuscitate' order on her file. The girl was subsequently transferred to another hospital where she was put on a ventilator for two weeks and discharged three months later as her health had returned to normal.

The former Disability Rights Commission was already concerned that decisions by health professionals about the care of disabled patients were sometimes influenced by their perceptions of the disabled person's quality of life. The first hospital's decision was challenged in court using human rights arguments based on the right to life and the right not to be subjected to inhuman or degrading treatment (Article 3, ECHR).

Case study 2

A woman with learning disabilities had an operation in hospital. Her relatives visited her and found her lying on her back, eyes open but not saying a word. Usually she was talkative and lively so they asked the nurse what was wrong. The nurse said: 'Well, she can't talk can she, if she has a learning disability?' The woman was re-examined and found to have had a minor stroke.

Other examples:

- Unexplained death in hospitals necessitating investigations.
- Ensuring sufficient basic necessities such as adequate nutrition, clean and safe drinking water.
- Protecting individuals from a risk of suicide.
- End of life questions.

Freedom from ill-treatment (Article 3, ECHR)

Case study 1

A man detained in a maximum-security mental health hospital was placed in seclusion where he repeatedly soiled himself. Staff declined to clean up the faeces and urine or to move the man to another room, claiming that he would simply make the same mess again, and any intervention was therefore pointless. The man's advocate used human rights arguments to challenge this practice. He argued that the treatment breached the man's right not to be treated in an inhuman or degrading way, and his right to respect for private life (Article 8). These arguments were successful and the next time he soiled himself, the man was cleaned and moved to a new room.

Case study 2

A consultant came across an older woman on a hospital ward who was crying out in distress. The woman was in a wheelchair and when the consultant lifted up her blanket, she discovered that the woman had been strapped in and this was why she was so upset. Staff explained that they were fearful she might fall over and hurt herself.

Irrespective of understandable concerns, being strapped into a wheelchair for long periods may have amounted to degrading treatment given the impact on the particular woman. After assessment by a physiotherapist, staff agreed not to strap her and were encouraged to support her to improve her mobility.

Other examples:

Older people who do not have incontinence being forced to wear incontinence pads because staff say they do not have the time to take them to the toilet.

Examples of abuse and neglect may also include: malnutrition and dehydration; physical, psychological or sexual abuse; ignoring calls for help; unchanged sheets; not feeding people properly; excessive physical restraint and bullying or patronising attitudes.

Liberty (Article 5, ECHR)

Case study 1

A mental health hospital had a practice of sectioning asylum seekers who spoke little or no English without the use of an interpreter. Members of a user-led mental health befriending scheme used human rights language to successfully challenge this practice. They argued that it breached the asylum seeker's right to liberty and also their right not to be discriminated against on the basis of language (Article 14, ECHR).

Case study 2

A 48-year-old man with learning disabilities lacked the ability to communicate and consent to treatment. He lived with a couple who took responsibility for his care. Following a challenging episode at a day care centre, and because his carers could not be contacted, he was taken to a locked ward. His carers were not allowed to collect him and were told that they could not see him as this might upset him. He did not actively resist, and was not formally detained under mental health law; however, he was under constant supervision and would have been detained had he tried to leave.

The European Court of Human Rights found that, in all the circumstances, he was effectively detained without the safeguards and review procedures provided for in mental health law in breach of the right to liberty.

Fair hearing (Article 6, ECHR)

Case study 1

Daniel is a community care nurse. Recently the relatives of a man he cares for have accused him of administering non-prescribed and potentially dangerous medicine to their father. Daniel is very distressed about this because he believes the accusations to be entirely false and enjoys his job. His employers have an internal disciplinary procedure, and while the allegation is being investigated he is suspended from his post and informed that he has been provisionally placed on the Protection of Vulnerable Adults List. Daniel waits several months but hears nothing about the investigation. He is upset as he has had no opportunity to give his side of the story and refute the allegations being made against him. Meanwhile he cannot work and knows his reputation with his colleagues has been ruined.

Other examples:

Effective participation in proceedings that determine rights such as employment, damages/compensation.

Private and family life (Article 8, ECHR)

Case study 1

The same sex partner of a woman with a mental health condition who had been detained as a patient was not recognised by the local council as being her partner's 'nearest relative'. This had significant implications when it came to making decisions about her partner's detention and treatment. With heterosexual couples, the wife or husband automatically qualified for nearest relative status and couples living together qualified after a six-month period.

For any other category of relationship the Mental Health Act stated that people must have been living together for at least five years. In this case, the couple had been together for three years. It was argued that the right to respect for private and family life includes issues of sexual orientation, personal choice and identity. Following this case, the definition of nearest relative was found to be discriminatory and the court applied an identical qualifying period for all couples, regardless of their sexual orientation.

Other examples:

- Older couple separated by local authority after 65 years of marriage.
- Disabled and/or older people forced into residential care on cost grounds despite their own preference for support to enable them to live independently.
- A disabled married woman denied a double-size special 'profile' bed so that she could continue to sleep next to her husband.

Freedom of thought, conscience and religion (Article 9, ECHR)

Examples:

- Treatment issues such as blood transfusions in the case of Jehovah's witnesses.
- Providing facilities for patients and staff to practice their religion, for example, a multi-faith prayer room.
- Providing culturally sensitive services in the context of treatment issues and the patient environment.
- Wearing religious symbols or dress at work or in school.

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