



# Developing an Equality and Human Rights Impact Assessment

a guide based on  
**the mPower**  
Ayrshire and Arran  
legacy project



May 2022

# Context

The **Health and Social Care Alliance Scotland (the ALLIANCE)** was commissioned by **mPower NHS Ayrshire & Arran** to deliver a project across North, East and South Ayrshire. The **mPower Ayrshire and Arran Legacy Project** aimed to support people to use digital health, social care and wellbeing tools to stay well.

The ALLIANCE have committed to working with mPower, NHS Ayrshire and Arran, libraries and Integration Authorities across North, East and South Ayrshire between November 2021 and May 2022. The aim of this collaboration was to trial potential ways of increasing digital inclusion in local communities by increasing awareness and access to digital tools.

The project started with the vision of supporting people to improve their wellbeing, or that of their community. The project wanted to help prevent people becoming ill or for their health to worsen by enabling them to access early support in a way that suited them. There was also a desire to address inequalities around access to services and healthcare outcomes. As such, the need to develop an **Equalities and Human Rights Impact Assessment (EQHRIA)** was quickly identified.



An EQHRIA is a mechanism recommended by the [Scottish Human Rights Commission](#) for embedding equality and human rights considerations into public policies, practices, procedures and priorities:

“Assessing impact can help public authorities to achieve better outcomes by taking account of the rights of individuals whose interests may otherwise be overlooked and improve performance by making sure that action taken is effective and efficient. It also means developing better policies and practices, based on evidence, and being transparent and accountable to stakeholders. EQHRIAs can encourage individuals and communities to participate in decision making processes, giving them ownership of decisions and transforming institutional cultures and decision making.”

[Scottish Human Rights Commission – Equality and Human Rights Impact Assessment](#)

This paper summarises the process taken by the ALLIANCE whilst developing an EQHRIA for the mPower Legacy Project. It provides a template based on this approach, as well as covering some of the lessons learned and a few recommendations others wanting to implement a similar approach could draw on.

# Why develop an EQHRIA

The mPower Legacy Project aimed to tackle the negative effects digital exclusion can have on individuals' wellbeing. The [research](#) undertaken during the early stages of the project quickly highlighted that certain groups of people are at a higher risk of suffering due to this exclusion. Those who are homeless or living in temporary accommodation can struggle to access data and private spaces to go online. Those living on low incomes might be equally challenged when trying to get devices or connectivity. Individuals living with long term conditions, learning disabilities and other health concerns are also more likely to be digitally excluded due to a lack of accessibility features, amongst other barriers.

Furthermore, depending on their implementation, certain projects can risk widening inequalities rather than addressing them. For example, if internet access was to be provided for free in a certain location within a community, this could help residents and visitors to that area access online services more easily. However, such an approach would not bring any benefits to those with low digital literacy, or those who are unable to visit the town hall, or even those who might be disinclined to visit such a space due to fear of stigma. Therefore, the full scale of barriers and enablers to digital inclusion must be considered, including developing an awareness of digital skills, motivation, familiarity and affordability for specific demographics.



The mPower Legacy Project team were determined not to widen these inequalities, but instead to try and address them as much as possible. Whilst Equality Impact Assessments are growing in popularity and use across Scotland, particularly within public services, they do not typically consider all population groups, as their focus falls on protected characteristics. This can leave certain groups of people behind, such as unpaid carers, care experienced young people, the homeless, those living in rural or isolated locations, and many more who face specific challenges or stigma within a society. There is also an element of intersectionality to consider, as individuals can fall into multiple categories and move between them, thus compounding and changing the barriers that they face at different moments.

This paper summarises the process taken by the ALLIANCE whilst developing an EQHRIA for the mPower Legacy Project. It provides a template based on this approach, as well as covering some of the lessons learned and a few recommendations others wanting to implement a similar approach could draw on.

# Our EQHRIA template and process

As no template could be identified for an impact assessment that combined equalities and human rights considerations, one had to be developed based on other templates and examples, identified online, as well as guidance from the [Scottish Human Rights Commission](#) on incorporating Human Rights and PANEL considerations.

Summary	
<b>About the project</b>	<i>Short description of the project and its aims.</i>
<b>Gathering evidence</b>	<i>Short description of how evidence will be gathered to inform the EQHRIA. Will desk research be carried out? Will stakeholders and right bearers be consulted?</i>
<b>Assessment and impacts</b>	<i>Which population groups will this EQHRIA consider? Which human rights are relevant or likely to be affected by this project / policy / initiative?</i>
Population groups  (adapted from <a href="#">Public Health Scotland Health Inequalities Impact Assessment</a> )	<ul style="list-style-type: none"> <li>• <b>Age:</b> older people; middle years; early years; children and young people.</li> <li>• <b>Gender:</b> men; women; people undergoing gender reassignment; pregnancy and maternity; experience of gender-based violence.</li> <li>• <b>Disability:</b> physical impairments; learning disability; sensory impairment; mental health conditions; long-term medical conditions.</li> <li>• <b>Race and ethnicity:</b> minority ethnic people; non-English speakers; gypsies/ travellers; migrant workers.</li> <li>• <b>Refugees and asylum seekers</b></li> <li>• <b>Religion and belief:</b> people with different religions or beliefs, or none.</li> <li>• <b>Sexual orientation:</b> lesbian; gay; bisexual; heterosexual.</li> <li>• <b>Marriage:</b> people who are married, unmarried or in a civil partnership.</li> <li>• <b>Care experienced children and young people</b></li> <li>• <b>Carers:</b> paid/unpaid, family members.</li> <li>• <b>Homelessness:</b> people on the street; staying temporarily with friends/family; in hostels/B&amp;Bs.</li> <li>• <b>Involvement in the criminal justice system:</b> offenders in prison/on probation, ex-offenders.</li> <li>• <b>Addictions and substance misuse</b></li> <li>• <b>Staff:</b> full/part time; voluntary; delivering/ accessing services.</li> </ul>

	<ul style="list-style-type: none"> <li>• <b>Low income</b></li> <li>• <b>Low literacy</b></li> <li>• <b>Living in deprived areas</b></li> <li>• <b>Living in remote, rural and island locations</b></li> <li>• <b>Discrimination/stigma</b></li> <li>• <b>Any other groups and risk factors relevant to a specific initiative</b></li> </ul>
Human rights considered:	<p>For example, based on the <a href="#">European Convention on Human Rights</a>:</p> <ul style="list-style-type: none"> <li>• <b>The right to life</b></li> <li>• <b>The right not to be tortured or treated in an inhuman or degrading way</b></li> <li>• <b>The right to respect for private and family life</b></li> <li>• <b>The right not to be discriminated against</b></li> <li>• <b>The rights to freedom of expression, thought, conscience and religion</b></li> <li>• <b>The right to a fair trial</b></li> <li>• <b>The right to liberty</b></li> </ul>
<b>Outcomes and action</b>	<i>What will the predicted outcomes of this assessment be? With whom will this assessment be shared?</i>
<b>Evaluation and review</b>	<i>How will be outcomes of this assessment be measured and evaluated?</i>

## About the project

<b>Name of the project</b>			
<b>Reason for the project</b>	<i>What is the early reasoning behind this project? How / why did you identify a need for this initiative?</i>		
<b>Predicted outcomes</b>	<i>What are the intended or predicted outcomes for this initiative? Are there any personal outcomes or socio-economic outcomes that the project will deliver? What deliverables have been agreed in setting the project up? Are there any collaborations or partnerships that you intended to set up?</i>		
<b>Assessment by:</b>	<b>Name:</b>		<b>Date and signature:</b>
<b>Sign off by:</b>	<b>Name:</b>		<b>Date and signature:</b>

## Evidence gathering

<p><b>Research, data, consultation or studies considered during assessment</b></p>	<p>Name any studies or reports consulted, as well as other activities (i.e. user research, interviews, experience data)</p>
<p><b>Which population groups does the evidence concern?</b></p>	<p>Select from: Age, Gender, Disability, Race and ethnicity, Refugees and asylum seekers, Religion and belief, Sexual orientation, Marriage, Care experienced children and young people, Carers, Homelessness, Involvement in the criminal justice system, Addictions and substance misuse, Staff, Low income, Low literacy, Living in deprived areas, Living in remote, rural and island locations, Discrimination/stigma, Other.</p>
<p><b>Will you carry on your own research?</b></p>	<p>Yes / No. If yes, list the main research questions and target audiences.</p>

## Assessment and impacts

<p><b>Population group</b></p>	<p><b>Current evidence</b></p>	<p><b>Risks</b></p>	<p><b>Socio-economic impacts</b></p>	<p><b>Human Rights Impacts</b></p>
<p>Select from: Age, Gender, Disability, Race and ethnicity, Refugees and asylum seekers, Religion and belief, Sexual orientation, Marriage, Care experienced children and young people, Carers, Homelessness, Involvement in the criminal justice system, Addictions and substance misuse, Staff, Low income, Low literacy, Living in deprived areas, Living in remote, rural and island locations, Discrimination / stigma, Other.</p>	<p>What are the current barriers that this group faces in trying to achieve the positive outcomes your project aims to deliver? Is there any evidence with regards to why or how this group would benefit from the outcomes you aim to deliver?</p>	<p>Are there any potential or unintended negative consequences that could arise for this group from the outcomes of your project?</p>	<p>What are the positive or negative socio-economic impact of your project on this population group?</p>	<p>Is your project supporting or impeding any human rights for this particular population group?</p>

## PANEL assessment

<p><b>Participation</b></p>	
<p><b>Everyone has the right to participate in decisions which affect their human rights. Participation must be active, free, meaningful and give attention to issues of accessibility, including access to information in a form and a language which can be understood.</b></p>	<p><i>Who are the groups or individuals most likely to be affected by the proposal?</i></p> <p><i>What methods would you use to ensure that those affected by the policy are involved in decisions that affect their human rights, in an active and meaningful way?</i></p>
<p><b>Accountability</b></p>	
<p><b>Accountability requires effective monitoring of human rights standards as well as effective remedies for human rights breaches.</b></p>	<p><i>Who is responsible for making sure that human rights are respected, protected and fulfilled?</i></p> <p><i>What sources of evidence (qualitative and quantitative) are you aware of that would help to inform the policy?</i></p> <p><i>Are there procedures in place for staff or service users who feel that their human rights have been or are in danger of being breached to hold the organisation to account?</i></p>
<p><b>Non-discrimination and equality</b></p>	
<p><b>All forms of discrimination on grounds such as age, gender, sexual orientation, ethnicity or "other status" (such as health status or poverty) in the realisation of rights must be prohibited, prevented and eliminated. Human rights also require the prioritisation of those in the most marginalised or vulnerable situations who face the biggest barriers to realising their rights.</b></p>	<p><i>Have individuals or groups who are more vulnerable to human rights breaches been identified?</i></p> <p><i>How might the policy impact on these individuals or groups?</i></p> <p><i>Can you identify any actions that you could recommend that would lessen the negative impact of the policy?</i></p>
<p><b>Empowerment</b></p>	
<p><b>Individuals and communities should understand their rights, and be supported to participate in the development of policy and practices which affect their lives. Individuals and communities should be able to claim their rights where necessary.</b></p>	<p><i>What information will those affected by the policy need in order to be able to effectively influence the decision?</i></p>
<p><b>Legality</b></p>	
<p><b>An HRBA requires the recognition of human rights as legally enforceable entitlements, and is linked in to national and international human rights law.</b></p>	<p><i>What are the possible human rights impacts of the proposal?</i></p>

## Outcomes and action

### Risks / negative impacts

*Was a significant level of negative impact arising from the project, policy or strategy identified?*

### Does the project, policy or strategy require to be amended to have a positive impact?

*Does the project, policy or strategy require to be amended to have a positive impact?*

## Evaluation and review

### Emerging actions

### Responsible

### Timescale

*Actions to be undertaken for resolution of negative impact(s) / delivery of positive impact(s)*

*Does the project, policy or strategy require to be amended to have a positive impact?*

# Learning points and recommendations

In the context of the mPower Legacy Project, the above template was developed and filled in drawing on a wide range of available literature, including reports from the wider work of the ALLIANCE and academic, governmental, third sector and NHS publications. This literature was focused on the topic of digital exclusion, as well as the health and wellbeing implications of this exclusion. The EQHRIA was conducted mainly during December 2021, in the very early stages of the project. The reason behind this early assessment was to ensure that the project's short term testing and implementation stage would be informed by equalities and human rights considerations.

Developing an EQHRIA allowed the team to collate some of the key insights and statistics relating to the risks and effects of digital exclusion in various demographics, particularly the seldom heard. Whilst this resulted in a complex and sizeable amount of data being collected, new information is constantly emerging. As a result, it can be difficult to achieve a full understanding of the issue of digital exclusion. Furthermore, events can deeply impact the context, as proven by the COVID-19 pandemic, which aggravated issues of exclusion as well as furthering inclusion efforts. This has, in part, rendered many pre-pandemic statistical data and insights out of date.



The early assessment also meant that at the stage of the EQHRIA's completion it was still unknown what the focus of the project would be on the ground, or which communities it would engage with. As such, the assessment tried to determine the barriers to digital inclusion, as well as the potential benefits and risks that would arise from inclusion for sixteen population groups at particular risk of exclusion.

This resulted in an assessment which contained an overwhelming amount of data on barriers, but which lacked clarity around potential ways of addressing them. Furthermore, with so many characteristics to consider, it became more difficult to extract intersectional implications from the data. Therefore, it was felt that **whilst considering a fuller range of population groups was a step forward in ensuring all barriers could potentially be addressed, having a more defined idea of the types of interventions that the project proposed would bring clarity to the assessment and its recommendations.**



However, this is not to say that solutions should be developed without involving people with lived experience from the very early stages. Instead, **in an ideal world, project timelines would allow for the early involvement of potential beneficiaries of a project in its development, so that an EQHRIA can be co-developed based on both desk research and user research.\*** Thus, a co-designed service could be assessed through an EQHRIA, to ensure that no negative implications arise out of its implementation and that existing inequalities are addressed, not widened.



Whilst involving project beneficiaries is one potential way of avoiding the pitfalls of individual or organisational unconscious biases, **the involvement of further experts, such as Human Rights specialists and social researchers in the development of the EQHRIA would help ensure that the more discrete risks and impacts are also taken account of and considered.**



Ultimately, **an EQHRIA should be a working document that is the heart of project delivery and that all project stakeholders have ownership over and can contribute to.** By engaging the collective wisdom of those delivering and benefiting from the project, as well as external advisers, the outcomes of the assessment are more likely to be reflective of the complex, multi-layered context that the project seeks to address.



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\* User research is used here in the service design sense of the term, meaning 'the methodic study of target users—including their needs and pain points—so designers have the sharpest possible insights to work with to make the best designs'. Definition source: [Interaction Design Foundation](#)



## the mPower Ayrshire and Arran legacy project



The Health and Social Care Alliance Scotland (the ALLIANCE) is the national third sector intermediary for a range of health and social care organisations. We have a growing membership of over 3,000 national and local third sector organisations, associates in the statutory and private sectors, disabled people, people living with long term conditions and unpaid carers. Many NHS Boards, Health and Social Care Partnerships, Medical Practices, Third Sector Interfaces, Libraries and Access Panels are also members.

The ALLIANCE is a strategic partner of the Scottish Government and has close working relationships, several of which are underpinned by Memorandum of Understanding, with many national NHS Boards, academic institutions and key organisations spanning health, social care, housing and digital technology.

Our vision is for a Scotland where people of all ages who are disabled or living with long term conditions, and unpaid carers, have a strong voice and enjoy their right to live well, as equal and active citizens, free from discrimination, with support and services that put them at the centre.

The ALLIANCE has three core aims; we seek to:

- Ensure people are at the centre, that their voices, expertise and rights drive policy and sit at the heart of design, delivery and improvement of support and services.
- Support transformational change, towards approaches that work with individual and community assets, helping people to stay well, supporting human rights, self management, co-production and independent living.
- Champion and support the third sector as a vital strategic and delivery partner and foster better cross-sector understanding and partnership.

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