

## NHS Greater Glasgow and Clyde Equality Impact Assessment Tool

Equality Impact Assessment is a legal requirement as set out in the Equality Act (2010) and the Equality Act 2010 (Specific Duties) (Scotland) regulations 2012 and may be used as evidence for cases referred for further investigation for compliance issues. Please refer to the EQIA Guidance Document while completing this form. Please note that prior to starting an EQIA all Lead Reviewers are required to attend a Lead Reviewer training session or arrange to meet with a member of the Equality and Human Rights Team to discuss the process. Please contact [CITAdminTeam@ggc.scot.nhs.uk](mailto:CITAdminTeam@ggc.scot.nhs.uk) for further details or call 0141 2014560.

Name of Policy/Service Review/Service Development/Service Redesign/New Service:

East Dunbartonshire Alcohol and Drug Partnership (ADP) Strategy 2023-2025

Is this a: Current Service  Service Development  Service Redesign  New Service  New Policy  Policy Review

Description of the service & rationale for selection for EQIA: (Please state if this is part of a Board-wide service or is locally driven).

*What does the service or policy do/aim to achieve? Please give as much information as you can, remembering that this document will be published in the public domain and should promote transparency.*

As stated in the national [Alcohol and Drug Partnerships: Delivery Framework](#), each local Alcohol and Drug Partnership (ADP) is required to have an Alcohol and Drug Partnership (ADP) Strategy, and a clear delivery plan on how they will implement priorities to support a reduction in alcohol and drug deaths and harm. The ADP Strategy for 2023-26 outlines the priorities from the national strategies 'Rights, Respect and Recovery' and the 'Alcohol Framework' which were both published in 2018.

Seven priorities are listed in the Strategy:

1. Prevention and Early Intervention
2. Developing Recovery Oriented Systems of Care
3. Getting it Right for children and families
4. A Public Health approach to Justice
5. Less harm is caused by alcohol
6. Suicide Prevention
7. Additional Alcohol and Drug Partnership Priorities 2023 – 2025

The additional ADP priorities mentioned in priority seven are based on the new National Policy and priorities for alcohol, drugs and suicide prevention rapidly changed after the launch of the previous ADP Strategy, to include:

1. Programme for Government Local Improvement Fund
2. National Mission Priorities
3. Medication Assisted Treatment (MAT) Standards
4. Access to Residential Rehab

5. Whole Family Approach / Family Inclusive Practice
6. Lived and Living Experience
7. Drug Related Death Taskforce / Crisis and Stabilisation
8. Creating Hope Together (Suicide Prevention)

Alongside the ADP Strategy there will be a Delivery Plan which will provide the detailed of the actions to be taken in relation to each priority, the timescales within which they will be delivered and the strategic measures.

In developing the ADP Strategy, we aim to consider:

- the main pressures (or “drivers”) for change and improvement
- analysis of available alcohol, drug, and probable suicide data
- recent ADP Strategies elsewhere, to help to inform development of local priorities
- the expressed views of service users, carers, and families and both third sector and statutory staff through consultation
- the key challenges and the proposed areas for priority action over the three years of the strategy

It is essential therefore that the ADP Strategy (2023-2025) is accessible to all relevant stakeholders, including those with protected characteristics and any priorities or services produced as a result of the strategy are equally available and fairly provided at the point of need. The East Dunbartonshire ADP Strategy (2023-2025) supports 'Rights, Respect and Recovery: Scotland's strategy to improve health by preventing and reducing alcohol and drug use, harm and related deaths' ensuring individuals, families and communities:

- have the right to health and life – free from the harms of alcohol and drugs
- are treated with dignity and respect, and;
- are fully supported within communities to find their own type of recovery

***Why was this service or policy selected for EQIA? Where does it link to organisational priorities? (If no link, please provide evidence of proportionality, relevance, potential legal risk etc.)***

The EQIA has been undertaken to ensure any adverse impact on protected characteristic groups is minimised and prior to the ADP Strategy (2023-2025) being implemented, we aim to acknowledge the equalities duties placed upon us by the Equalities Act 2010 and that they are upheld. The Equality Duty is non-delegable. In practice this means that public authorities like East Dunbartonshire Health and Social Care Partnership's (HSCP) need to ask their suppliers and those they commission services from to take certain steps in order to enable the public authority to meet their continuing legal obligation to comply with the Equality Duty.

The relevant protected characteristics covered by the Duty are:

- Age
- Disability
- Gender Reassignment
- Pregnancy and Maternity

- Race
- Religion or Belief
- Sex
- Sexual Orientation

Throughout the development of the strategy, reference has been made to the general duties (Equality Act)(2010) and to the HSCP Equality Mainstreaming Strategy (2023-2027) and outcomes and how any proposed changes in service provision will meet the requirement:

- to eliminate unlawful discrimination
- advance equality of opportunity, and;
- promote good relations

The ADP Strategy 2023-25 supports the delivery of EDC Local Outcomes Improvement Plan 2017-2027:

- ED SOA Outcome 2; 'Our people are equipped with knowledge and skills for learning, life and work'.
- ED SOA Outcome 3; 'Our children and young people are safe, healthy and ready to learn'
- ED SOA Outcome 5; 'Our people experience good physical and mental health and wellbeing with access to a quality built and natural environment in which to lead healthier and more active lifestyles,' and;
- ED SOA Outcome 6; 'Our older population are supported to enjoy a high quality of life and our more vulnerable citizens, their families and carers benefit from effective care and support services.'

Promoting equality and addressing health inequalities are at the heart of East Dunbartonshire Health and Social Care Partnership's (HSCP) vision and values. Support to service users, families and carers is a key strategic priority for the HSCP Board established within the Strategic Plan. However, it is important that these commitments are set out in more detail, to meet our obligations under the eight priority areas listed above.

#### National Vision

Scotland is a country where "we live long, healthy and active lives regardless of where we come from" and where individuals, families and communities:

- have the right to health and life – free from the harms of alcohol and drugs
- are treated with dignity and respect, and;
- are fully supported within communities to find their own type of recovery.

#### East Dunbartonshire Vision

"The ADP will work in partnership to improve the lives of people who use alcohol and drugs problematically in East Dunbartonshire, working to strengthen resilience and capacity to reduce harms of problem Alcohol and Drug use within communities, families and individuals in East Dunbartonshire."

Relevance to HSCP Strategic Plan; -

1. Empowering People
2. Empowering Communities
3. Prevention and Early Intervention
4. Public Protection
5. Supporting Carers and Families
7. Post-pandemic Renewal
8. Maximising Operational Integration

A lot of what the HSCP needs to do to support the work of the ADP is already set out in national and local policy. But not all HSCPs are the same. Different HSCPs have different pressures and population needs. It is important that we ensure that our ADP Strategy reflects what all HSCPs need to do but emphasises the priorities that are right for local needs and aspirations.

Since the last ADP Strategy, the Covid-19 pandemic has had an enormous impact on service users, families and carers and staff, so it is essential to ensure that these impacts are recognised in the new strategy and plans continue to reflect the changing landscape, including different ways of working.

**Who is the lead reviewer and when did they attend Lead reviewer Training? (Please note the lead reviewer must be someone in a position to authorise any actions identified as a result of the EQIA)**

**Name:** Lynsay Haglington – East Dunbartonshire HSCP - Alcohol and Drug Partnership Coordinator)

**Date of Lead Reviewer Training:**  
01/11/2023

**Please list the staff involved in carrying out this EQIA**

**(Where non-NHS staff are involved e.g. third sector reps or patients, please record their organisation or reason for inclusion):**

Lynsay Haglington (Alcohol and Drug Partnership Coordinator - East Dun HSCP)  
David Aitken (Head of Service – East Dun HSCP)  
Alan Cairns (Planning, Performance & Quality Manager)  
Anthony Craig (Development Officer-Equalities, Engagement and Communications)

		<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
1.	<p>What equalities information is routinely collected from people currently using the service or affected by the policy? If this is a new service proposal, what data do you have on proposed service user groups. Please note any barriers to collecting this data in your submitted evidence and an explanation for any protected characteristic data omitted.</p>	<p><i>A sexual health service collects service user data covering all 9 protected characteristics to enable them to monitor patterns of use.</i></p>	<p>In developing the strategy, we used learning from previous plans and strategies; and also utilised our statutory partner's demographic knowledge to further develop and increase knowledge of local equality groups as these are fluid.</p> <p>Data relating to alcohol, drugs and probable suicides is also collected by a number of National and Local sources. Not all data is available at a local level and may instead be accessed at health board level. Systems such as CareFirst, EMIS and DAISy are used at a local level. DAISy is also a national system developed via Public Health Scotland and is used by statutory Alcohol and Drug Recovery Services, third sector partners and prisons.</p> <p>The HSCP currently support 547 clients who access the ADP service and we will continue to offer access to other HSCP services to mitigate any barriers to other health and social care services.</p> <p>The Scottish Government have recently collected data via the <a href="#">2020 Scottish Health Survey</a> and the 2021 Scottish Government Census.</p> <p>The Scottish Government also collect data via a range of systems and questionnaires that ADPs are required to complete, such as annual reports, whole family approach surveys, quarterly residential rehab returns and alcohol and drug waiting times.</p> <p>Locally within East Dunbartonshire Council area all protected characteristics are covered by data collection in the assessment process for alcohol and drugs and is recorded on our Care First Database. The information that is recorded includes protected characteristics and is reviewed with regard to service users</p>	<p>ADP partners will be asked to provide examples of how equality data and evidence has been used to influence any changes or developments.</p> <p>Data relating to the protected characteristics of service users is captured via CareAssess. This information is then logged on the Care First System.</p> <p>If data is incomplete or inaccurate there is a risk that supporting strategies will be omitted or targeted inappropriately or disproportionately.</p> <p>Whilst some protected characteristic data is requested within the assessment paperwork, not all are included and the fields themselves are not mandatory.</p> <p>We will utilise learning methodology from the HSCP communication, participation and engagement strategy and work with East Dunbartonshire Voluntary Action (EDVA) to share information with their database of members/groups (518), which range from older people's groups, disability groups, men's/women's groups and also mental health and alcohol and drugs</p>

			<p>changing needs and circumstances.</p> <p>The NHS system EMIS allows information relating to treatment, prescription and support needs to be recorded in addition to the collection of data relating to age, sex, and social class via postcode related data.</p> <p>The information recorded on Care First considers protected characteristics and upon review there is no requirement to undertake more intensive analysis. In addition, local and national data is analysed and from this information resources and alternative services are put in place to support service users as required to ensure that equality and human rights issues for each individual are considered. No barriers have been identified however service users can choose not to disclose information. The HSCP commissions a number of third sector recovery/support organisations throughout East Dunbartonshire that provide a range of direct services and the provision of individualised advice, guidance and support to both adult and young people. They collect and share carer demographics data with the HSCP.</p>	<p>recovery groups to share targeted positive messages.</p> <p>The policy may not reach all interested groups / people who have a protected characteristic. We will aim to give all known protected characteristic groups in our database and that of EDVA's and also that of the known 3rd sector organisations and commissioned services who work with those with a protected characteristic the opportunity to access and to participate. To mitigate this we will continue to be committed to have an open and honest communication and engagement activity and give access to any group no matter the specific needs and preferences of the communications audience including protected characteristic groups.</p>
		<i>Example</i>	<b>Service Evidence Provided</b>	<b>Possible negative impact and Additional Mitigating Action Required</b>
2.	<p>Please provide details of how data captured has been/will be used to inform policy content or service design.</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p>	<p><i>A physical activity programme for people with long term conditions reviewed service user data and found very low uptake by BME (Black and Minority Ethnic) people. Engagement activity found promotional material for the interventions was not representative. As a</i></p>	<p>In developing the strategy, we used learning from previous plans and strategies; and also utilised our statutory partner's demographic knowledge to further develop and increase knowledge of local equality groups as these are fluid. Most of the available data will be provided within the delivery plan, relating to each priority.</p> <p>The data captured helps the HSCP understand any trends regarding alcohol and drug related harms and deaths and probable suicides. This data will allow the ADP and ADRS to improve performance and respond flexibly to the changing needs of service users, families and carers accessing our</p>	<p>ADP partners will be asked to provide examples of how equality data and evidence has been used to influence any changes or developments.</p> <p>Data relating to the protected characteristics of service users is captured via CareAssess. This information is then logged on the Care First System.</p>

<p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p><i>result, an adapted range of materials were introduced with ongoing monitoring of uptake. (Due regard promoting equality of opportunity)</i></p>	<p>services.</p> <p>High risk groups with protected characteristics will be monitored in terms of data. This will include prisoners on release, veterans, homelessness and multiple and complex needs.</p> <p>Data provided via the Medication Assisted Treatment Standards, ADP Annual Report, Quarterly drug and alcohol waiting times and quarterly residential rehab figures will be utilised along with other national, board wide and local data.</p>	<p>If data is incomplete or inaccurate there is a risk that supporting Strategies will be omitted or targeted inappropriately or disproportionately.</p> <p>Whilst some protected characteristic data is requested within the assessment paperwork, not all are included and the fields themselves are not mandatory.</p> <p>We will utilise learning methodology from the HSCP communication, participation and engagement strategy and work with East Dunbartonshire Voluntary Action (EDVA) to share information with their database of members/groups (518), which range from older people's groups, disability groups, men's/women's groups and also mental health and alcohol and drugs recovery groups to share targeted positive messages.</p> <p>The policy may not reach all interested groups / people who have a protected characteristic. We will aim to give all known protected characteristic groups in our database and that of EDVA's and also that of the known 3rd sector organisations and commissioned services who work with those with a protected characteristic the opportunity to access and to participate. To mitigate this we will continue to be</p>
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		<i>Example</i>	<b>Service Evidence Provided</b>	<b>Possible negative impact and Additional Mitigating Action Required</b>
3.	<p>How have you applied learning from research evidence about the experience of equality groups to the service or Policy?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p><i>Looked after and accommodated care services reviewed a range of research evidence to help promote a more inclusive care environment. Research suggested that young LGBT+ people had a disproportionately difficult time through exposure to bullying and harassment. As a result, staff were trained in LGBT+ issues and were more confident in asking related questions to young people. (Due regard to removing discrimination, harassment and victimisation and fostering good relations).</i></p>	<p>In developing the ADP strategy, we used learning from previous plans and strategies; and also utilised our statutory partner's demographic knowledge to further develop and increase knowledge of local equality groups as these are fluid.</p> <p>HSCP Boards are collaborative at heart; they include membership from Local Authorities and Health Boards, plus representatives of service users, informal carers, professionals and clinicians, trade unions and third and independent sector service providers. When preparing any new strategy, an HSCP Board must ensure that all of these stakeholders and partners are fully engaged in the process and have regard to the <a href="#">Health and Social Care Delivery Principles</a>. This ensures that a shared approach is taken to the planning of services to deliver the <a href="#">National Outcomes for Health and Wellbeing</a> and to achieve the core aims of integration, which are:</p> <ul style="list-style-type: none"> <li>• To improve the quality and consistency of services for patients, carers, service users and their families</li> <li>• To provide seamless, integrated, quality health and social care services in order to care for people in their homes, or a homely setting, where it is safe to do so; and</li> <li>• To ensure resources are used effectively and efficiently to deliver services that meet the needs of the increasing number of people with long term conditions and often complex needs, many of whom are older</li> </ul>	<p>ADP partners will be asked to provide examples of how equality data and evidence has been used to influence any changes or developments.</p> <p>Data relating to the protected characteristics of service users is captured via CareAssess. This information is then logged on the Care First System.</p> <p>If data is incomplete or inaccurate there is a risk that supporting Strategies will be omitted or targeted inappropriately or disproportionately.</p> <p>Whilst some protected characteristic data is requested within the assessment paperwork, not all are included and the fields themselves are not mandatory.</p> <p>We will utilise learning methodology from the HSCP communication, participation and engagement strategy and work with East</p>



			<p>A lot of what the HSCP needs to do to support service users and their carers is already set out in national and local policy. But not all HSCPs are the same. Different HSCPs have different pressures and population needs. It is important that we ensure that our ADP Strategy reflects what all HSCPs need to do but emphasises the priorities that are right for local needs and aspirations.</p> <p>The HSCP has carried out initial work by looking at the main pressures (or “drivers”) for change and improvement. Analysis of service numbers and circumstances has also been undertaken to ensure that the ADP Strategy identifies and reflects these local needs in the development of its priorities. We have also looked at what has been included in recent ADP Strategies elsewhere, to help to inform our early thoughts.</p> <p>Crucially important, we have reviewed the expressed views of service users and their carers themselves over recent years, locally and nationally. We found that many of the issues and priorities that have been raised in the past remain really important for users of the service and their carers. We wanted to ensure that we reflected these views and opinions before we re-engage once again, in the final consultation of the ADP strategy.</p>	<p>Dunbartonshire Voluntary Action (EDVA) to share information with their database of members/groups (518), which range from older people's groups, disability groups, men's/women's groups and also mental health and alcohol and drugs recovery groups to share targeted positive messages.</p> <p>The policy may not reach all interested groups / people who have a protected characteristic. We will aim to give all known protected characteristic groups in our database and that of EDVA's and also that of the known 3rd sector organisations and commissioned services who work with those with a protected characteristic the opportunity to access and to participate.</p> <p>To mitigate this we will continue to be committed to have an open and honest communication and engagement activity and give access to any group no matter the specific needs and preferences of the communications audience including protected characteristic groups.</p>
		<i>Example</i>	<b>Service Evidence Provided</b>	<b>Possible negative impact and Additional Mitigating Action Required</b>
4.	Can you give details of how you have engaged with equality groups with regard to the service review or	<i>A money advice service spoke to lone parents (predominantly women) to better understand</i>	HSCP Boards are collaborative at heart; they include membership from Local Authorities and Health Boards, plus representatives of service users, informal carers, professionals and clinicians, trade unions and third and independent sector	ADP partners will be asked to provide examples of how equality data and evidence has been used to influence any changes or

<p>policy development? What did this engagement tell you about user experience and how was this information used?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p><i>barriers to accessing the service. Feedback included concerns about waiting times at the drop-in service, made more difficult due to childcare issues. As a result, the service introduced a home visit and telephone service which significantly increased uptake.</i></p> <p><i>(Due regard to promoting equality of opportunity)</i></p> <p><i>* The Child Poverty (Scotland) Act 2017 requires organisations to take actions to reduce poverty for children in households at risk of low incomes.</i></p>	<p>service providers. When preparing any new strategy, an HSCP Board must ensure that all of these stakeholders and partners are fully engaged in the process and have regard to the <a href="#">Health and Social Care Delivery Principles</a>. This ensures that a shared approach is taken to the planning of services to deliver the <a href="#">National Outcomes for Health and Wellbeing</a> and to achieve the core aims of integration, which are:</p> <ul style="list-style-type: none"> <li>• To improve the quality and consistency of services for patients, carers, service users and their families</li> <li>• To provide seamless, integrated, quality health and social care services in order to care for people in their homes, or a homely setting, where it is safe to do so; and</li> <li>• To ensure resources are used effectively and efficiently to deliver services that meet the needs of the increasing number of people with long term conditions and often complex needs, many of whom are older</li> </ul> <p>In developing the ADP strategy, we used learning from previous plans and strategies; and also utilised our statutory partner's demographic knowledge to further develop and increase knowledge of local equality groups as these are fluid.</p> <p>The HSCP shared information and garnered responses through a 'survey' and also through Microsoft Teams consultation events. We also shared the consultation material through EDVA, who shared it with their 518 groups and organisations registered with them. The information was also shared through the HSCP's Public, Service User and Carer group, who represent patients, service users and carers in East Dunbartonshire. We also shared posters and leaflets in hubs, libraries and community buildings, which gave residents and interested people a phone number and email address to contact. We also explained that if any resident or interested person required the information (survey or posters etc) in a community language or translated, then this would be accommodated.</p>	<p>developments.</p> <p>Data relating to the protected characteristics of service users is captured via CareAssess. This information is then logged on the Care First System.</p> <p>If data is incomplete or inaccurate there is a risk that supporting Strategies will be omitted or targeted inappropriately or disproportionately.</p> <p>Whilst some protected characteristic data is requested within the assessment paperwork, not all are included and the fields themselves are not mandatory.</p> <p>We will utilise learning methodology from the HSCP communication, participation and engagement strategy and work with East Dunbartonshire Voluntary Action (EDVA) to share information with their database of members/groups (518), which range from older people's groups, disability groups, men's/women's groups and also mental health and alcohol and drugs recovery groups to share targeted positive messages.</p> <p>The policy may not reach all interested groups / people who have a protected characteristic. We will aim to give all known protected</p>
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		<i>Example</i>	<b>Service Evidence Provided</b>	<b>Possible negative impact and Additional Mitigating Action Required</b>
5.	<p>Is your service physically accessible to everyone? If this is a policy that impacts on movement of service users through areas are there potential barriers that need to be addressed?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of</p>	<p><i>An access audit of an outpatient physiotherapy department found that users were required to negotiate 2 sets of heavy manual pull doors to access the service. A request was placed to have the doors retained by magnets that could deactivate in the event of a fire. (Due regard to remove discrimination, harassment and victimisation).</i></p>	<p>The ADP Strategy will be executed within a variety of venues across the authority. The main venue for patient and carer appointments is the Kirkintilloch Health and Care Centre (KHCC), which is fully accessible for the delivery of services locally. We have also recently carried out an accessibility audit on the building and we have also completed this with patients group, asking for their views on building accessibility, access to our services and if the physical appointment rooms met the needs of our users. A report is being finalised and will be taken to our Senior Management Team.</p> <p>EDHSCP need to ask their suppliers and those they commission services from to take certain steps in order to enable the public authority to meet their continuing legal obligation to comply with the Equality Duty. When connecting with service users and their carers within any community-based supports, that the physical resources they use will be fully accessible and this will be audited by our planning and commissioning team and by the Alcohol and Drug Partnership Coordinator in line with</p>	<p>It is important that as the ADP Strategy develops and progresses, we use learning to understand the experience of our service users, carers and families from protected characteristic groups and we will make a commitment to capture all community perspectives across protected characteristic groups.</p> <p>HSCP staff will continue to engage with service users, carers and their families in the future and ensure any communication barriers are addressed.</p> <p>The policy may not have reached all groups / people who have a protected characteristic. We will aim</p>

	<p>opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected Characteristics <input checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>		<p>accessibility requirements and equality.</p> <p>Social Work Colleagues work closely with other support services e.g. occupational therapy, sensory impaired services and external day care providers to put in place information and supports to remove any potential barriers. Formal Strategies are also in place to promote positive behaviour and prevent incidences of challenging behaviour.</p> <p>Where transport is required to support the delivery of the ADP Strategy, a needs assessment is carried out to ensure appropriate resources are made available such as escort, adapted vehicles etc.</p>	<p>to give all known protected characteristic groups in our database and that of EDVA's and also that of the known 3rd sector organisations and commissioned services who work with those with a protected characteristic the opportunity to access and participate.</p> <p>To mitigate this we will continue to be committed to have an open and honest communication and engagement activity and give access to any group no matter the specific needs and preferences of the communications audience including protected characteristic groups.</p>
	<i>Example</i>	<b>Service Evidence Provided</b>	<b>Possible negative impact and Additional Mitigating Action Required</b>	
6.	<p>How will the service change or policy development ensure it does not discriminate in the way it communicates with service users and staff?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p>	<p><i>Following a service review, an information video to explain new procedures was hosted on the organisation's YouTube site. This was accompanied by a BSL signer to explain service changes to Deaf service users.</i></p> <p><i>Written materials were offered in other languages and formats.</i></p> <p><i>(Due regard to remove discrimination,</i></p>	<p>East Dunbartonshire HSCP Communications Strategy (CS) (2020-23) and Participation and Engagement Strategy (PES) (2020-23) and the communications matrix were used to devise a Communication Plan. The strategies detail how the EDHSCP will communicate with different stakeholders and give those with one or more protected characteristics an opportunity to share their views.</p> <p>EDHSCP need to ask their suppliers and those they commission services from to take certain steps in order to enable the public authority to meet their continuing legal obligation to comply with the Equality Duty. When connecting carers with community-based supports resources will already have been commissioned and screened to ensure that all additional communication support needs are met.</p> <p>We will also aim to eliminate discrimination by engaging with</p>	<p>It is important that as the ADP Strategy develops and progresses, we use learning to understand the experience of our service users, carers and families from protected characteristic groups and we will make a commitment to capture all community perspectives across protected characteristic groups.</p> <p>HSCP staff will continue to engage with service users, carers and their families in the future and ensure any communication barriers are addressed.</p> <p>The policy may not have reached all</p>

	<p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p> <p>The British Sign Language (Scotland) Act 2017 aims to raise awareness of British Sign Language and improve access to services for those using the language. Specific attention should be paid in your evidence to show how the service review or policy has taken note of this.</p>	<p><i>harassment and victimisation and promote equality of opportunity).</i></p>	<p>individuals affected by drug and alcohol use, their family members and friends as well as members of staff and the wider East Dun public, with positive messages.</p> <p>We have also engaged with those affected by drug and alcohol use who are a vulnerable group of adults, they were given opportunity to express their views around the plans for alcohol and drug services in the first phase consultation and also with the delivery plan.</p> <p>Children and Young People will also have the opportunity to have input into the strategy, by sharing the draft strategy with our younger peoples local area coordinators and their wider database of contacts.</p> <p>Older Drug users are deemed to be aged over 35yrs. The average age of drug related deaths in 2022 in East Dun was 38yrs, whereas in 2021 the average age was 46yrs. The ADP strategy will work with other services will review health and wellbeing and target harm reduction messages to older drug users as well as refer onto appropriate health services.</p>	<p>groups / people who have a protected characteristic. We will aim to give all known protected characteristic groups in our database and that of EDVA's and also that of the known 3rd sector organisations and commissioned services who work with those with a protected characteristic the opportunity to access and participate.</p> <p>To mitigate this we will continue to be committed to have an open and honest communication and engagement activity and give access to any group no matter the specific needs and preferences of the communications audience including protected characteristic groups.</p>
7	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required	
(a)	<p><b>Age</b></p> <p>Could the service design or policy content have a disproportionate impact on people due to differences in age? (Consider any age cut-offs that exist in the service design or policy content. You will need to objectively justify in the evidence section any segregation on the grounds of age promoted by the policy or included in the service design).</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant</p>	<p>The ability to access quality services is a fundamental aspect in ensuring that ADP service users and their carers enjoy a high quality of life. Research has demonstrated the need to involve all patients, service users and carers in the decision-making process underpinning service commissioning, service design and service delivery, whilst also ensuring individuals from across the protected characteristics are represented. Furthermore, it is important to be aware of potential impacts associated with age discrimination that leads to inequality in terms of access to services and user experience amongst different age groups, and the need to develop multi-dimensional approach to tackling inequality as a consequence of age discrimination.</p>	<p>It is important that as the ADP Strategy develops and progresses, we use learning to understand the experience of our service users, carers and families from protected characteristic groups and we will make a commitment to capture all community perspectives across protected characteristic groups.</p> <p>HSCP staff will continue to engage with service users, carers and their</p>	

<p>boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>The East Dunbartonshire HSCP Joint Strategic Needs Assessment projects a 7.6% increase in the overall population of East Dunbartonshire from 2018 – 2043 due to a significant estimated rise in the population aged over 65 years. (The estimated 2022 East Dunbartonshire population is 108,900). The number of children aged 0-14yrs is higher in East Dunbartonshire compared with Scotland (1.2%), we have a lower- proportion of those aged 15-64 (5.3%) and a higher proportion of those aged 65 and over (4.0%). projected to increase by 4.4%. The average age on the ADRS caseload is 47yrs.</p> <p><a href="https://www.eastdunbarton.gov.uk/statistics-facts-and-figures-0">https://www.eastdunbarton.gov.uk/statistics-facts-and-figures-0</a></p> <p>East Dunbartonshire has an annual average of 15 alcohol-related deaths for those aged 20 and over (from 2011-2016). This is equivalent to 14.1 deaths per 100,000 adults, which is 35% lower than the Scottish rate of 21.8 deaths per 100,000 adults. (<a href="#">Alcohol Focus Scotland</a>).</p> <p>The new ADP Strategy lists a number of priorities designed to ensure equality of access and opportunity for service users and their carers across the authority, including:</p> <ul style="list-style-type: none"> <li>• Better information and advice on formal and informal supports</li> <li>• Service users and their carers should be involved in planning for their support</li> <li>• Service users and their carers health and wellbeing should be prioritised</li> <li>• The impact of financial hardship and inequality should also be recognised, service users and their carers will be signposted to the East Dunbartonshire Income Maximisation service, which is commissioned to the Citizens Advice Bureaux (CAB)</li> <li>• Service users and their carers should be involved in the planning of new services and supports</li> </ul>	<p>families in the future and ensure any communication barriers are addressed.</p> <p>The policy may not have reached all groups / people who have a protected characteristic. We will aim to give all known protected characteristic groups in our database and that of EDVA's and also that of the known 3rd sector organisations and commissioned services who work with those with a protected characteristic the opportunity to access and participate.</p> <p>As we may not be able to reach all representatives of communities of East Dunbartonshire, particularly some protected characteristics groups. To mitigate this we will continue to be committed to have an open and honest communication and engagement activity and give access to any group no matter the specific needs and preferences of the communications audience including protected characteristic groups.</p>
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		<p>Use of illicit drugs is a well-recognised health issue in teenage children. Associations have been documented between drug use and several adverse health outcomes including road traffic accidents, suicide and mental health problems. Definition: The indicator is defined as the proportion of children aged thirteen to fifteen years who reported illicit use of drugs in the last month. Value: In East Dunbartonshire HSCP, the prevalence of recent drug misuse was four point five percent (4.5%). The prevalence in teenagers in NHSGGC was six point one percent (6.1%). <a href="#">(NHS GGC- East Dun Health Indicators)</a></p> <p>We will utilise our young people's local area coordinators to signpost and inform of ADP services and also aim to utilise our connections with East Dunbartonshire Voluntary Action (EDVA) and aim positive health messages at their know various groups and organisational members including younger persons uniformed groups, non-uniformed groups and older peoples groups, with messages aimed at those who drink excessively, but see it as normal intake and do not engage with services. We will revisit Alcohol Brief Interventions (ABI) to encourage relevant commissioned service partners to screen their older clients for excessive alcohol intake and refer on to appropriate services.</p>	
(b)	<p><b>Disability</b></p> <p><b>Could the service design or policy content have a disproportionate impact on people due to the protected characteristic of disability?</b></p> <p><b>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</b></p> <p><b>1) Remove discrimination, harassment and victimisation</b> <input checked="" type="checkbox"/></p>	<p>The ability to access quality services is a fundamental aspect in ensuring that our users of the services enjoy a high quality of life. Research has demonstrated the need to involve patients, service users and carers in the decision-making process underpinning service commissioning, service design and service delivery, whilst also ensuring individuals from across the protected characteristics are represented.</p> <p>Throughout the development of the strategy, reference has been made to the general duties (Equality Act - 2010) and to the HSCP Equality Mainstreaming Report and outcomes (2023-2027) Policy document and how any proposed changes in service provision will meet the requirement;</p>	<p>It is important that as the ADP Strategy develops and progresses, we use learning to understand the experience of our service users, carers and families from protected characteristic groups and we will make a commitment to capture all community perspectives across protected characteristic groups.</p> <p>HSCP staff will continue to engage with service users, carers and their families in the future and ensure any</p>

<p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<ul style="list-style-type: none"> <li>• to eliminate unlawful discrimination</li> <li>• advance equality of opportunity, and;</li> <li>• promote good relations</li> </ul> <p>In relation to the requirement to show due regard to eliminate unlawful discrimination, harassment and victimisation, the HSCP is aware that our service users may be at increased risk of discrimination by association, and will take all proportionate steps to ensure the burden of care is not exacerbated unfairly through our corporate decision making processes.</p> <p>The life expectancy of people with profound, complex and multiple disabilities has increased over the course of the last 70 years. This is despite the fact that people with learning disabilities are 58 times more likely to die before the age of 50yrs than the rest of the population (<a href="#">Emerson and Baines 2010</a>).</p> <p>Taking cognisance of guidance stated within '<a href="#">A Fairer NHS Greater Glasgow &amp; Clyde</a>', the ADP Strategy 2023-25 recognises that identified priority topics are required to identify positive action / initiatives, to meet specific needs of the vulnerable and disadvantaged members of our community.</p> <p>Evidence suggests that disabled people have more difficulties in accessing health services than nondisabled people. The barriers that have been identified are commonly given as:</p> <ul style="list-style-type: none"> <li>• Difficulty in reading and understanding letters</li> <li>• Difficulty using telephones to arrange appointments</li> <li>• Transport difficulties including costs</li> <li>• Engagement in health services arising from mental health problems</li> </ul> <p>Partners understand the requirement to make all reasonable adjustments to make all services fully accessible.</p>	<p>communication barriers are addressed.</p> <p>The policy may not have reached all groups / people who have a protected characteristic. We will aim to give all known protected characteristic groups in our database and that of EDVA's and also that of the known 3rd sector organisations and commissioned services who work with those with a protected characteristic the opportunity to access and participate.</p> <p>As we may not be able to reach all representatives of communities of East Dunbartonshire, particularly some protected characteristics groups. To mitigate this we will continue to be committed to have an open and honest communication and engagement activity and give access to any group no matter the specific needs and preferences of the communications audience including protected characteristic groups.</p>
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EDHSCP also ask their suppliers and those they commission services from to take certain steps in order to enable the public authority to meet their continuing legal obligation to comply with the Equality Duty. When connecting users of the ADP services with community-based supports resources will already have been commissioned and screened in line with accessibility requirements and equality such as residential rehabilitation services etc. All centres from which services are provided must also comply with the Equality Act 2010, including the provision of access ramps, accessible toilets and loop systems,

The new ADP Strategy lists a number of priorities designed to ensure equality of access and opportunity across the life of the strategy:

- Prevention and Early Intervention - Fewer people develop problems with alcohol and drug use. The eight actions cover; education, information, partnership, early intervention, access to support, stigma, training and adverse childhood experiences (ACEs)
- Developing Recovery Oriented Systems of Care - People access and benefit from effective, integrated, person-centred support to achieve their recovery. The five actions cover; building a Recovery Oriented System of Care (ROSC), service links, information sharing, involving lived experience and workforce development
- Getting it Right for Everybody - People affected by alcohol and drugs use will be safe, healthy, included and supported. The five actions cover; needs assessment, strengthening recovery service links, access to training, partnership with licensing and inform the overprovision statement.
- Public Health Approach to Justice - Vulnerable people are diverted from the justice system wherever possible, and those within justice settings are fully supported. The four actions cover; collaboration with Community Justice Partnership, arrest referral scheme, Naloxone and

		<p>reduce violence and crime.</p> <p>By adopting this approach towards and during the lifetime of the Strategy we aim to ensure that we remove discrimination, promote equality of opportunity and foster good relations. In addition to the above, the ADP will prioritise the following as detailed in the additional ADP priorities (2023-25) section:</p> <ul style="list-style-type: none"> <li>• Medication Assisted Treatment Standards</li> <li>• National Mission</li> <li>• Residential Rehabilitation</li> <li>• Whole Family Approach</li> <li>• Lived and Living Experience</li> <li>• Rights-based approaches to drug and alcohol policy</li> <li>• Suicide Prevention - Creating Hope Together</li> </ul>	
	<b>Protected Characteristic</b>	<b>Service Evidence Provided</b>	<b>Possible negative impact and Additional Mitigating Action Required</b>
(c)	<p><b>Gender Reassignment</b></p> <p><b>Could the service change or policy have a disproportionate impact on people with the protected characteristic of Gender Reassignment?</b></p> <p><b>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</b></p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>The ability to access quality services is a fundamental aspect in ensuring that our users of the services enjoy a high quality of life. Research has demonstrated the need to involve patients, service users and carers in the decision-making process underpinning service commissioning, service design and service delivery, whilst also ensuring individuals from across the protected characteristics are represented.</p> <p>Transgender People are one of the most marginalised protected characteristic groups in Great Britain. The ADP Strategy 2024–26 will be fully inclusive to all.</p> <p>Throughout the development of the strategy, reference has been made to the general duties (Equality Act (2010) and to the HSCP Equality Mainstreaming Report and outcomes (2023-2027) Policy document and how any proposed changes in service provision will meet the requirement;</p> <ul style="list-style-type: none"> <li>• to eliminate unlawful discrimination</li> </ul>	<p>It is important that as the ADP Strategy develops and progresses, we use learning to understand the experience of our service users, carers and families from protected characteristic groups and we will make a commitment to capture all community perspectives across protected characteristic groups.</p> <p>HSCP staff will continue to engage with service users, carers and their families in the future and ensure any communication barriers are addressed.</p> <p>The policy may not have reached all groups / people who have a protected characteristic. We will aim</p>

- advance equality of opportunity, and;
- promote good relations

In relation to the requirement to show due regard to eliminate unlawful discrimination, harassment and victimisation, the HSCP is aware that carers may be at increased risk of discrimination by association, and will take all proportionate steps to ensure the burden of care is not exacerbated unfairly through our corporate decision making processes.

The term Transgender refers to a number of characteristics. These include transsexual women and men, intersex people, androgynous people and cross-dressing (transvestite) men and women. Transgender People are one of the most marginalised protected characteristic groups in the United Kingdom. Trans people are likely to experience abuse at various points throughout their lives ([Scottish Transgender Alliance - Transgender experiences in Scotland 2008](#)).

NHS GGC offer guidance on health needs for Trans people and how to address discrimination against Trans people in their briefing paper on Transgender reassignment and Transgender people as well as offering training for NHS staff on the subject of transgender people ([NHS GGC Transgender Briefing](#)).

Partnership working, inclusive of the Third Sector is highlighted in various themes within the Strategy and should also impact positively on Transgender people as major research and policy direction around Trans people is largely shaped by the Third Sector.

There is no local population data with regards to Gender Reassignment available within East Dunbartonshire, there is no reliable information on the number of transgender people in Scotland. GIRES estimates that in the UK, the number of people aged over 15 presenting for treatment for gender dysphoria is thought to be 3 in 100,000. <https://www.gires.org.uk/>

to give all known protected characteristic groups in our database and that of EDVA's and also that of the known 3rd sector organisations and commissioned services who work with those with a protected characteristic the opportunity to access and participate.

As we may not be able to reach all representatives of communities of East Dunbartonshire, particularly some protected characteristics groups. To mitigate this we will continue to be committed to have an open and honest communication and engagement activity and give access to any group no matter the specific needs and preferences of the communications audience including protected characteristic groups.

		<p>The Human Rights Act 1998 also provides rights of privacy and fairness, as well as the right not to suffer discrimination or degrading treatment.</p> <p>East Dunbartonshire HSCP has policies in place to ensure staff members are aware of the sensitivities around gender reassignment.</p> <p>By adopting this approach towards and during the lifetime of the Strategy, we aim to ensure that we remove discrimination, promote equality of opportunity and foster good relations.</p>	
	<b>Protected Characteristic</b>	<b>Service Evidence Provided</b>	<b>Possible negative impact and Additional Mitigating Action Required</b>
(d)	<p><b>Marriage and Civil Partnership</b></p> <p><b>Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Marriage and Civil Partnership?</b></p> <p><b>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</b></p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>The ability to access quality services is a fundamental aspect in ensuring that our users of the services enjoy a high quality of life. Research has demonstrated the need to involve patients, service users and carers in the decision-making process underpinning service commissioning, service design and service delivery, whilst also ensuring individuals from across the protected characteristics are represented.</p> <p>Throughout the development of the strategy, reference has been made to the general duties (Equality Act (2010) and to the HSCP Equality Mainstreaming Report and outcomes (2023-2027) Policy document and how any proposed changes in service provision will meet the requirement;</p> <ul style="list-style-type: none"> <li>to eliminate unlawful discrimination</li> <li>advance equality of opportunity, and;</li> <li>promote good relations</li> </ul> <p>In relation to the requirement to show due regard to eliminate unlawful discrimination, harassment and victimisation, the HSCP is aware that users of our services and their carers may be at</p>	<p>It is important that as the ADP Strategy develops and progresses, we use learning to understand the experience of our service users, carers and families from protected characteristic groups and we will make a commitment to capture all community perspectives across protected characteristic groups.</p> <p>HSCP staff will continue to engage with service users, carers and their families in the future and ensure any communication barriers are addressed.</p> <p>The policy may not have reached all groups / people who have a protected characteristic. We will aim to give all known protected characteristic groups in our database and that of EDVA's and also that of</p>

		<p>increased risk of discrimination by association, and will take all proportionate steps to ensure the burden of care is not exacerbated unfairly through our corporate decision making processes.</p> <p>The ADP Strategy 2024-26 does not make any specific reference to marriage and civil partnership. All residents of East Dunbartonshire have the same rights in law as anyone else to marry, enter into a civil partnership or live together. Providing the person is over 16 years and has a general understanding of what it means to get married, he or she has the legal capacity to consent to marriage. No one else's consent is ever required. The District Registrar can refuse to authorise a marriage taking place if he or she believes one of the parties does not have the mental capacity to consent, but the level of learning disability has to be very high before the District Registrar will do so.</p>	<p>the known 3rd sector organisations and commissioned services who work with those with a protected characteristic the opportunity to access and participate.</p> <p>As we may not be able to reach all representatives of communities of East Dunbartonshire, particularly some protected characteristics groups. To mitigate this we will continue to be committed to have an open and honest communication and engagement activity and give access to any group no matter the specific needs and preferences of the communications audience including protected characteristic groups.</p>
(e)	<p><b>Pregnancy and Maternity</b></p> <p><b>Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Pregnancy and Maternity?</b></p> <p><b>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</b></p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input checked="" type="checkbox"/></p>	<p>The ability to access quality services is a fundamental aspect in ensuring that our users of the services enjoy a high quality of life. Research has demonstrated the need to involve patients, service users and carers in the decision-making process underpinning service commissioning, service design and service delivery, whilst also ensuring individuals from across the protected characteristics are represented.</p> <p>Throughout the development of the strategy, reference has been made to the general duties (Equality Act (2010) and to the HSCP Equality Mainstreaming Report and outcomes (2023-2027) Policy document and how any proposed changes in service provision will meet the requirement;</p> <ul style="list-style-type: none"> <li>• to eliminate unlawful discrimination</li> <li>• advance equality of opportunity, and;</li> <li>• promote good relations</li> </ul>	<p>It is important that as the ADP Strategy develops and progresses, we use learning to understand the experience of our service users, carers and families from protected characteristic groups and we will make a commitment to capture all community perspectives across protected characteristic groups.</p> <p>HSCP staff will continue to engage with service users, carers and their families in the future and ensure any communication barriers are addressed.</p> <p>The policy may not have reached all groups / people who have a</p>

	<p>4) Not applicable <input checked="" type="checkbox"/></p>	<p>East Dunbartonshire HSCP has in place policies that advise on Pregnancy, Maternity and Paternity, Fostering and Adoption leave. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavourably because she is breastfeeding.</p>	<p>protected characteristic. We will aim to give all known protected characteristic groups in our database and that of EDVA's and also that of the known 3rd sector organisations and commissioned services who work with those with a protected characteristic the opportunity to access and participate.</p> <p>As we may not be able to reach all representatives of communities of East Dunbartonshire, particularly some protected characteristics groups. To mitigate this we will continue to be committed to have an open and honest communication and engagement activity and give access to any group no matter the specific needs and preferences of the communications audience including protected characteristic groups.</p>
	<p>Protected Characteristic</p>	<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>
<p>(f)</p>	<p>Race</p> <p>Could the service change or policy have a disproportionate impact on people with the protected characteristics of Race?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and</p>	<p>The ability to access quality services is a fundamental aspect in ensuring that our users of the services enjoy a high quality of life. Research has demonstrated the need to involve patients, service users and carers in the decision-making process underpinning service commissioning, service design and service delivery, whilst also ensuring individuals from across the protected characteristics are represented.</p> <p>Throughout the development of the strategy, reference has been made to the general duties (Equality Act (2010) and to the HSCP Equality Mainstreaming Report and outcomes (2023-2027)</p>	<p>It is important that as the ADP Strategy develops and progresses, we use learning to understand the experience of our service users, carers and families from protected characteristic groups and we will make a commitment to capture all community perspectives across protected characteristic groups.</p> <p>HSCP staff will continue to engage</p>

<p>victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>Policy document and how any proposed changes in service provision will meet the requirement;</p> <ul style="list-style-type: none"> <li>• to eliminate unlawful discrimination</li> <li>• advance equality of opportunity, and;</li> <li>• promote good relations</li> </ul> <p>The demographic / area profiles recognise that 4.2% of the population of East Dunbartonshire is from a minority ethnic (BME) background (compared to Glasgow City with 11.6% of the pop). This is made up of mixed or multiple ethnic groups which stated they are from a, Asian, Asian Scottish or Asian British, African, Caribbean or Black and other ethnic groups.  <a href="http://www.scotlandscensus.gov.uk/scottish-council-areas-2001-and-2011">http://www.scotlandscensus.gov.uk/scottish-council-areas-2001-and-2011</a></p> <p>The 2011 Census showed 4.2% of East Dunbartonshire's population were from a minority ethnic group, an increase of around 2% since the last census in 2001, with the Asian population constituting the largest minority ethnic group. In the 2011 census, 96% of the East Dunbartonshire population stated they are white Scottish, white British, and white Irish or white other. Within the current ADRS caseload of 558, there are 11 individuals that have been recorded on Carefirst as BAME.</p> <p>Through in-depth focus groups, many BAME disabled people report that access to services can be compromised by poor translation, inconsistent quality of care and weak links between services and communities. Disabled people are more likely to live in poverty, but BME disabled people are disproportionately affected with nearly half living in household poverty. Like all disabled people, many of those from black and minority ethnic backgrounds find themselves socially excluded and pushed to the fringes of society (Trotter R, (2012)).</p> <p>Minority Ethnic people more likely to experience discrimination:</p>	<p>with service users, carers and their families in the future and ensure any communication barriers are addressed. Any ADRS service user who requires information, communications assistance or translation services will be assisted through both <a href="#">NHS GGC existing interpreting services</a> and also through <a href="#">EDC</a> as required.</p> <p>The policy may not have reached all groups / people who have a protected characteristic. We will aim to give all known protected characteristic groups in our database and that of EDVA's and also that of the known 3rd sector organisations and commissioned services who work with those with a protected characteristic the opportunity to access and participate.</p> <p>As we may not be able to reach all representatives of communities of East Dunbartonshire, particularly some protected characteristics groups. To mitigate this we will continue to be committed to have an open and honest communication and engagement activity and give access to any group no matter the specific needs and preferences of the communications audience including protected characteristic groups.</p>
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- In 2019 minority ethnic adults were more likely to have experienced discrimination in the previous 12 months (19 per cent) compared to white adults (7 per cent).
- Minority ethnic adults were also more likely to have experienced harassment (17 per cent) than adults from 'White' ethnic groups (6 per cent).

Source: Scottish Household Survey 2019 (Last updated: September 2020)

Throughout the development of the strategy, reference has been made to the general duties (Equality Act (2010) and to the HSCP Equality Mainstreaming Report and Outcomes (2023-2027) Policy document and how any proposed changes in service provision will meet the requirement;

- to eliminate unlawful discrimination
- advance equality of opportunity, and;
- promote good relations

In relation to the requirement to show due regard to eliminate unlawful discrimination, harassment and victimisation, the HSCP is aware that our service users and their carers may be at increased risk of discrimination by association, and will take all proportionate steps to ensure the burden of care is not exacerbated unfairly through our corporate decision making processes.

NHSGG&C has an Accessible Information Policy that the HSCP will utilise to provide written information including appointment letters. Instructions for self-care and health improvement resources are available to patients in appropriate formats to ensure they have access to the information they need. The HSCP and external providers have policies in place and staff can appropriately identify manage and challenge racism in an appropriate and sensitive manner when required. Staff and volunteers are made aware of this.



Literature is available in other languages and formats as required, recognising that service users and carers from the BME community are more likely to require communication support to navigate into, through and out of services.

The ADP strategy can be translated and made available in audio and large print through the Sensory Impairment team, who work closely with the service and NHS GGC Interpreters and BSL interpreters are made available as necessary for clients, through NHS GGC equalities team.

Information on race is via a needs assessment and stored on the internal computer/ information system (Care first) and is used to inform activities and service delivery.

This will be our third ADP Strategy since the HSCP was created. Since that time, we have worked with partners and communities to improve support to our service users and carers in many ways, including highlighting in the strategy, in line with Rights, Respect and Recovery, and the Alcohol Framework, as further highlighted within the delivery plan.

- Fewer people develop problem drug use
- People access and benefit from effective, integrated
- person-centred support to achieve their recovery
- Children and families affected by alcohol and drug use will
- be safe, healthy, included and supported
- Vulnerable people are diverted from the justice system wherever
- possible and those within justice settings are fully supported
- Less harm is caused by alcohol
- Help and support is available to anyone contemplating suicide

		<ul style="list-style-type: none"> <li>• and to those who have lost a loved one to suicide</li> </ul> <p>By adopting this approach towards and during the lifetime of the Strategy, we aim to ensure that we remove discrimination, promote equality of opportunity and foster good relations.</p>	
(g)	<p><b>Religion and Belief</b></p> <p><b>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Religion and Belief?</b></p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>The ability to access quality services is a fundamental aspect in ensuring that our users of the services enjoy a high quality of life. Research has demonstrated the need to involve patients, service users and carers in the decision-making process underpinning service commissioning, service design and service delivery, whilst also ensuring individuals from across the protected characteristics are represented.</p> <p>Throughout the development of the strategy, reference has been made to the general duties (Equality Act (2010) and to the HSCP Equality Mainstreaming Report and outcomes (2023-2027) Policy document and how any proposed changes in service provision will meet the requirement;</p> <ul style="list-style-type: none"> <li>• to eliminate unlawful discrimination</li> <li>• advance equality of opportunity, and;</li> <li>• promote good relations</li> </ul> <p>In relation to the requirement to show due regard to eliminate unlawful discrimination, harassment and victimisation, the HSCP is aware that our service users and carers may be at increased risk of discrimination by association, and will take all proportionate steps to ensure the burden of care is not exacerbated unfairly through our corporate decision making processes.</p> <p>Scotland's Census 2011 reports that in East Dunbartonshire 62.5% of the population stated they belonged to a Christian denomination, 1% reported that they were Muslim, 1.9% reporting other religions and 6.4% not stating.</p> <p>In terms of the Christian denominations 35.6% of the population</p>	<p>It is important that as the ADP Strategy develops and progresses, we use learning to understand the experience of our service users, carers and families from protected characteristic groups and we will make a commitment to capture all community perspectives across protected characteristic groups.</p> <p>HSCP staff will continue to engage with service users, carers and their families in the future and ensure any communication barriers are addressed.</p> <p>The policy may not have reached all groups / people who have a protected characteristic. We will aim to give all known protected characteristic groups in our database and that of EDVA's and also that of the known 3rd sector organisations and commissioned services who work with those with a protected characteristic the opportunity to access and participate.</p> <p>As we may not be able to reach all representatives of communities of East Dunbartonshire, particularly</p>

in East Dunbartonshire belonged to the Church of Scotland and 22.3% stated they were Roman Catholic. The 'Other Christian' group accounted for 4.6% of the population. A large percentage of residents reported they had no religion (28.2%), though this is lower than the Scottish average of 36.7%.

Religious beliefs of carers are not currently noted as part of the needs assessment process. However, there is little evidence to indicate specific faith groups fare more poorly than others in terms of access to HSCP ADP services. We recognise that there are barriers that can, if unaddressed prevent some individuals from some faith backgrounds accessing services, such as:

- Some older people may not speak English or their ability to speak English as a second language can decrease or become confused
- There may be limited cultural sensitivity amongst professionals e.g. medication could be taken intravenously during fasting for Ramadan
- There may be a lack of written information on disabilities in diverse languages and at times information may need to be delivered verbally due to an inability to read information in English
- Stigma and pride (feeling ashamed to ask for help outside the family and close-knit community)

[NHSGG&C has a Faith and Belief Communities Manual](#) which sets out its commitment to ensuring that spiritual care, including religious care, is provided in an equal and fair way to those of all faith communities and those of none. The manual is designed to help staff respond to religious care, and to be confident as they meet some of the religious needs of those in their care.

It will be policy that all staff and volunteers will be made aware of these policies and as we have stated, by adopting this approach towards and during the lifetime of the Strategy, we aim to ensure that we remove discrimination, promote equality of opportunity

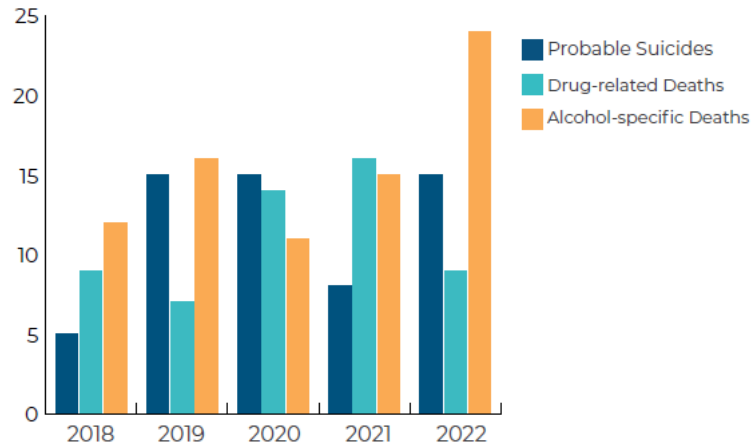
some protected characteristics groups. To mitigate this we will continue to be committed to have an open and honest communication and engagement activity and give access to any group no matter the specific needs and preferences of the communications audience including protected characteristic groups.

		and foster good relations.	
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(h)	<p><b>Sex</b></p> <p><b>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sex?</b></p> <p><b>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</b></p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>The ability to access quality services is a fundamental aspect in ensuring that our users of the services enjoy a high quality of life. Research has demonstrated the need to involve patients, service users and carers in the decision-making process underpinning service commissioning, service design and service delivery, whilst also ensuring individuals from across the protected characteristics are represented.</p> <p>Throughout the development of the strategy, reference has been made to the general duties (Equality Act (2010) and to the HSCP Equality Mainstreaming Report and outcomes (2023-2027) Policy document and how any proposed changes in service provision will meet the requirement;</p> <ul style="list-style-type: none"> <li>• to eliminate unlawful discrimination</li> <li>• advance equality of opportunity, and;</li> <li>• promote good relations</li> </ul> <p>In East Dunbartonshire there are inequalities of life expectancy between men and women across East Dunbartonshire. Generally, women live longer than men. The average life expectancy for women in East Dunbartonshire is 83.5 years and for men is 80.5 years. In East Dunbartonshire, the average life expectancy at 65years was 19.4yrs for men and 21.4yrs for women.</p> <p>The links between gender and health are becoming more widely recognised and an example of this can be illustrated by looking at mental illness. Although there do not appear to be sex differences in the overall prevalence of mental and behavioural disorders there are significant differences in the pattern and</p>	<p>It is important that as the ADP Strategy develops and progresses, we use learning to understand the experience of our service users, carers and families from protected characteristic groups and we will make a commitment to capture all community perspectives across protected characteristic groups.</p> <p>HSCP staff will continue to engage with service users, carers and their families in the future and ensure any communication barriers are addressed.</p> <p>The policy may not have reached all groups / people who have a protected characteristic. We will aim to give all known protected characteristic groups in our database and that of EDVA's and also that of the known 3rd sector organisations and commissioned services who work with those with a protected characteristic the opportunity to access and participate.</p> <p>As we may not be able to reach all representatives of communities of East Dunbartonshire, particularly</p>

symptoms of the disorders. These differences vary across age groups. In childhood a higher prevalence of conduct disorders is noted for boys than in girls.

During adolescence girls have a much higher prevalence of depression and eating disorders and engage more in suicidal thoughts and suicide attempts than boys. ([A Report on the Health of the Population of NHS GGC 2017-19](#)).

The graph below highlights the probable suicides, drug related deaths and alcohol specific deaths in East Dunbartonshire ([East Dunbartonshire statistics](#))



	2018	2019	2020	2021	2022
Probable Suicides	5	15	15	8	15
Drug-related Deaths	9	7	14	16	9
Alcohol-specific Deaths	12	16	11	15	24

The rate of suicide mortality in the most deprived areas in Scotland was 2.6 times as high as in the least deprived areas in Scotland. This compares to a difference of 1.8 times for all causes of death. ([NRS Scotland](#))

some protected characteristics groups. To mitigate this we will continue to be committed to have an open and honest communication and engagement activity and give access to any group no matter the specific needs and preferences of the communications audience including protected characteristic groups.

(i) Sexual Orientation

In East Dunbartonshire the HSCP and partners are working to better identify the unmet health and wellbeing needs of lesbian,

It is important that as the ADP Strategy develops and progresses,

<p><b>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sexual Orientation?</b></p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>gay, bisexual and transgender (LGBT) people who live in the area. It is estimated between five and seven per cent of the East Dunbartonshire population is lesbian, gay or bisexual. This equates to one in every fifteen people, or over 7,000.</p> <p>Evidence shows that, especially the older LGBT population have an increased likelihood of living alone and an increased need to be supported through older adult services, but it also identifies many reasons why people are less likely to access the services they could benefit from.</p> <p>The HSCP, along with the Community Planning Partners (CPP) previously commissioned LGBT Youth Scotland to carry out a programme of work to find out more about the views and needs of our older LGBT residents. Among the approaches was a survey open to anyone over 50 living in the area and researchers also spoke with carers to try and gain an understanding of what individuals identify as their needs.</p> <p>Many LGBT people fear potentially experiencing homophobia, biphobia and transphobia from services or have previous experience of discrimination from a service. There is often a lack of visibility of LGBT identities within services (such as staff knowledge of the issues affecting LGBT people, promotion of inclusive posters or websites, and explicitly stating that the service is LGBT-inclusive), which are necessary to counter LGBT people's expectations of discrimination or a lack of confidence that services are able to meet their needs.</p> <p>The Human Rights Act 1998 also provides rights of privacy and fairness, as well as the right not to suffer discrimination or degrading treatment.</p> <p>East Dunbartonshire HSCP has policies in place and staff members are aware of the sensitivities around sexual orientation.</p>	<p>we use learning to understand the experience of our service users, carers and families from protected characteristic groups and we will make a commitment to capture all community perspectives across protected characteristic groups.</p> <p>HSCP staff will continue to engage with service users, carers and their families in the future and ensure any communication barriers are addressed.</p> <p>The policy may not have reached all groups / people who have a protected characteristic. We will aim to give all known protected characteristic groups in our database and that of EDVA's and also that of the known 3rd sector organisations and commissioned services who work with those with a protected characteristic the opportunity to access and participate.</p> <p>As we may not be able to reach all representatives of communities of East Dunbartonshire, particularly some protected characteristics groups. To mitigate this we will continue to be committed to have an open and honest communication and engagement activity and give access to any group no matter the specific needs and preferences of the communications audience including</p>
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		By adopting this approach towards and during the lifetime of the Strategy, we aim to ensure that we remove discrimination, promote equality of opportunity and foster good relations.	protected characteristic groups.
	<b>Protected Characteristic</b>	<b>Service Evidence Provided</b>	<b>Possible negative impact and Additional Mitigating Action Required</b>
(j)	<p><b>Socio – Economic Status &amp; Social Class</b></p> <p><b>Could the proposed service change or policy have a disproportionate impact on people because of their social class or experience of poverty and what mitigating action have you taken/planned?</b></p> <p><b>The Fairer Scotland Duty (2018) places a duty on public bodies in Scotland to actively consider how they can reduce inequalities of outcome caused by socioeconomic disadvantage when making <u>strategic</u> decisions. If relevant, you should evidence here what steps have been taken to assess and mitigate risk of exacerbating inequality on the ground of socio-economic status. Additional information available here: <a href="http://www.gov.scot">Fairer Scotland Duty: guidance for public bodies - gov.scot (www.gov.scot)</a></b></p> <p>Seven useful questions to consider when seeking to demonstrate 'due regard' in relation to the Duty:</p> <ol style="list-style-type: none"> <li>1. What evidence has been considered in preparing for the decision, and are there any gaps in the evidence?</li> <li>2. What are the voices of people and communities telling us, and how has this been determined (particularly those with lived experience of socio-economic disadvantage)?</li> <li>3. What does the evidence suggest about the actual or likely impacts of different options or measures on inequalities of outcome that are associated with socio-economic disadvantage?</li> <li>4. Are some communities of interest or communities of</li> </ol>	<p><a href="#">East Dun JSNA 2016</a> indicates only 9% of the East Dunbartonshire population were income deprived (Scotland 16%), but there were wide variations across different areas, for instance in the Hillhead area of Kirkintilloch the population was 30% income deprived, yet just over a mile away in Lenzie south it is 3%.</p> <p>The East Dunbartonshire Local Housing Strategy (2017/22) shows there has been an overall reduction, demand for homelessness services since 2011/12 in East Dunbartonshire. From a peak of just under 700 applications in 2010/11, homeless applications have fallen to just over 500 in 2015/16. Unfortunately, there is no available breakdown of demographic information to identify the age ranges of homelessness applications. (see JSNA above)</p> <p>As of February 2024, <a href="#">NOMIS</a> states 1205 local residents currently receive out of work benefits. East Dunbartonshire ADP have provided staff with training to signpost service users and carers to the East Dunbartonshire Income Maximisation service, this is provided by CAB.</p> <p>By adopting this approach towards and during the lifetime of the ADP Strategy, we aim to ensure that we remove discrimination, promote equality of opportunity and foster good relations.</p> <ul style="list-style-type: none"> <li>• Fewer people develop problem drug use</li> <li>• People access and benefit from effective, integrated</li> <li>• person-centred support to achieve their recovery</li> <li>• Children and families affected by alcohol and drug use</li> </ul>	<p>It is important that as the ADP Strategy develops and progresses, we use learning to understand the experience of our service users, carers and families from protected characteristic groups and we will make a commitment to capture all community perspectives across protected characteristic groups.</p> <p>HSCP staff will continue to engage with service users, carers and their families in the future and ensure any communication barriers are addressed.</p> <p>The policy may not have reached all groups / people who have a protected characteristic. We will aim to give all known protected characteristic groups in our database and that of EDVA's and also that of the known 3rd sector organisations and commissioned services who work with those with a protected characteristic the opportunity to access and participate.</p> <p>As we may not be able to reach all representatives of communities of</p>

	<p>place more affected by disadvantage in this case than others?</p> <p>5. What does our Duty assessment tell us about socio-economic disadvantage experienced disproportionately according to sex, race, disability and other protected characteristics that we may need to factor into our decisions?</p> <p>6. How has the evidence been weighed up in reaching our final decision?</p> <p>7. What plans are in place to monitor or evaluate the impact of the proposals on inequalities of outcome that are associated with socio-economic disadvantage? 'Making Fair Financial Decisions' (EHRC, 2019)<sup>21</sup> provides useful information about the 'Brown Principles' which can be used to determine whether due regard has been given. When engaging with communities the National Standards for Community Engagement<sup>22</sup> should be followed. Those engaged with should also be advised subsequently on how their contributions were factored into the final decision.</p>	<p>will</p> <ul style="list-style-type: none"> <li>• be safe, healthy, included and supported</li> <li>• Vulnerable people are diverted from the justice system wherever</li> <li>• possible and those within justice settings are fully supported</li> <li>• Less harm is caused by alcohol</li> <li>• Help and support is available to anyone contemplating suicide</li> <li>• and to those who have lost a loved one to suicide</li> </ul>	<p>East Dunbartonshire, particularly some protected characteristics groups. To mitigate this we will continue to be committed to have an open and honest communication and engagement activity and give access to any group no matter the specific needs and preferences of the communications audience including protected characteristic groups.</p>
(k)	<p><b>Other marginalised groups</b></p> <p><b>How have you considered the specific impact on other groups including homeless people, prisoners and ex-offenders, ex-service personnel, people with addictions, people involved in prostitution, asylum seekers &amp; refugees and travellers?</b></p>	<p>In developing the ADP strategy, we used learning from previous plans and strategies; and also utilised our statutory partner's demographic knowledge to further develop and increase knowledge of local equality groups as these are fluid.</p> <p>The Public Sector Equality Duty requires public authorities, in the exercise of their functions, to have due regard to the need to:</p> <ul style="list-style-type: none"> <li>• eliminate Unlawful Discrimination, harassment and victimisation and other conduct that is prohibited by the Equality Act 2010</li> <li>• advance equality of opportunity between people who share a relevant protected characteristic and those who do not, and;</li> <li>• foster good relations between people who share a relevant characteristic and those who do not</li> </ul> <p>The Equality Duty is non-delegable. In practice this means that</p>	<p>It is important that as the ADP Strategy develops and progresses, we use learning to understand the experience of our service users, carers and families from protected characteristic groups and we will make a commitment to capture all community perspectives across protected characteristic groups.</p> <p>HSCP staff will continue to engage with service users, carers and their families in the future and ensure any communication barriers are addressed.</p> <p>The policy may not have reached all groups / people who have a</p>



		<p>public authorities like EDHSCP need to ask their suppliers and those they commission services from to take certain steps in order to enable the public authority to meet their continuing legal obligation to comply with the Equality Duty.</p> <p>Any changes to services or to service provision must be communicated to ensure that those who may be affected, any East Dunbartonshire resident, service user, patient, carer or family member do not receive a lesser service due to their protected characteristics.</p> <p>The East Dunbartonshire breakdown is;</p> <p>In 2014, 62% (65,720/106,730) of the population of East Dunbartonshire was of working age (16–64 years), lower than the national percentage of 65%. Children and young people (aged 0–15 years) made up 17% (18,386/106,730) of the population, similar to the national 17%. Adults aged over 75 years comprised 10% (10,695/106,730) of the population, higher than the national average of 8%.</p> <p>In 2014, 3.3% of adults claimed incapacity benefit, severe disability allowance or employment and support allowance; this was lower than the Scottish figure of 5.1%. The percentage of those aged 65 years and over with high care needs cared for at home, at 38%, was higher than in Scotland overall (35%). The crude rate for children, who were looked after by the local authority, at 7/1000, was similar to Scotland's rate of 14/1000. <a href="https://www.scotpho.eastdunbartonshire">https://www.scotpho.eastdunbartonshire</a></p> <p>The Learning Disability rate per 1,000 in 2011 is 4.4, the Scotland rate, per 1000 is 5 (Scotland's Census 2011 - National Records of Scotland (Table QS304SC - Long-term health conditions). The number of people with learning difficulties 0-15 is 101, 16-64 is 305, 65+ is 52. There is 458 people in East Dunbartonshire local authority have learning disabilities. That's 0.4% of the population. (<a href="https://www.sldo.ac.uk/census-2011-information/learning-disabilities/local-authorities/east-">https://www.sldo.ac.uk/census-2011-information/learning-disabilities/local-authorities/east-</a></p>	<p>protected characteristic. We will aim to give all known protected characteristic groups in our database and that of EDVA's and also that of the known 3rd sector organisations and commissioned services who work with those with a protected characteristic the opportunity to access and participate.</p> <p>As we may not be able to reach all representatives of communities of East Dunbartonshire, particularly some protected characteristics groups. To mitigate this we will continue to be committed to have an open and honest communication and engagement activity and give access to any group no matter the specific needs and preferences of the communications audience including protected characteristic groups.</p>
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		<p><a href="#">dunbartonshire/</a>  The United Nations Convention on the Rights of Persons and Optional Protocol requires all service provision to be concerned about the difficult conditions faced by persons with disabilities who are subject to multiple or aggravated forms of discrimination on the basis of race, colour, sex, language, religion, political or other opinion, national, ethnic, indigenous or social origin, property, birth, age or other status.  <a href="https://www.ohchr.org/EN/HRBodies/CRPD/Pages/ConventionRightsPersonsWithDisabilities.aspx">https://www.ohchr.org/EN/HRBodies/CRPD/Pages/ConventionRightsPersonsWithDisabilities.aspx</a></p> <p>By adopting this approach towards and during the lifetime of the Strategy we aim to ensure that we remove discrimination, promote equality of opportunity and foster good relations. In addition to the above, the ADP will prioritise the following as detailed in the additional ADP priorities (2023-25) section:</p> <ul style="list-style-type: none"> <li>• Medication Assisted Treatment Standards</li> <li>• National Mission</li> <li>• Residential Rehabilitation</li> <li>• Whole Family Approach</li> <li>• Lived and Living Experience</li> <li>• Rights-based approaches to drug and alcohol policy</li> <li>• Suicide Prevention - Creating Hope Together</li> </ul> <p>By adopting this approach towards and during the lifetime of the Strategy, we aim to ensure that we remove discrimination, promote equality of opportunity and foster good relations.</p>	
8.	<p><b>Does the service change or policy development include an element of cost savings? How have you managed this in a way that will not disproportionately impact on protected characteristic groups?</b></p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant</p>	<p>This is not applicable to this strategy. There are no cost savings to be made as there is additional investment from the Scottish Government to support a reduction in alcohol and drug deaths.</p>	<p>Not applicable.</p>

	<p>boxes).</p> <p>1) Remove discrimination, harassment, and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>		
		<p><b>Service Evidence Provided</b></p>	<p><b>Possible negative impact and Additional Mitigating Action Required</b></p>
<p>9.</p>	<p><b>What investment in learning has been made to prevent discrimination, promote equality of opportunity and foster good relations between protected characteristic groups? As a minimum include recorded completion rates of statutory and mandatory learning programmes (or local equivalent) covering equality, diversity and human rights.</b></p>	<p>East Dunbartonshire HSCP is committed to regularly training and empowering staff on equalities issues in order to prevent discrimination, promote equality of opportunity and foster good relations between protected characteristic groups.</p> <p>East Dunbartonshire HSCP has policies in place to ensure staff members are aware of the sensitivities around gender reassignment.</p> <p>East Dunbartonshire HSCP/Council Staff have been offered Human Rights Based approaches to advocacy training by REACH Advocacy and trauma informed practice training through the Trauma and ACEs Collaborative.</p> <p>The ADP is committed to accessing and providing training that is relevant to ADRS staff and wider HSCP and Council staff in terms of individuals with protected characteristics.</p>	<p>All new health, social work, social care and education staff will require training on equalities issues in order to prevent discrimination, promote equality of opportunity and foster good relations between protected characteristic groups.</p>

10. In addition to understanding and responding to legal responsibilities set out in Equality Act (2010), services must pay due regard to ensure a person's human rights are protected in all aspects of health and social care provision. This may be more obvious in some areas than others. For instance, mental health inpatient

care or older people's residential care may be considered higher risk in terms of potential human rights breach due to potential removal of liberty, seclusion or application of restraint. However, risk may also involve fundamental gaps like not providing access to communication support, not involving patients/service users in decisions relating to their care, making decisions that infringe the rights of carers to participate in society or not respecting someone's right to dignity or privacy.

The Human Rights Act sets out rights in a series of articles – right to Life, right to freedom from torture and inhumane and degrading treatment, freedom from slavery and forced labour, right to liberty and security, right to a fair trial, no punishment without law, right to respect for private and family life, right to freedom of thought, belief and religion, right to freedom of expression, right to freedom of assembly and association, right to marry, right to protection from discrimination.

Please explain in the field below if any risks in relation to the service design or policy were identified which could impact on the human rights of patients, service users or staff.

There are no reported risks in relation to human rights. EDHSCP asks their suppliers and those they commission services from to take certain steps in order to enable the public authority to meet their continuing legal obligation to comply with the Equality Duty.

The ADP Strategy include human-rights based approaches through the National Collaborative's vision. The vision is to integrate human rights into drug and alcohol policy leading to better outcomes for people affected by substance use. The National Collaborative action plan includes:

- o A Charter of Rights, co-designed between people affected by problem substance use, service providers and government
- o An Implementation Framework, to ensure these rights are made real in everyday life
- o A Monitoring and Evaluation Framework to measure the on the ground impact of the Charter of Rights

Please explain in the field below any human rights-based approaches undertaken to better understand rights and responsibilities resulting from the service or policy development and what measures have been taken as a result e.g. applying the PANEL Principles to maximise Participation, Accountability, Non-discrimination and Equality, Empowerment and Legality or FAIR\*.

PANEL principles underpin the general approach to all plans developed by the HSCP, particularly in respect of maximising participation, preventing discrimination and promoting equality and empowerment of communities.

- **Facts:** What is the experience of the individuals involved and what are the important facts to understand?
- **Analyse rights:** Develop an analysis of the human rights at stake
- **Identify responsibilities:** Identify what needs to be done and who is responsible for doing it
- **Review actions:** Make recommendations for action and later recall and evaluate what has happened as a result.

Having completed the EQIA template, please tick which option you (Lead Reviewer) perceive best reflects the findings of the assessment. This can be cross-checked via the Quality Assurance process:

- Option 1: No major change (where no impact or potential for improvement is found, no action is required)
- Option 2: Adjust (where a potential or actual negative impact or potential for a more positive impact is found, make changes to mitigate risks or make improvements)
- Option 3: Continue (where a potential or actual negative impact or potential for a more positive impact is found but a decision not to make a change can be objectively justified, continue without making changes)
- Option 4: Stop and remove (where a serious risk of negative impact is found, the plans, policies etc. being assessed should be halted until these issues can be addressed)

11. If you believe your service is doing something that 'stands out' as an example of good practice - for instance you are routinely collecting patient data on sexual orientation, faith etc. - please use the box below to describe the activity and the benefits this has brought to the service. This information will help others consider opportunities for developments in their own services.

Not Applicable.

Actions – from the additional mitigating action requirements boxes completed above, please summarise the actions this service will be taking forward.	Date for completion	Who is responsible? (initials)
In reviewing the Alcohol and Drug Partnership Strategy, we will incorporate the omitted Protected characteristics and a communication will be issued to all social work staff and Carers link to highlight the need to ensure all appropriate fields are used.	31 March 2024	LH

**Ongoing 6 Monthly Review** please write your 6 monthly EQIA review date:

1 September 2024

<b>Lead Reviewer:</b>	<b>Name</b>	Lynsay Haglington
<b>EQIA Sign Off:</b>	<b>Job Title</b>	Alcohol and Drug Partnership Coordinator
	<b>Signature</b>	Lynsay Haglington
	<b>Date</b>	1 April 2024

<b>Quality Assurance Sign Off:</b>	<b>Name</b>	Alastair Low
	<b>Job Title</b>	Planning Manager
	<b>Signature</b>	A Low
	<b>Date</b>	11/04/24

**NHS GREATER GLASGOW AND CLYDE EQUALITY IMPACT ASSESSMENT TOOL  
MEETING THE NEEDS OF DIVERSE COMMUNITIES  
6 MONTHLY REVIEW SHEET**

Name of Policy/Current Service/Service Development/Service Redesign:

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Please detail activity undertaken with regard to actions highlighted in the original EQIA for this Service/Policy

		Completed	
		Date	Initials
Action:			
Status:			
Action:			
Status:			
Action:			
Status:			
Action:			
Status:			

Please detail any outstanding activity with regard to required actions highlighted in the original EQIA process for this Service/Policy and reason for non-completion

		To be Completed by	
		Date	Initials
Action:			
Reason:			
Action:			
Reason:			



Please detail any new actions required since completing the original EQIA and reasons:

		To be completed by	
		Date	Initials
Action:			
Reason:			
Action:			
Reason:			

Please detail any discontinued actions that were originally planned and reasons:

Action:	
Reason:	
Action:	
Reason:	

Please write your next 6-month review date

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Name of completing officer:

Date submitted:

If you would like to have your 6-month report reviewed by a Quality Assuror, please e-mail to: [alastair.low@ggc.scot.nhs.uk](mailto:alastair.low@ggc.scot.nhs.uk)

Throughout the development of the strategy, reference has been made to the general duties (Equality Act (2010) and to the HSCP Equality and Diversity (2017-2021) Policy document and how any proposed changes in service provision will meet the requirement;

- to eliminate unlawful discrimination
- advance equality of opportunity, and;
- promote good relations

In relation to the requirement to show due regard to eliminate unlawful discrimination, harassment and victimisation, the HSCP is aware that carers may be at increased risk of discrimination by association, and will take all proportionate steps to ensure the burden of care is not exacerbated unfairly through our corporate decision making processes.