

Equality Impact Assessment

Virtual Visiting

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Date	Version	Revisions	Initials
30/05/2020	1	Original version	
12/10/2020	2	Updates (in lilac highlight) to the following sections: Disability Religion or belief Pregnancy and Maternity Sex Remote and Rural – island communities Recommendations	RT-G
10/03/2021	3	Updates (in grey highlight) to the following sections: Disability Rurality Recommendations	RT-G

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Introduction

Public bodies are required to assess the impact of applying a proposed new or revised policy, against the needs of the general equality duty, namely the duty to:

- Eliminate unlawful discrimination, harassment and victimisation and any other conduct prohibited by the Equality Act 2010;
- Advance equality of opportunity between people who share a protected characteristic and people who do not share it; and
- Foster good relations between people who share a protected characteristic and people who do not share it

The relevant protected characteristics are:

- age
- disability
- gender reassignment
- pregnancy and maternity
- race
- religion and belief
- sex
- sexual orientation
- marriage and civil partnership (relates to the elimination of discrimination only)

Public bodies also have duties to consider the impact:

- on people experiencing socio-economic disadvantage (Fairer Scotland Duty 2018)
- on the rights of children (and the rights of care experienced young people up to the age of 26) (Children and Young People (Scotland) Act 2014)
- on people living in island communities (The Islands (Scotland) Act 2018)

The recommendations made in this report seek to improve equality and to help meet the specific needs of people with the relevant protected characteristics, where possible.

Our impact assessments also consider if Virtual Visiting during the COVID-19 emergency has the potential to impact on health inequalities.

Health inequalities are disparities in health outcomes between individuals or groups. Health inequalities arise because of inequalities in society, in the conditions in which people are born, grow, live, work, and age.

Health inequalities are influenced by a wide range of factors including access to education, employment and good housing; equitable access to healthcare; individuals' circumstances and behavior, such as their diet and how much they drink, smoke or exercise; and income levels.

The potential impact of Virtual Visiting during the COVID-19 emergency on an individual's human rights has also been considered.

Aim and purpose

Due to the outbreak of a new strain of coronavirus (COVID-19) physical distancing measures have been introduced for everyone in the UK (the Government's full guidance can be read on their [website](#)). As a result of these measures, hospital visitation has been stopped causing distress to patients and visitors alike. To alleviate this situation and provide support, Virtual Visiting has been introduced to allow patients, family and friends to see and talk to each other through a tablet and app.

The purpose of this assessment is to consider the impact of virtual visiting on patients, families and friends. Available intelligence will be used to make recommendations to help ensure that people and communities are able to influence areas of our work that affect them.

Assessment of impact

We recognise that virtual visiting has been developed to support patients and their family and friends during the COVID-19 pandemic. We have therefore considered whether this development could disadvantage any groups, or whether it may present barriers for any groups which would prevent them accessing the benefits of virtual visiting.

Our findings are below, based on existing knowledge and recognition of the broad definition of digital exclusion to describe how some people have continuing unequal access and capacity to use Information and Communications Technologies (ICT) that are essential to fully participate in society. They are followed by recommendations in Section 4 to account for the issues identified and to ensure no protected group is disadvantaged or left behind by virtual visiting.

Age

Digital exclusion varies by age. In 2018, 100 percent of adults aged 16 to 24 reported using the internet compared to 30 percent of those aged 75 and over. Thirteen percent of all adults stated that they did not use the internet at all ([Scottish Government 2019](#)).

Age UK found the factors that most strongly explain the likelihood of older individuals (aged 65 and over) using the internet or not, in rank order of contribution, are:

- Income
- Age

- Household composition
- Mobility
- Memory or ability to concentrate (self-rated) ([Age UK 2018](#))

Older people are more likely to experience sight or hearing loss as part of the ageing process. They may also find screens or audio in virtual communication more difficult to engage with, both in terms of quality and novelty. Combined with a lack of physical contact with loved ones, a disproportionate increase in isolation and poorer mental wellbeing is possible where Virtual Visiting is not successfully implemented.

The quality of connection people are able to have, and sustain, using the available internet may influence how well they engage. People in hospital or homely settings may find that a number of factors such as their relative distance from a router, the number of connections being attempted, the router security settings and the internet strength in their locale impacts their experience of Virtual Visiting. If the experience is problematic, this could affirm existing conceptions about internet use and mean some of the most isolated people do not benefit. [Age UK](#) cite ONS findings that of those aged 65 and over who do not use the internet, 64% say they don't need it and 20% say they don't have the skills. Age UK point out that, for some people, not needing the internet is possibly a reflection of factors like lower confidence and self-efficacy.

Specific consideration should also be given to older people with dementia. [Alzheimer's Scotland](#) estimate there are 90,000 people with dementia living in Scotland. Moreover, it was reported in the last [Care Home Census for Adults in Scotland](#) that the percentage of long stay residents living with dementia (either medically or non-medically diagnosed) in a care home for older people had increased from 54% at 31 March 2007 to 62% at 31 March 2017. [The Good Things Foundation](#) report that barriers for people with dementia accessing the internet currently include the abundance of apps and pop-ups to navigate, as well as the need to remember login details and to maintain patience. People with dementia may also need the same instructions repeated multiple times and may generally require more support to access Virtual Visiting.

For younger internet users, access using a smartphone is more popular than with older users. 96 percent of 16-24 year olds use smartphones compared to 29 percent of adults aged 75 and above ([Scottish Government 2019](#)). The devices used by different age groups may impact on the type of platforms that will best support Virtual Visiting. However, it should be noted that young people impacted by social-economic deprivation may not have the same access to internet and devices as young people who are relatively better off. They may need more support in terms of both resources and training in order to benefit equally.

Care experienced young people

While the evidence shows that nearly all young people have access to the internet, as many as 300,000 young people in the UK still lack basic digital skills ([The Tech Partnership 2017](#)). And Carnegie Trust

suggest that young people who are in care are one of the groups most at risk of slipping through the net and falling outside of the digital mainstream ([Carnegie Trust 2017](#)). Moreover, in 2018, Bright Spots produced a report, which found that 20 percent of care leavers did not have access to the internet at home (compared to 9 percent in the general population of the UK) ([Bright Spots 2018](#)).

Besides access and skills, the provision of Virtual Visiting should be accompanied by some sensitivities around who young people will want to contact through Virtual Visiting. Some care experienced young people may be estranged from family or have a difficult relationship with them.

Disability

While Virtual visiting may remove some barriers for some disabled people, such as the need to travel, there are a number of important considerations around the accessibility of the internet as well as of digital devices and platforms. As the [United Nations](#) have pointed out:

accessibility is fundamental to the inclusion of [disabled people] in the immediate health and socio-economic response to COVID-19. If public health information, the built environment, communications and technologies, and goods and services are not accessible, [disabled people] cannot take necessary decisions, live independently and isolate or quarantine safely, or access health and public services on an equal basis with others.

Jaegar and Rienner (2012), [cited here](#), describe the internet as ‘inherently unfriendly’ to many groups of disabled people due to a variety of barriers to access and usage. In 2018, 27 percent of adults in Scotland who have a long-term physical or mental health condition reported not using the internet, compared with eight percent of adults who do not have any such condition. This divide in internet use is more marked among the older age groups ([disability is more prevalent with age](#)), but is prevalent across all age bands, to some extent with the exception of 16-24 year olds. ([Scottish Government 2019](#)). Lack of usage is likely to result in lower confidence and skills and the need for resources and support towards digital inclusion.

While many people have successfully used phone or video calls to engage with others during physical distancing, Action on Hearing Loss note that people with hearing loss, including those who lip-read, and users of British Sign Language (BSL) may be excluded from virtual interactions ([The Guardian 2020](#)) due to poor visibility, poor sound quality or time lapses. Even in situations where people are being supported with Virtual Visiting, someone with a hearing aid, for example, may be unable to hear the conversation. They [recommend](#) that live captioning through video conferencing software is available. British Sign Language users can also access interpreters through the Contact Scotland service. For many BSL users, English is a second language and so interpretation will be more effective than written text.

There are also specific communications considerations for people who are Deafblind and who use Manual Sign Language where words are spelled out on their hands so that they can interpret through touch. They may need access to specialist interpreters through Deafblind Scotland.

People who are neuro-diverse or have learning disabilities, dementia or anxiety disorders may be particularly affected by things that are new and unfamiliar or that replace physical contact that is essential to their wellbeing. This could include finding teleconferences or video calls particularly stressful due to reduced or changed social cues. This could be exasperated where the call quality is

poor with, for example, a time lag that increases the difficulty of assessing social cues and opportunities to speak.

Our engagement with staff in December 2020 provided feedback from hospital settings that dementia patients often have receptive and sensory difficulties, and that Virtual Visiting can cause distress for people with dementia who do not like and / or understand digital and who sometimes may feel uncomfortable looking at themselves.

Glasgow Disability Alliance surveyed its members on a number of issues and found that only 37% of disabled people surveyed have home broadband or IT, while many say they lack the confidence or skills to use it ([Glasgow Disability Living Allowance 2020](#)).

Besides engagement with Virtual Visiting in itself, consideration should be given to the way in which the tool is described to some disabled people who may benefit from it. For example, people with learning disabilities or health literacy issues will require clearly explained information about Virtual Visiting, including who it is for and how to use it. Engagement with colleagues working in acute settings reinforced this concern, with points being raised around the way in which some disabled – and older- people do not engage well with either the concept or practice of virtual visiting, particularly as a replacement for in-person contact. Issues were specifically raised in relation to the State Hospital Board for Scotland, where patients do not have access to internet and digital tools and so are already disadvantaged in terms of digital literacy. Moreover, safety restrictions around web access mean consideration needs to be given as to how patients receiving care and treatment in respect of mental health can access Virtual Visiting on same basis as other patients.

Race

A significant number of people speak English as a second language and this is more common among minority ethnic communities. In some cases interpreters or translators are required. Some people, including refugees, may also have family members in other countries and with different access to communications.

People from minority ethnic (non-white) groups are much more likely to be in relative poverty after housing costs compared to those from the 'White – British' group ([Scottish Government 2020](#)). This makes them more likely to be digitally excluded and to require support to access Virtual Visiting.

Religion or belief

People from religious denominations which avoid the use of electronics may be unable to engage with Virtual Visiting, or may require support including pastoral advice to consider the potential advantages, to make a choice they are happy with and / or to use the technology in practice. Examples of groups this may apply to includes ultra-Orthodox Jews and Amish people. Advice could be sought from Spiritual Care Teams within NHS boards around this particular issue.

Pregnancy and maternity

While the loss of in-person contact could have a detrimental impact on the health and wellbeing of people who are pregnant or post-natal and / or their children, there are no known differential impacts

relating to the concept of Virtual Visiting. It could in fact provide support and overcome isolation at what can be a very vulnerable time for pregnant people and new parents.

In the project's SMART survey feedback, seven out of twenty responses indicated no equipment requirement for maternity wards. Particularly where a patient is experiencing disadvantage in respect of other characteristics or life circumstances, lack of adequate provision could create a disadvantage on the basis of pregnancy and maternity, including during future service delivery. Initial feedback from boards around the required provision in maternity facilities should therefore be explored further.

Sex

According to [Scottish Women's Aid](#), 1 in 5 women experience domestic abuse over their lifetimes, and between 6% and 10% of women suffer domestic violence in a given year. It is therefore helpful if assumptions are not made as to who a person may want to be in contact with.

Noting comments above in relation to maternity, a number of health boards have additionally indicated that no devices are required for facilities supporting women and children. Again, this may lead to future disadvantage and should be explored further. Moreover, women and children experiencing domestic abuse could feel unsafe using their personal digital devices as these [can be used by a controlling partner or parent/guardian](#).

Sexual orientation

LGBT people are more likely to be estranged from their families and to experience social isolation. Further, [Stonewall's research](#) shows that one in four lesbian and bi women have experienced domestic abuse in a relationship while almost half (49%) of all gay and bi men have experienced at least one incident of domestic abuse from a family member or partner since the age of 16. It is therefore helpful if assumptions are not made as to who a person may want to be in contact with.

Gender reassignment

As above. A report by the [Scottish Transgender Alliance](#) indicates that 80% of trans people have experienced emotional, sexual, or physical abuse from a partner or ex-partner.

Socio-economic disadvantage (cross cutting)

There is a strong relationship between the Scottish Index of Multiple Deprivation (SIMD) and internet uptake in Scotland. In 2018, 69 percent of households with an income of less than £10,000 had internet access at home. In comparison, almost 99 percent of households with an income of £40,000 and over had home internet access ([Scottish Government 2019](#)).

23 percent of adults in social rented housing reported not using the internet in 2018, compared to only five percent of those in private rented housing, and 12 percent of those who owned their own homes. ([Scottish Government 2019](#)). However, for those who already have access to digital technology and the internet, virtual visiting will ease the cost of travel to hospital visitations for families.

Rates of relative poverty are higher for families in which somebody is disabled compared to those without (24% vs 17%) ([Scottish Government 2020](#)). It is also higher for people from black and minority ethnic backgrounds and for lone parents. According to the [Poverty and Inequality Commission](#), 35% of BME people live in poverty compared to 18% of white British people, while 45% of lone parents live in poverty.

A Citizens Advice Scotland ([2018](#)) survey found that the most common barriers preventing respondents from using the internet were financial, with broadband costs and phone and data costs considered barriers.

Libraries can provide free wi-fi, access to computers and other technology. However, widespread library closures across the country over time will have had an impact on access. Libraries have also been closed since physical distancing measures were introduced. It should also be noted that limits on computer time, lack of privacy, etc., might make internet access at libraries inappropriate for virtual visiting purposes ([University of West of Scotland 2017](#)).

Remote and Rural - Island communities

Place can exclude people. Poor (or no) broadband or mobile infrastructure is more likely to be experienced in remote, small towns. It has also been reported that 18 percent of adults living in the Highlands have never been online ([Citizens Advice Scotland 2018](#)).

The gap in internet connectivity between rural areas and the rest of Scotland has decreased over time to 37 percent in 2016 ([Scottish Government 2017](#)). However, the gap between the areas in terms of average broadband speeds has widened over time and stood at 24mbps in 2016 ([Scottish Government 2017](#)). The Scottish Government's [Digital Strategy](#) aims to reduce this gap and recent improvements may have been made. For those who have access, virtual visiting may give people the opportunity to visit families and friends living in rural and remote areas.

Our engagement with territorial health boards suggests that while Virtual Visiting may be more challenging in rural locations, there may also be a longer term accelerated need for people living remotely. For example, SMART survey feedback from NHS Highland told us that Virtual Visiting was already being used in some hospitals to overcome the challenges of geography. However, connectivity and broadband issues were being experienced. This chimed with the sense staff from our community engagement offices had that Virtual Visiting would be especially valuable in rural locations.

During engagement with NHS staff during December 2020, we heard that some rural communities with poor Wi-Fi/connectivity are looking at using community centers with a more stable Wi-Fi connection for family members to access Virtual Visiting.

Recommendations

The evidence demonstrates that groups of people who are most likely to access health and care services (older people, people with long term conditions and disabilities, and people experiencing socio-economic disadvantage) are those least likely to be able to use digital health services. This means that virtual visiting opportunities have the potential to exclude some people who are most likely to have a poorer experience of healthcare, thus further widening inequalities.

Virtual visiting will only work if individuals (including patients) and their friends and families have the appropriate equipment, broadband services and support.

Below are some recommendations to address this issues.

- **Clear communication between services and families**

There should be clear communication with the individual to understand who they want to be included in their virtual visiting 'bubble'. Although in many cases this will be the next of kin or immediate family, for others, it may not be

There should also be clear communication with family and friends about what technology and apps they have to engage with virtual visiting, the support they require to engage effectively and where they can access this support.

- **Access to support for family and friends**

Although digital interactions has been well used during the COVID-19 pandemic as can be seen above, there are people, often the most vulnerable and excluded, who will be unable to participate due to:

- lack of access to an internet enabled device and or broadband or 4/5G,
- the ability to use them even if they do have them,
- confidence in using internet / digital devices,
- the ability to pay for access to the internet, maintain or fix their devices, and
- lack other services e.g. landline
- [Understanding Virtual Visiting and how to access it](#)

It is recommended the project link in with [Scottish Council for Voluntary Services](#) and [Connecting Scotland](#) to direct people to local support for devices, training and broadband costs.

The project should also consider information and access within the resourcing need of Virtual Visiting, and scope any requirements that will be needed to enable as many people as possible to access Virtual Visiting.

Understanding of the needs of patients and visitors

Be aware that virtual visiting may be difficult for some patients and families who are unfamiliar with the use of technology or who do not find this an adequate replacement for the physical presence of loved ones. More time and resource may be needed to support some people, as well as compassionate communications to understand and respond to their concerns. A secure internet connection will also be helpful in facilitating access and building the confidence of patients. Boards should be encouraged to consider whether this is currently available via patient wi-fi or what alternative arrangements may be needed.

This assessment has also identified that it may be helpful for boards to link in with organisations who can provide guidance to staff and families on overcoming communications barriers. For example, [Contact Scotland](#) for BSL users, [Deafblind Scotland](#), [Action on Hearing Loss](#), [Relay UK](#) and [Who Cares Scotland](#). Boards should also link in with the NHS Interpreters service to support the local set-up of Virtual Visiting, and the Equality and Diversity Officer for their board to get advice on the resources that are used.

SMART survey feedback indicates lower demand for devices in maternity facilities and those providing care and treatment to women and children. However, it is important that the Virtual Visiting infrastructure is future-proof and non-exclusionary. This trend should be explored further with relevant internal colleagues and the relevant boards; as well as pregnant people, women and children and / or those who can represent their experiences and best interests.

Supportive equipment / infrastructure

The assessment has highlighted that, in order to meet the needs of some patients groups, additional equipment or resources may be required. In settings where Virtual Visiting is being used, staff should have access to tables and trolleys so that screens can be ideally positioned for patients to engage with their visitors in a way that is comfortable. Some board areas where wifi is poor may also need access to additional premises to ensure that visiting can be facilitated.

Local Equality Impact Assessments

The particular issues that are relevant to the way in which individual boards roll out Virtual Visiting are best surfaced through local EQIAs. This document provides insight into the relevant issues the Healthcare Improvement Scotland team are aware of. However, local expression, variation and available remedies should also be explored.

Monitoring and review

The EQIA will be reviewed monthly from the date it was agreed by the Virtual Visiting Team (02 June 2020). Reviews will consider the application of recommendations, as well as whether any new information has emerged which should be included within the impact assessment and considered in the course of the project.

Who carried out the assessment

EQIA completed by: Valerie Breck

EQIA reviewed by: Rosie Tyler-Greig

EQIA sign-off by: HIS Virtual Visiting team (Jane Davies lead)

Most recent review by: Rosie Tyler-Greig, March 2021

Contact information

If you have any comments or questions about this report, or if you would like us to consider producing this report in an alternative format, please contact our Equality and Diversity Advisor:

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