

Equality and Human Rights Impact Assessment for Reducing Stress and Distress Improvement Programme

January 2026

Version 1.0

Name: Focus on Dementia: Reducing stress and distress programme

Directorate: Nursing and Service Improvement

Team: Shifting the balance of care

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Background

For all new or revised work, Healthcare Improvement Scotland has a legal requirement under the [Public Sector Equality Duty](#) to actively consider the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the [Equality Act 2010](#).
- Advance equality of opportunity between people who share a [protected characteristic](#) and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

Additionally:

- We give consideration to the principles of the [Fairer Scotland Duty](#) by aiming to reduce inequalities of outcome that are based on socio-economic disadvantage.
- As the Children and Young People (Scotland) Act 2014 names Healthcare Improvement Scotland as a corporate parent, we must consider the needs of young people who have experienced care arrangements, and young people up to the age of 26 who are transitioning out of these arrangements.
- Per the UNCRC (Incorporation) (Scotland) Act 2024 Healthcare Improvement Scotland must ensure that its activities are compatible with [UNCRC](#) requirements.
- If the work will impact islands communities please follow the guidance from Scottish Government here: [Island communities impact assessments: guidance and toolkit - gov.scot \(www.gov.scot\)](#). Island communities are included within this impact assessment template.

EQIA overview

Status	New <input checked="" type="checkbox"/>	Existing <input type="checkbox"/>
Aim(s)	<p>The reducing stress and distress improvement programme will work with teams across hospitals and care home settings to support improvement in the prevention and support of stress and distress for people living with dementia.</p> <p>This programme is a collaboration between Healthcare Improvement Scotland, the Care Inspectorate and NHS Education for Scotland and will work with a range of health and social care stakeholders including people with lived experience of dementia.</p>	
Intended Outcome(s)	<p>People living with dementia will have improved experience of and access to person-centred approaches to prevent and support stress and distress in hospital and care home settings</p>	

Is there specific relevance for children and young people?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Are island communities included in the work?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

Advancing equality

Age	<p>Risk of dementia increases with age. Prevalence 0.1% under age 64 years compared to 15.9% of people over 80 years (Source: SIGN).</p> <p>Approx 3,200 people in Scotland have younger-onset dementia and will have different needs (Source: Scottish Government).</p> <p>People with young onset dementia can experience difficulties finding and accessing appropriate services (source: Giebel et al 2021).</p>
Positive impact	<p>Older people are well represented in our programme making up the majority of people living with dementia. People with dementia may also include young onset dementia (under 65) who may be admitted to hospital or move to a care home.</p>
Negative impact	
Neutral impact	<p>We are working with the whole population of people who are living with dementia.</p>

Care Experience	<p>Area not included in either SIGN or Scottish Government EQIA. No literature on this for dementia.</p>
Positive impact	<p>Trauma informed care is an element of the reducing stress and distress self-evaluation tool. This relates to the team having the knowledge and skills to deliver trauma informed care as outlined in the Transforming Psychological Trauma Knowledge and Skills Framework.</p> <p>The workforce ensures that the needs of children and adults who are affected by trauma are recognised, understood and responded to in a way which recognises individual strengths, acknowledges rights and ensures timely access to effective care, support and interventions for those who need it.</p>
Negative impact	
Neutral impact	<p>No evidence has been identified which suggests differential impact for people with experience of care.</p>

Disability	<p>Frailty</p> <p>There is a correlation between frailty and dementia (Dementia UK).</p> <p>Scottish data on numbers of people with learning disabilities, and information on dementia and multiple sensory loss (Source: Scottish Government).</p> <p>Learning disability</p> <ul style="list-style-type: none"> • Higher prevalence of dementia compared to general population. • Higher prevalence of younger-onset dementia compared to general population. • People with learning disabilities can experience difficulties in accessing services to meet their needs (Source: Scottish Government). <p>Loss of hearing or sight</p> <ul style="list-style-type: none"> • Both dementia and hearing and slight loss more prevalent in older age groups, therefore likely to be people with dementia with sight and/or hearing loss. • People with dementia and hearing/sight loss more likely to experience difficulties in accessing diagnosis (Source: Scottish Government). • People with hearing loss can have difficulties access diagnosis as many tests involve hearing (Source: NIHR).
Positive impact	<p>People involved in our programme are more likely to have disability due to their general age and frailty. This includes a range of comorbidities, sensory impairment and decreased mobility. As part of their care, people living with dementia in hospital or a care home will have access to trained staff and aids and adaptations to support them with physical ill health and disability.</p> <p>We are working with one care home who are supporting people with learning disabilities. This will allow us to learn about the specific needs of this population.</p> <p>If people experience stress and distress there is a risk people do not engage in meaningful activity resulting in a reduced mobility and risk of falls.</p>
Negative impact	
Neutral impact	

Gender Reassignment	<p>Scottish Government and SIGN EQIAs highlight that there is little information on transgender people with dementia (Source: Scottish Government, SIGN).</p> <p>Transgender people have reported discrimination when accessing services, and this may be a barrier for both accessing services and disclosing their identify when accessing services (Source: Scottish Government).</p> <p>Problems with memory may mean that gender and body identities may not match (Source: LGBT Health & Wellbeing).</p> <p>If a person living with dementia has gender reassignment, they may experience distress around:</p> <ul style="list-style-type: none"> • recalling transition, disclosure, outing and confidentiality • attitudes and assumptions, and • hormones and overlap with other medication. <p>An older person may choose to transition (Source: Age Scotland). Problems with memory may impact on taking medication including hormone therapy.</p>
Positive impact	<p>As part of their access to health and social care, individuals with dementia will be assessed and supported holistically so that all their needs are met.</p>
Negative impact	<p>Participating teams may have to be aware of how much personal information a person in their care may wish to disclose in Getting To Know Me/person-centred care plans.</p>
Neutral impact	

Marriage and Civil Partnership	<p>Scottish Government and SIGN EQIAs highlight that there is no information (Source: Scottish Government, SIGN).</p> <p>While applicable to anyone living with another person, and not referring directly to marriage or civil partnership, highlights evidence that if a person lives alone, there are fewer opportunities for others to notice their symptoms (Source: Arblaster).</p> <p>Most carers (55%) participating in this research were spouses. The research found that unpaid carers play a key role in seeking appropriate support for the person they care for (Source: Giebel et al 2021).</p>
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Positive impact	<p>As part of their access to health and social care, individuals with dementia will be assessed and supported holistically so that all their needs are met.</p> <p>See 'sex', 'sexual orientation' and 'gender reassignment' for related issues.</p>
Negative impact	<p>If a person lives alone there are less opportunities to notice changes in the person and isolation. There is strong evidence to say the first person to notice differences is the person who lives with them.</p>
Neutral impact	

Pregnancy and Maternity	<p>Scottish Government highlight data gap (Source: Scottish Government).</p> <p>Although the SIGN guideline highlights that this strand was not a key issue for the guideline, they highlight potential issues for pregnancy and early-onset dementia in their EQIA (Source: SIGN).</p>
Positive impact	
Negative impact	
Neutral impact	There is no evidence identified to suggest any impact.

Race	<p>Scottish Government highlight data gaps related to minority ethnic groups, including:</p> <ul style="list-style-type: none"> Available data on the number of people from minority ethnic communities with dementia. Information on Gypsy/Traveller communities (Source: Scottish Government). Increased prevalence for particular types of dementia in some ethnic minority communities (Source All-Party Parliamentary Group). Evidence that number of people with dementia from ethnic minority groups will rise (Source: Alzheimer Europe). Scottish Government increasing prevalence, but low uptake of services by minority ethnic communities in Scotland (Source: Scottish Government).
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	<ul style="list-style-type: none"> Number of reasons including lack of cultural appropriate services, language barriers, cultural beliefs and stigma related to dementia (Source: SIGN, Alzheimer Europe). <p>Everyone living with dementia should have equity of access to hospital care and care homes, however access may be impacted by:</p> <ul style="list-style-type: none"> Availability of information in specific languages. Understanding and cultural views of dementia (which can vary with culture). If someone has a first language, they may feel more fluent, comfortable or have better cognition of it and revert to it which may cause communication issues. Sense of isolation if in white institutional culture. May only have access to long-term memories from when they experienced overt hostility. Family may have similar issues.
Positive impact	<p>An element of the reducing stress and distress programme will be to test the impact of meaningful activity. Meaningful activity will be different for different people so staff will acknowledge this. This will be highlighted during coaching sessions.</p> <p>Person-centred information will be gathered through the use of getting to know me documents to inform care plans.</p>
Negative impact	
Neutral impact	

	<p>Religion or Belief</p> <p>Scottish Government highlight resources provided by religious groups to support dementia care (Source: Scottish Government).</p> <p>Those with religious or other spiritual beliefs may have limited access to the following in the place they are being cared for.</p> <ul style="list-style-type: none"> Access to religious spaces may be limited (prayer room). Access to chaplaincy and other religious supports may be limited.
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Positive impact	
Negative impact	
Neutral impact	There is no evidence identified to suggest any impact.

Sex	<p>Higher prevalence among women, not accounted for by longer life expectancy (Source: Alzheimer Europe).</p> <p>67% of people with dementia are women (Source: SIGN).</p> <p>Highlight inequities in quality of health care received by women and that sex difference is not always taken into account in medical research (Source: Alzheimer Europe).</p> <p>Women are more likely to provide formal and informal care (Source: Alzheimer's Disease International).</p> <p>Highlights evidence that gender roles and norms may impact men accessing diagnosis (Source: Alzheimer Europe).</p>
Positive impact	<p>Given the higher prevalence in women, reducing stress and distress is likely to have more of a positive impact on women.</p> <p>Women living with dementia are likely to be well represented as dementia has a higher incidence in women. Gender should not impact on care.</p>
Negative impact	<p>Gender should not impact on care however we need to be aware of services favouring one sex over the other for example day opportunity activities catering mainly for women.</p> <p>Evidence from previous Focus on Dementia programmes shows stress and distress was reduced when hospital wards were split into same sex wards.</p>
Neutral impact	

Sexual Orientation	<p>Memory problems may mean they have problems remember who they have told about their sexual orientation (Source: Alzheimer's Society), may remember older memories, or be concerned about who they have shared information with (Source: Age Scotland).</p>
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	<p>Highlights that LGBT people may have previously homophobia/transphobia when accessing a service may be a barrier for accessing services (Source: Alzheimer's Society).</p> <p>Services available do not always meet the needs of LGBT people (Source: Alzheimer Europe).</p> <p>LGBT people may have different support networks, and there is need to ensure they stay connected to their network and to the LGBT community (Source: LGBT Health & Wellbeing).</p> <p>LGBT carers will also have specific needs (Source: LGBT Health & Wellbeing).</p>
Positive impact	
Negative impact	<p>As dementia progresses, LGBT people may feel like they are back in an earlier time in their life where they felt less acceptance and this could cause distress.</p> <p>Reminiscence work, which can be therapeutic for many people with dementia, may increase distress but could also be a positive experience if tailored to the individual.</p> <p>Socialising and maintaining links with LGBTQ+ community may have a significant impact of stress and distress.</p>
Neutral impact	

Socio-economic	<p>There is evidence of link between socio-economic status and digital access (Source: Scottish Government).</p> <p>High levels of deprivation may be associated with higher diagnosis rate. Deprivation may impact diagnosis – for example, more likely to have other health conditions which may be prioritised (Source: Arblaster).</p>
Positive impact	<p>We include all areas in our selection process to ensure a fair representation of different demographics across Scotland.</p>
Negative impact	<p>People from lower incomes or in deprived areas are more likely to develop dementia. We will work with participating teams to use available data to better understand their population and how socio-economic issues might affect access to services and support.</p>

Neutral impact	
Island communities	<p>There is evidence on rural communities which may be applicable however the Scottish Government also highlight there is little information on rural communities (Source: Scottish Government).</p> <p>Thinking about rural communities (not island communities specifically) there may be:</p> <ul style="list-style-type: none"> • fewer services to access • barriers in accessing digital services (Source: Scottish Government) • higher prevalence of dementia in rural communities • evidence that people in rural communities often access diagnosis later, and • evidence that there are fewer opportunities to identify symptoms (Source: Arblaster).
Positive impact	<p>All areas of Scotland are invited to participate in the collaborative and have access to our Learning System resources.</p> <p>We are working with island/rural teams to ensure all demographics are reflected in the programme.</p> <p>Orkney have been involved in cohort 2 of the programme.</p> <p>We have undertaken a site visits to the island teams to further understand the challenges in providing services.</p>
Negative impact	<p>There is less opportunity for ad hoc site visits due to increased travel time and cost.</p> <p>The impact of stress and distress could be more significant for island communities due to travelling longer distances for services.</p> <p>There may also be recruitment challenges for staff working in island communities.</p>
Neutral impact	<p>In general, it is important to consider that certain services may require islanders to travel to the mainland for treatment, and the problems that this might cause (Source: Health and Social Care and Wellbeing - The National Plan for Scotland's Islands).</p>

Overcoming negative impacts

Protected characteristic	Actions	Person responsible
All characteristics	We have conducted an evidence review on inequitable access to service across all protected characteristics. This 'Knowledge Map' will help to inform this programme.	Each site completing a self-evaluation which includes accessibility and equality of opportunity.
Age	Nil	
Care experience	Nil	
Disability	<p>Any face-to-face events will be in accessible venues. We will ask stakeholders how we can support participation.</p> <p>We will encourage participating teams to ensure meaningful activity takes into account a person's physical and mental ability.</p>	GF/SL
Gender reassignment	<p>Each site completing a self-evaluation to identify change areas. We will support participating teams to consider how transgendered people who have dementia are supported.</p> <p>We will work with participating teams to conduct their own self-assessment and to consider improvement which will lead to more equitable access for everyone.</p>	GF/SL
Marriage/civil partnership	Nil	
Pregnancy and maternity	Nil	
Race	We will work with participating teams to conduct their own self-assessment and to consider	GF/SL

Protected characteristic	Actions	Person responsible
Religion or belief	improvement that will lead to more equitable access to everyone in their community.	
Sex	We will work with participating teams to conduct their own self-assessment and to consider improvement which will lead to more equitable access to everyone in their community.	GF/SL
Sexual orientation	Where appropriate, we will support participating teams to consider the needs of men and how they might differ as part of the holistic approach to support.	GF/SL
Socio-economic	We will work with participating teams to conduct their own self-assessment to consider how people from LGBTQ+ communities are supported. We will share the LCT resource to support practice (see Evidence and Research list below).	GF/SL
Island communities	<p>Virtual access to meetings and resources.</p> <p>Island communities form part of our collaborative.</p>	

Impact rating

Impact Rating Key

Low	There is little or no evidence that some people are (or could be) differently affected by the work.
Medium	There is some evidence that people are (or could be) differently affected by the work.
High	There is substantial evidence that people are (or could be) differently affected by the work

Protected characteristic	Low	Medium	High
Age	●		
Care experience	●		
Disability	●		
Gender reassignment		●	
Marriage/civil partnership	●		
Pregnancy and maternity	●		
Race		●	
Religion or belief	●		
Sex	●		
Sexual orientation		●	
Socio-economic		●	
Island communities	●		

Stakeholder collaboration

Protected characteristic	Organisation / Team / Person	Contact details
People with lived experience of dementia and those who care for them	NDCAN/SDWG	Wendy Rankin c/o Alzheimer Scotland
People with lived experience of dementia and those who care for them	PDS Executive Lead	Maureen Taggart, Alzheimer Scotland

Monitor and review

Identified issue	Person responsible	Review date
We have reported on issues already known to impact negatively on specific groups. Our programme aims to support participating teams to consider and mitigate these issues in their improvement work. We will monitor this throughout the programme.	Gillian Fergusson	September 2026 (after action review)

Evidence and research

Evidence and research	Attached information
EQIA (SIGN)	
<p>“A piece of paper is not the same as having someone to talk to”: accessing post-diagnostic dementia care before and since COVID-19 and associated inequalities</p> <p>Giebel et al 2021</p>	
<p>Ethnic minority communities: Increasing access to a dementia diagnosis (Alzheimer's Society) September 2021</p>	
<p>Dementia Projects for Minority Ethnic Communities</p> <p>Blake Stevenson 2020</p>	
<p>Dementia does not discriminate: The experiences of black, Asian and minority ethnic communities (All-Party Parliamentary Group on Dementia) July 2013</p>	
<p>Overcoming ethical challenges affecting the involvement of people with dementia in research: recognising diversity and promoting inclusive research Alzheimer Europe 2019</p>	
<p>Charter of Rights for People with Dementia and their Carers in Scotland 2009</p> <p>Cross Party Group on Alzheimer's</p>	
<p>Equalities Knowledge Map – evidence review of inequitable access to PDS</p> <p>Conducted by Evidence and Evaluation for Improvement Team (EEvIT) for Focus on Dementia (2022)</p>	
<p>Proud to Care: LGBT and Dementia: A Guide for Health and Social Care Providers</p>	
<p>Dementia action plan: equality impact assessment - Coronavirus (COVID-19): Scottish Government. March 2021</p>	
<p>The Impact of Dementia on Women: Alzheimer's Research UK. May 2022</p>	

<u>Women and Dementia: A global research review:</u> Alzheimer's Disease International. June 2015	
<u>LGBTQ+: Living with dementia:</u> Alzheimer's Society	
<u>Rights of LGBTQ+ Older People in Scotland:</u> Age Scotland. May 2024	
<u>The development of intercultural care and support for people with dementia from minority ethnic groups:</u> Alzheimer Europe	

Appendix A

UNCRC Checklist – not relevant

EQIA sign off

Please ensure the project lead is satisfied with the assessment and that you retain a copy for your records

If you need any advice on completing this form, or any aspect of the Equality Impact Assessment process, please contact the Equality, Inclusion and Human Rights Manager
rosie.tyler-greig@nhs.scot

Project lead	Gillian Fergusson
Sign-off date	8 January 2026