

## XNHS 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:

Fair Allocation of Community Care Services (Children and Families) Policy, incorporating updated Eligibility Criteria Policy

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.*

East Dunbartonshire Health and Social Care Partnership (HSCP) provides a range of community care support services to children and young people with varying levels of support needs. Access to this support is determined by agreed Eligibility Criteria, with funding made available, following asset-based support planning, where an individual has been assessed as having high or medium risk levels. The HSCP has a responsibility to provide or secure suitable and adequate services to a standard satisfactory to meet eligible needs and also to ensure that there is fair and equitable allocation of the available resources. Where an individual has high risk needs there can be significant variation in the costs of supporting the child or young person depending upon the model of care used to provide the support.

The Policy will apply to all social care support needs across the eligibility risk thresholds – high, medium and low. Irrespective of the child or young person's disability, illness or family circumstances, all identified needs (across all three levels of risk threshold) will be explored via the provision of community and personal assets, for example, local community clubs/groups/universal services, disability benefits, circles of support. Where the child or young person has assessed needs that meet high or medium risks, and these cannot be supported via community and personal assets, formal social care support will be arranged as per the family's chosen Self Directed Support option. This will apply to all support considered social care including socialisation, respite, aids and adaptations, technology and transport).

The thresholds of high, medium and low are considered to be:

High Risk:

Local authorities have a duty to provide services for children;

- Identified at risk of significant harm

- Children who require (or are at risk) to be looked after and accommodated from home in substitute care e.g., foster care or residential care
- Children who require compulsory measures of care and are made subject to supervision in the community

These children are automatically considered to have high priority needs. There will also be other children where there are serious concerns about their care. For these children, there will be serious concern about their care, health and/or development; they will have suffered or be likely to suffer significant harm. There might also be a serious risk of family breakdown.

#### Medium Risk:

For children in this category, a reasonable standard of health and development is unlikely to be maintained without support in the family. The child may move into the high priority category without the provision of services.

There are identifiable factors which indicate that considerable deterioration is likely without support. This may include children who have been assessed as high priority in the recent past. All children referred to the Children's Reporter will be viewed as medium priority unless their assessed needs place them in the high priority need category.

#### Low Risk:

This would cover all other children including those whose needs may not be consistently met, for whom improvements in their circumstances may be desirable but there are no assessed or identified acute risks present. Input from social work staff is not essential to the child's wellbeing and such concerns as there may be can be addressed through universal services e.g., health visitor or school.

*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.)*

This Policy aims to ensure that there is a fair and financial sustainable allocation of resources to individuals who require support and the models of care that will be considered, particularly when an individual requires a significant amount of support in their daily living. The Policy applies to all children and young people who are allocated within the Children and Families Social Work Team.

Because this is a new Policy, an EQIA is required to ensure that children and young people, and their families, who have protected characteristics would not be negatively impacted by the implementation of this Policy.

A Fair Access Policy is currently utilised in Adult Social Work Services within the HSCP. The Fair Access Policy was enacted in Adult Services in 2019. The Fair Access and Eligibility Criteria Policies links to the HSCP's Strategic Plan Priorities (2022 – 2025) of Prevention and Early Intervention and Supporting Carers and Families. It also supports the key areas 'Delivering Services differently through Transformation' and 'Service Redesign' and 'Demand Management' when closing the Financial Gap (as identified in the Strategic Plan).

The HSCP has adopted, via its Fair Access Policies, an Asset Based Support Planning process ('Just Enough Support') whereby the HSCP has trained social work practitioners to provide training and mentorship to colleagues to explore supporting individuals from an asset-based approach.

The Fair Access and Eligibility Criteria Policies support the East Dunbartonshire Local Outcome and Improvement Plan (LOIP) 2017-27. This Plan of which the HSCP is an equal partner, confirms that we will strive to ensure we deliver fair and equitable services and will plan, commission and deliver services which account for the different needs of population groups who share a characteristic protected by the Equality Act.

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: Kelly Gainty	Date of Lead Reviewer Training: November 2018
-----------------------	--

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):

Suzanne Greig, Service Manager for Children and Families  
Sarah Breslin, Team Manager, Children with Disabilities Team  
Heather Kelly, Senior Practitioner, Children with Disabilities Team

	<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
<p>1. 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>The HSCP collects the following information about every child or young person: Age, Gender, Disability, Religion, Communication Needs and Language.</p> <p>The HSCP's current system does not have sufficient scope to collect information relating to sexual orientation and other identified genders.</p>	<p>Not applicable. This Policy will be applied to all children and young people presenting with social care needs <b>although many/majority of those children and young people will meet the protected characteristics.</b></p>
	<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
<p>2. 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>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of <input checked="" type="checkbox"/></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 result, an adapted range of materials were introduced with ongoing monitoring of uptake. (Due regard promoting</i></p>	<p><b>Whilst the children and young people, will in the main, have a commonality across the protected characteristics, the purpose of the policy is to ensure that where eligible social care needs have been identified, that the provision of social care support is consistent, fair and equitable, irrespective of the protected characteristic in each case. Future data will identify</b></p> <p><b>The HSCP collects the following information about every child or young person: Age, Gender, Disability, Religion, Communication Needs and Language.</b></p> <p><b>This means that future data performance will be able to analyse level of uptake across different characteristics to determine gaps in inclusivity.</b></p>	<p>Not applicable. This Policy will be applied to all children and young people presenting with social care needs <b>although many/majority of those children and young people will meet the protected characteristics.</b></p>

	<p>opportunity</p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p><i>equality of opportunity)</i></p>		
	<p><i>Example</i></p>	<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>	
<p>3.</p>	<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 type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input 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>A Fair Access and Eligibility Policy was introduced in Adult Services in 2019 and has been the focus for ensuring that social care resources are applied <b>equitably</b> across all adults, eligible for formal support, irrespective of the Self Directed Support option chosen. During consultation in 2019 before the enactment of the Policy for Adults, positive feedback was received from stakeholders regarding equality, consistency and continuity being applied through the use of a Fair Access Policy.</p>	<p>Not applicable. This Policy will be applied to all children and young people presenting with social care needs.</p> <p>The focus on establishing fairness and consistency of application across people with protected characteristics will have a positive impact on people if the plan recognises the interconnectedness of all protected characteristics and their specific needs.</p>

	Example	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
<p>4. Can you give details of how you have engaged with equality groups with regard to the service review or 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 type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p><i>A money advice service spoke to lone parents (predominantly women) to better understand barriers to accessing the service. Feedback included concerns about waiting times at the drop in service, made more difficult due to child care 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>The draft Policy, once approved by the HSCP Board, along with the EQIA will be published as part of the engagement and consultation, with stakeholders, about the aims and objectives of the Policy.</p> <p>All stakeholders, including those with protected characteristics, will be invited to provide comments, views and opinions, about the content of the <b>draft</b> Policy. A variety of communication methods will be utilised through the use of an Engagement and Communications Plan.</p> <p><b>The Engagement and Communication Plan will detail:</b></p> <ul style="list-style-type: none"> <li>• Purpose of the Engagement</li> <li>• Engagement Objectives</li> <li>• Identification of different groups of stakeholders i.e. customers, carers, social care providers, HSCP staff, elected members etc</li> <li>• Each stakeholder group's role in the engagement</li> <li>• The impact of each stakeholder group's role.</li> <li>• Plan for Engagement with each stakeholder group (i.e. meetings, reports, surveys, focus groups etc)</li> <li>• Planned Engagement Actions</li> <li>• Timeframes</li> <li>• Progress and Completion</li> </ul> <p>A Fair Access and Eligibility Policy was introduced in Adult Services in 2019 and has been the focus for ensuring that social care resources are applied</p>	<p>A variety of communication methods will be utilised through the use of an Engagement and Communications Plan.</p>

			<p>equally across all adults, eligible for formal support, irrespective of the Self Directed Support option chosen. During consultation in 2019 before the enactment of the Policy for Adults, positive feedback was received from stakeholders regarding equality, consistency and continuity being applied through the use of a Fair Access Policy.</p> <p>It was recognised that the Children and Families Service were identifying the needs and outcomes across an audience of children, young people and their families. Through ‘Just Enough Support’ training provided to Social Work practitioners it was recognised that over provision can have a detrimental impact on the child or young person’s lives, therefore affecting future independence skills.</p> <p>The HSCP’s local Advocacy Plan (2024 – 2027) recognises the legal requirement under the UNCRC Incorporation Scotland Act 2024, for children and young people to be heard regarding their rights and how their social care needs are impacted by the provision of informal and formal social care support services. The HSCP works in partnership with three main Advocacy partners – Partners in Advocacy, Ceartas and Who Cares? Scotland. Part of the engagement plan would be to link with those partners to ensure that feedback regarding the policy design is incorporated into the future drafts of the policy before finalisation.</p>	
		<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
5.	Is your service physically accessible to everyone? If	<i>An access audit of an outpatient physiotherapy</i>	This is not a service proposal, but is the implementation of a policy which will ensure fair	Not applicable. This Policy will be applied to all children

	<p>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 type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p><i>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>allocation of resources across the children and young people who have identified eligible social care support needs. This fair allocation will be applied irrespective of the Self Directed Support option chosen by the child or young person's family.</p> <p><b>Any child, young person and their families involved in assessment where this policy would be applied, will have face to face access with the Social Work practitioner as part of the assessment and support planning process. Where there are communication needs, appropriate measures will be put in place to ensure that everyone's voice, important to the child and young person, including the child/young person themselves, are heard. This could be through the use of interpreting services, talking mats and any other appropriate communication aids.</b></p>	<p>and young people presenting with social care needs.</p> <p>The focus on establishing fairness and consistency of application across people with protected characteristics will have a positive impact on people if the plan recognises the interconnectedness of all protected characteristics and their specific needs.</p> <p>The policy may mean that some existing service users with disabilities will require adjustment to service delivery arrangements, to establish consistency and fairness, but this would operate within established eligibility criteria and policy arrangements to ensure that overall resources are shared out equitably based upon assessed need, with due regard for the particular impact of any protected characteristics and associated risks.</p>
	<p><i>Example</i></p>	<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>	
<p>6.</p>	<p>How will the service change or policy development ensure it does not discriminate in the way it communicates with service</p>	<p><i>Following a service review, an information video to explain new procedures was hosted on the organisation's</i></p>	<p>Following the engagement and consultation Communications Plan which will focus on ways to gather views, opinions and comments, from all stakeholders, regarding the draft Policies, the Policies will be published on line for ease of access.</p>	<p>Written and training materials will be available in other formats when requested.</p>



	<p>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>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input 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>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, harassment and victimisation and promote equality of opportunity).</i></p>	<p>Copies of available versions will be offered in other languages and formats when requested.</p> <p>The implementation date will be advertised on social media and other communication channels to ensure that all stakeholders are aware of its impending enactment.</p> <p>The HSCP staff will be offered training/briefing sessions from management staff prior to the roll out of the policies to ensure that they are confident and knowledgeable.</p>	
7	Protected Characteristic		Service Evidence Provided	Possible negative impact and

			Additional Mitigating Action Required
(a)	<p>Age</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 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 type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>The policy will apply to all children and young people under the age of 18. The policy also includes young people over the age of 18 where a designated children's service continues to be provided (for example, Looked After and Accommodated Children).</p> <p>As the young person transitions to Adult Services, because Adults Services have an Eligibility and Fair Access Policy, this should ensure a smooth transition whereby the allocated Social Work practitioner from Children's Services and the allocated Social Work practitioner from Adult Services will work in partnership to review the young person's current circumstances and application of adult social care support services where eligibility is continued.</p> <p>Reviews of support plans where the child or young person is in receipt of formal social care support are undertaken a minimum of annually (resources permitting). However, where a child or young person is experiencing issues, challenges or difficulties, reviews can be arranged within earlier timescales.</p>	<p>The focus on establishing fairness and consistency of application across people with protected characteristics will have a positive impact on people if the plan recognises the interconnectedness of all protected characteristics and their specific needs.</p> <p>The policy may mean that some existing service users with disabilities will require adjustment to service delivery arrangements, to establish consistency and fairness, but this would operate within established eligibility criteria and policy arrangements to ensure that overall resources are shared out equitably based upon assessed need, with due regard for the particular impact of any protected characteristics and associated risks.</p>
(b)	<p>Disability</p> <p>Could the service design or policy content have a disproportionate impact on people due to the protected</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)).</p>	<p>The policy is designed to improve equity, fairness, and consistency associated with supporting people with</p>

	<p>characteristic of disability?</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 type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>The number of people with learning difficulties 0-15 is 101</p> <p>22% of carers aged 0-24 compared to 11% of non-carers have at least one long term health condition.</p> <p><a href="https://www.sldo.ac.uk/census-2011-information/learning-disabilities/local-authorities/east-dunbartonshire/">https://www.sldo.ac.uk/census-2011-information/learning-disabilities/local-authorities/east-dunbartonshire/</a></p> <p>Scottish Government, Unpaid Carers – Implementation of Carers Act – August 2017</p> <p><b>Would it be the case that the majority of young people receiving additional services/care would be disabled? Yes – that would be the case – there would be some form of illness (mental health) or disability (learning disability or physical disability).</b></p>	<p>disabilities to meet their personal outcomes, in line with statute, national and local policy.</p> <p>The policy may mean that some existing service users will require adjustment to service delivery arrangements, to establish consistency and fairness, but this would operate within established eligibility criteria and policy arrangements to ensure that overall resources are shared out equitably based upon assessed need, with due regard for the particular impact of any protected characteristics and associated risks. For example, during a review of the support plan where the child or young person is in receipt of formal social care services to meet identified needs, and those needs could be met via asset based support planning, this will be pursued.</p>
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(c)	<p>Gender Reassignment</p> <p>Could the service change or policy have a disproportionate impact on people with the protected characteristic of Gender Reassignment?</p>	<p>Transgender describes people whose gender is not the same as or does not sit comfortably with the sex they were assigned at birth. Gender reassignment means to undergo some sort of medical intervention but it can also mean changing names, pronouns,</p>	<p>The focus on establishing fairness and consistency of application across people with protected characteristics will have a positive impact on</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 type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>dressing differently and living in their self-identified gender (from Stonewall). Transgender People are one of the most marginalised protected characteristic groups in Great Britain. Tran's people are likely to experience abuse at various points throughout their lives.</p> <p>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.</p> <p>These policies will be fully inclusive to all. Policy direction around Tran's people is largely shaped by the Third Sector. LGBT Youth Scotland have also issued supporting guidance for schools in Scotland.</p> <p>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. In the UK, in a now slightly dated study, (Wilson et al 2015) estimated the prevalence of gender dysphoria in Scotland by sending a questionnaire to general practitioners asking them about numbers of patients with gender dysphoria (31). This study produced a prevalence estimate of 8.18 per 100,000 in people aged over 15 years.</p> <p>We know that NHS and third sector services for transgender people in Scotland have noticed an increase in demand over several years that they are finding challenging to manage. There are no firm estimates of the number of trans people living in</p>	<p>people if the plan recognises the interconnectedness of all protected characteristics and their specific needs.</p> <p>The policy may mean that some existing service users will require adjustment to service delivery arrangements, to establish consistency and fairness, but this would operate within established eligibility criteria and policy arrangements to ensure that overall resources are shared out equitably based upon assessed need, with due regard for the particular impact of any protected characteristics and associated risks. <b>For example, during a review of the support plan where the child or young person is in receipt of formal social care services to meet identified needs, and those needs could be met via asset based support planning, this will be pursued.</b></p> <p><b>(Duplicated across sections and removed the wording of disabilities)</b></p>
--	---	--

		<p>Scotland, or predictions of how the number of trans people seeking medical help with their transition may change in future, which makes planning services difficult. SCOTPHNC Gender Identity Services. NHS GGC also provides gender an identity service at Sandyford.</p> <p>In line with the General Duty of the Equality Act 2010, EDC and the HSCP (NHS GGC) have policies in place that will seek to ensure that any actual or perceived discrimination, harassment or victimisation in this area is eliminated. EDC and the HSCP will also seek to advance equality of opportunity and foster good relations between people who consider themselves as trans and those who do not.</p> <p><a href="https://www.scottishtrans.org/">https://www.scottishtrans.org/</a></p> <p><a href="https://www.nhs.uk/media/266027/gender-reassignment-policy-review-2021-revised.pdf">https://www.nhs.uk/media/266027/gender-reassignment-policy-review-2021-revised.pdf</a></p> <p><a href="https://lgbtyouth.org.uk/news/2017/november/supporting-transgender-young-people/">https://lgbtyouth.org.uk/news/2017/november/supporting-transgender-young-people/</a></p> <p><a href="https://www.gires.org.uk/category/research/">https://www.gires.org.uk/category/research/</a></p> <p><a href="https://www.scotphn.net/wp-content/uploads/2017/04/2018_05_16-HCNA-of-Gender-Identity-Services.pdf">https://www.scotphn.net/wp-content/uploads/2017/04/2018_05_16-HCNA-of-Gender-Identity-Services.pdf</a></p> <p><a href="https://www.eastdunbarton.gov.uk/equality-and-human-rights">https://www.eastdunbarton.gov.uk/equality-and-human-rights</a></p>	
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required

<p>(d)</p>	<p>Marriage and Civil Partnership</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Marriage and Civil Partnership?</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 type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>Not relevant</p>	<p>The focus on establishing fairness and consistency of application across people with protected characteristics will have a positive impact on people if the plan recognises the interconnectedness of all protected characteristics and their specific needs.</p> <p>The policy may mean that some existing service users will require adjustment to service delivery arrangements, to establish consistency and fairness, but this would operate within established eligibility criteria and policy arrangements to ensure that overall resources are shared out equitably based upon assessed need, with due regard for the particular impact of any protected characteristics and associated risks. For example, during a review of the support plan where the child or young person is in receipt of formal social care services to meet identified needs, and those needs could be met via asset based support planning, this will be pursued.</p>
------------	---	---------------------	--

(e)	<p><b>Pregnancy and Maternity</b></p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Pregnancy and Maternity?</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 <input checked="" type="checkbox"/> victimisation</p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>Not relevant</p>	<p>The focus on establishing fairness and consistency of application across people with protected characteristics will have a positive impact on people if the plan recognises the interconnectedness of all protected characteristics and their specific needs.</p> <p>The policy may mean that some existing service users will require adjustment to service delivery arrangements, to establish consistency and fairness, but this would operate within established eligibility criteria and policy arrangements to ensure that overall resources are shared out equitably based upon assessed need, with due regard for the particular impact of any protected</p>

			<p>characteristics and associated risks. For example, during a review of the support plan where the child or young person is in receipt of formal social care services to meet identified needs, and those needs could be met via asset based support planning, this will be pursued.</p>
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(f)	<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 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 type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>East Dunbartonshire school pupil characteristics 2017</p> <p>Ethnicity:</p> <p>African - 87.0  Arab - 49.0  Asian – Bangladeshi – 9.0  Asian – Chinese - 292.0  Asian – Indian - 299.0  Asian – Other - 82.0  Asian – Pakistani - 325.0  Caribbean/Black - 19.0  White – Gypsy/Traveller - *  White – Irish - 48.0  White – Other - 1,166.0  White – Polish - 43.0  White – Scottish - 13,436.0  Mixed - 249.0  Other - 59.0  Not Known – 297.0</p> <p>The demographic / area profiles recognise that 4.2%</p>	<p>The policy will apply to all racial groups and where information is required to be translated or provided in alternative formats it will be provided upon request as is the current Council and NHS policy.</p> <p>The policy may mean that some existing service users will require adjustment to service delivery arrangements, to establish consistency and fairness, but this would operate within established eligibility criteria and policy arrangements to ensure that overall resources are shared out equitably based upon assessed need, with due regard for the particular impact of any protected</p>



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 a 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. The policies and protocols will be made available in other languages and formats as requested, EDC, the HSCP and ED CPP understand BME people are more likely to require communication support to navigate into, through and out of services.

There is a lack of data for the Gypsy/Traveller community. According to a desktop survey carried out in 2015 to assist with informing the development of Local Housing Strategies estimated that there is one site in East Dunbartonshire, with five Gypsy/Traveller households. Scotland's Census 2011 indicated there are 27 persons living in East Dunbartonshire from the Gypsy/Traveller community (There are no figures for 2017/2018, so we are unaware of recent population figures).

The Gypsy / Traveller community experiences of stigma, poverty and illiteracy have placed them in a disadvantaged position in seeking for support from services. They also felt that services, as a whole, are not sensitive to their culture.

<https://webarchive.nrscotland.gov.uk/3000/https://www.gov.scot/Topics/Statistics/Browse/School-Education/Summarystatsforschools>

Current statistical data (via the HSCP's Social Work Database system) identifies that:

characteristics and associated risks. For example, during a review of the support plan where the child or young person is in receipt of formal social care services to meet identified needs, and those needs could be met via asset based support planning, this will be pursued.

		<p>85% of children and young people in receipt of social care support packages have 'White Scottish/White British/White Other' ethnicities; 10% of the children and young people are from the Black and Minority Ethnic Communities (BAME) which is higher number than the BAME demographic in East Dunbartonshire (4.2%) and 5% of the customers' ethnicities have not been disclosed to Social Work. All of these children and young people will have met either high or medium risk thresholds to receive formal social care funded support packages.</p>	
(g)	<p>Religion and Belief</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Religion and Belief?</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 type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>In East Dunbartonshire 62.5% of the population stated they belonged to a Christian denomination. In terms of the Christian denominations 35.6% of the population 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%) lower than the Scottish average of 36.7%. This can be seen across all Wards with Milngavie showing the highest percentage of residents stating they had no religion (31.5%). 2.43% of the population in Bearsden South reported that they were Muslim, 2.18% reported they were Sikh and 1% reported that they were Hindu, compared to Kirkintilloch East &amp; Twechar which has 0.20%, 0.06% and 0.03% respectively.</p> <p><a href="https://www.eastdunbarton.gov.uk/health-and-social-care/east-dunbartonshire-hscp-equalities/east-dunbartonshire-hscp-equality-10">https://www.eastdunbarton.gov.uk/health-and-social-care/east-dunbartonshire-hscp-equalities/east-dunbartonshire-hscp-equality-10</a></p>	<p>The focus on establishing fairness and consistency of application across people with protected characteristics will have a positive impact on people if the plan recognises the interconnectedness of all protected characteristics and their specific needs.</p> <p>The policy may mean that some existing service users will require adjustment to service delivery arrangements, to establish consistency and fairness, but this would operate within established eligibility criteria and policy arrangements to ensure that overall resources are shared out equitably based upon assessed need, with due regard for the particular impact of any protected</p>

			characteristics and associated risks. For example, during a review of the support plan where the child or young person is in receipt of formal social care services to meet identified needs, and those needs could be met via asset based support planning, this will be pursued.
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(h)	<p>Sex</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sex?</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 type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>In East Dunbartonshire the overall split between those who are female to male of 48/52, compared to Scotland which is 49/51. Gender split is monitored when accessing all Sandyford provided services. The ratio of women to men attending all Sandyford services has been 60% to 40% consistently over recent years. (Sandyford Transformational Change programme- 2018). Although those accessing the service who are from East Dunbartonshire 75% were women and 25% men. Some services are delivered specifically to men (Steve Retson project for gay and bisexual men, vasectomy counselling and procedures) or women (complex gyn services, termination of pregnancy assessment service).</p> <p>In East Dunbartonshire those children who are looked after by the local authority, as of 31st July 2017, 87 were male with 75 being female (54% / 46% split), 12% being under 5yrs, 14.6% over 16yrs, 4.3% from a minority ethnic background and 14.6% known to have a disability</p> <p>Although carers are more likely to be female, there is growing evidence of greater role played by men in</p>	<p>The focus on establishing fairness and consistency of application across people with protected characteristics will have a positive impact on people if the plan recognises the interconnectedness of all protected characteristics and their specific needs.</p> <p>The policy may mean that some existing service users will require adjustment to service delivery arrangements, to establish consistency and fairness, but this would operate within established eligibility criteria and policy arrangements to ensure that overall resources are shared out equitably based upon assessed need, with due regard for the particular impact of any protected</p>

		<p>care giving. But, despite increasing care provision by sons and husbands, daughters and wives continue to provide more care. Likewise, grandfathers are increasingly involved in child care provision but not to the same extent as grandmothers. (Government Office for Science, Current and future challenges of family care in the UK, 2015).</p> <p><a href="https://www.gov.scot/collections/childrens-social-work/">https://www.gov.scot/collections/childrens-social-work/</a> (Sources cited in narrative).</p>	<p>characteristics and associated risks. For example, during a review of the support plan where the child or young person is in receipt of formal social care services to meet identified needs, and those needs could be met via asset based support planning, this will be pursued.</p>
(i)	<p><b>Sexual Orientation</b></p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sexual Orientation?</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 type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>In the East Dunbartonshire school survey nine in ten (89%, 2,478 pupils) said they were only attracted to the opposite sex, 7% (203 pupils) said they were mostly attracted to one sex or equally attracted to both sexes, 1% (28 pupils) said they were only attracted to the same sex and 3% (83 pupils) said they were unsure of their sexuality. Gender: Boys were more likely than girls to say they were only attracted to the opposite sex (92%, 1,312 boys; 86%, 1,162 girls).</p> <p>We are also aware of the potential for discrimination and homophobic bullying at school and LAC, Staff should be anti-discriminatory and sensitive, based on the RSHPE policy.</p> <p><a href="https://www.nhsggc.org.uk/media/237007/nhsggc_ph_east_dunbartonshire_schools_health_wellbeing_survey_2014-15.pdf">https://www.nhsggc.org.uk/media/237007/nhsggc_ph_east_dunbartonshire_schools_health_wellbeing_survey_2014-15.pdf</a></p>	<p>The focus on establishing fairness and consistency of application across people with protected characteristics will have a positive impact on people if the plan recognises the interconnectedness of all protected characteristics and their specific needs.</p> <p>The policy may mean that some existing service users will require adjustment to service delivery arrangements, to establish consistency and fairness, but this would operate within established eligibility criteria and policy arrangements to ensure that overall resources are shared out equitably based upon assessed need, with due regard for the particular impact of any protected characteristics and associated</p>

			risks. For example, during a review of the support plan where the child or young person is in receipt of formal social care services to meet identified needs, and those needs could be met via asset based support planning, this will be pursued.
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(j)	<p>Socio – Economic Status &amp; Social Class</p> <p>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?</p> <p>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></p> <p>Seven useful questions to consider when seeking to demonstrate ‘due regard’ in relation to the Duty: 1. What evidence has been considered in preparing for the decision, and are there any gaps in the evidence?</p>	<p>East Dunbartonshire has an estimated 12.4% of children who live in families with limited resources after housing costs, considerably lower than Scotland as a whole at 20.7%.</p> <p>East Dunbartonshire is, as a whole, is relatively less deprived than many other local authorities in Scotland. However, East Dunbartonshire has 8 data zones in the most deprived 25% in Scotland.</p> <p>In 2014, the percentage of children in East Dunbartonshire as a whole who are in a low-income family was 10.6%</p> <p>family is defined as a married, civil partnered or cohabiting couple (with or without children), or a lone parent with at least one child. Children may be classed as dependent or non-dependent. Dependent children are those aged under 16, or aged 16-18 and in full-time education, living with at least one parent, excluding those who have a spouse, partner or child living in the household.</p>	<p>The focus on establishing fairness and consistency of application across people with protected characteristics will have a positive impact on people if the plan recognises the interconnectedness of all protected characteristics and their specific needs.</p> <p>The policy may mean that some existing service users will require adjustment to service delivery arrangements, to establish consistency and fairness, but this would operate within established eligibility criteria and policy arrangements to ensure that overall resources are shared out equitably based upon assessed need, with due regard for the particular impact</p>

<p>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)?</p> <p>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?</p> <p>4. Are some communities of interest or communities of 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>11.8% of East Dunbartonshire households were one person households. This was slightly lower than Scotland (15.8%).</p> <p>20.3% of households in East Dunbartonshire consisted of two adults and one or two children. Households with three or more adults and no children was the largest household type.</p> <p>Child benefit is paid to those responsible for children (aged under 16) or qualifying young people. In Scotland, there were 532,180 families responsible for 878,235 children and qualifying young people, receiving Child Benefit. There were 10,175 families in East Dunbartonshire in receipt of Child Benefit in 2021. Following the introduction of the High-Income Child Benefit Charge in January 2013, there has generally been a steady decrease in the number of families in East Dunbartonshire in receipt of Child Benefit, although there was a slight increase in 2021.</p> <p>The number of families in East Dunbartonshire who were in receipt of child benefit as of 31 August 2021 was 10,175. The largest family type in receipt of child benefit were families with one child, this was also the case for Scotland as a whole.</p> <p>Statistics on children in families with limited resources were published by the Scottish Government in November 2017 and updated in 2019. It should be noted that these statistics are experimental and provide estimates of the proportion of children in families with combined low income and material deprivation. The statistics are based on figures from the Scottish Household Survey. Families were considered to have a low income if the household income was below 70% of the Scottish average income after housing costs. Material</p>	<p>of any protected characteristics and associated risks. For example, during a review of the support plan where the child or young person is in receipt of formal social care services to meet identified needs, and those needs could be met via asset based support planning, this will be pursued.</p>
--	--	--

deprivation was defined as families unable to afford three or more basic necessities from a list of 22.

The key findings highlighted that children who live in households with a single parent, adults with a disability, at most one adult in employment, or three or more siblings, are more likely to have limited resources. Children who live in families with two or more adults, or at least two adults in employment, are less likely to have limited resources.

Children are also more likely to live in families with limited resources if they live in a rented property, or in the most deprived areas, compared with Scotland as a whole. Children are less likely to live in families with limited resources if they live in an accessible rural area, or if they live in the least deprived areas. East Dunbartonshire has an estimated 8.4% of children who live in families with limited resources before and after housing costs, considerably lower than Scotland as a whole.

<https://www.eastdunbarton.gov.uk/health-and-social-care/east-dunbartonshire-hscp-equalities/hscp-equalities-mainstream-report#Setting%20the%20Vision>

<https://www.eastdunbarton.gov.uk/residents/council-democracy/community-planning/child-poverty-action-plan>

<https://www.eastdunbarton.gov.uk/statistics-facts-and-figures-0>

Current statistical data (via the HSCP's Social Work Database system) identifies that:

		<p>39% of the children and young people receiving social care support packages reside in PLACE communities (specific areas with high inequality).</p>	
(k)	<p>Other marginalised groups</p> <p>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?</p>	<p>The Scottish Index of Multiple Deprivation (SIMD(link is external)) identified that there are five data zones within the 20% most deprived in Scotland. Two are in Hillhead, while Auchinairn, Kirkintilloch West, and Lennoxton each have one deprived data zone. The majority of East Dunbartonshire's residents live within the 20% least deprived data zones. Specifically, there is a 10.0 years variance in life expectancy between the most (SIMD 1) and least deprived (SIMD 5) communities.</p> <p>Another community who could be identified as being marginalised is carers, and 8.4% of East Dunbartonshire school pupils (age range 11-18 / S1 to S6 roll) reported that they looked after or cared for a household family member. In terms of the level of care, 35.4% looked after them 'every day'; 33.8% 'a couple of times a week'; and 30.8% looked after them 'once in a while'. Since the carers act came into statute, 51 young carers have been recorded.</p> <p><a href="https://simd.scot/#/simd2016/BTTTTFTT/9/-4.0000/55.9000/">https://simd.scot/#/simd2016/BTTTTFTT/9/-4.0000/55.9000/</a></p>	<p>The focus on establishing fairness and consistency of application across people with protected characteristics will have a positive impact on people if the plan recognises the interconnectedness of all protected characteristics and their specific needs.</p> <p>The policy may mean that some existing service users will require adjustment to service delivery arrangements, to establish consistency and fairness, but this would operate within established eligibility criteria and policy arrangements to ensure that overall resources are shared out equitably based upon assessed need, with due regard for the particular impact of any protected characteristics and associated risks. For example, during a review of the support plan where the child or young person is in receipt of formal social care services to meet</p>



			identified needs, and those needs could be met via asset based support planning, this will be pursued.
8.	<p>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?</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 type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	No. There are no cost savings associated with this new policy. The policy ensures fair and consistent application of resources irrespective of individual's choice of Self Directed Support option.	Not applicable – no cost savings associated with this new policy.
		Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
9.	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	<p>The HSCP staff will attend training regarding equalities offered by their respective employers, GG&amp;C and East Dunbartonshire Council.</p> <p>Staff within the HSCP as well as third sector</p>	Not applicable.

	(or local equivalent) covering equality, diversity and human rights.	organisations that work with children and families in East Dunbartonshire will be offered training and briefing sessions prior to the implementation of the policy.	
--	--	---	--

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.

Throughout the Policy, the objective is to establish fair, equitable and consistent approaches to resource allocation between and across all of the children and young people that we support. Extract Section 4.4 – 4.7: The Equalities Act 2010 was passed on 8<sup>th</sup> April 2010. The Act protects the following characteristics (referred to in the Act as “protected characteristics”): age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion or belief; sex; sexual orientation. The Act prohibits discrimination (whether direct or indirect) against people who possess one of the protected characteristics. Direct discrimination takes place where a person treats another person who has a protected characteristic less favourably than they would treat others not possessing the protected characteristic. Indirect discrimination occurs where a provision, criterion or practice is applied which would put a person possessing a protected characteristic at a particular disadvantage. Individuals who are assessed as needing community care supports often do so due to disability or other extenuating circumstances. While assessment of need is individualised and person-centred (and eligible service so provided), the HSCP has an obligation to ensure that it treats people fairly and equitably in terms of level of support with which they are provided. The HSCP is accordingly required to perform its statutory duties under the terms of the Children’s (Scotland) Act 1995 and Social Care (Self Directed Support) (Scotland) Act 2013, while exercising its discretion in performing these duties. It must also ensure that policy and practice is fair and equitable in line with the Equality Act 2010. The HSCP must ensure that an assessed eligible need is being met, but the HSCP does not have to fund the support

requested by the child or young person's family, or their guardian, if the assessed need can be met in a more cost-effective manner. The HSCP is not required to fund more expensive models of care where support can be provided effectively by alternative models of care.

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\* .

United Nations Convention on the Rights of Persons with Disabilities and Optional Protocol website:

<https://social.desa.un.org/issues/disability/crpd/convention-on-the-rights-of-persons-with-disabilities-crpd>

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.

The World Health Organisation (WHO) estimates that learning disability prevalence is about 3% overall in industrialised countries (Mental Retardation 1989). In England, the Department of Health estimates that there are approximately 210,000 people with a severe/profound learning disability, around 3.5 per 1000, and 1.2 million people with a mild/moderate one, around 25 per 1000 ('Valuing People', 2001).

The then-Scottish Executive's report 'The Same as You?' (2000) estimates in Scotland that approximately 20 per 1000 of the population has a mild/moderate learning disability and 3-4 per 1000 has a severe/profound one. It is estimated that around 2500 people with a learning disability live in East Dunbartonshire, using traditional prevalence rates (Department of Health, 1995). Many of these individuals will not be in regular contact with specialist health or social care services, but live largely independently or with their families.

Autism Spectrum Disorder (ASD) is a lifelong, complex developmental disability that affects how a child or young person communicates, relates and interacts with/to other people. It also affects how a person makes sense of the world around them. ASD broadly refers to a group of disorders. It includes the classical form of autism, as well as closely related disabilities that share many of its core characteristics (for example, Asperger syndrome and Rett's syndrome). Children and young people with ASD have a 'triad of impairments': social interaction difficulties, language impairment, and reduced imagination and restricted activities.

It is widely acknowledged that there is a group of people with learning disabilities who have a complex range of difficulties which may include: profound learning disabilities, physical disabilities that limit them in undertaking everyday activities and often restrict mobility, sensory

impairment, complex health needs, i.e. epilepsy or respiratory problems, eating and drinking problems, challenging behaviour, restricted communication i.e. pre-verbal though a small number have some spoken or signed language. Children and young people with these characteristics are described as having profound and multiple learning disabilities (PMLD) or profound intellectual and multiple disabilities (PIMD). All however, have the capacity to benefit from good health care and are able in various ways to communicate their satisfaction or otherwise, via their families, parents or guardians, with their quality of life. The causes of PMLD are many and varied. They include genetic disorders, acquired brain injury or brain damage as a result of infection. Causation may be ante-, peri-, or post-natal. For many there is no known causation. It is estimated that the prevalence of PMLD in the general population is 0.05 per 1000. This figure is derived from a survey undertaken in Scotland and would lead to a figure of 2600 people with PMLD in the country. This is possibly an underestimate and a useful working figure would be 3000. These numbers will increase with better survival rates, not only in the neonatal period but into childhood and adulthood, due to advances in medical care.

The population of East Dunbartonshire, projected to be, by 2028 including a projected increase of the number of children 0 to 15 years by 4.5%. In East Dunbartonshire, children and young people (aged 0–15 years) make up 17% (18,386/106,730) of the population, which is the same as the national population figures 17%. The crude rate for children, who were looked after by the local authority, at 7/1000, which was half of Scotland's rate of 14/1000.

In East Dunbartonshire, at the time of writing, there were over 650 children, young people and their families being supported by the Children and Families Team within East Dunbartonshire HSCP.

<https://www.eastdunbarton.gov.uk/health-and-social-care/east-dunbartonshire-hscp-equalities/hscp-equalities-mainstream-report#Setting%20the%20Vision>

<https://www.scotpho.org.uk/media/1065/scotpho-hwb-profiles-aug2016-eastdunbartonshire.pdf>

\*

- 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)



**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:

--

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

--

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)