

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 for further details or call 0141 2014560.

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

EDC HSCP Carers Strategy 2023-2026

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.

HSCP support to Carers seeks to consolidate carers existing rights and recognises carers as equal partners. The Carers (Scotland) Act 2016 was enacted on 1st April 2018 and places a number of legal duties on the HSCP and Council, which supports unpaid carers to maintain their caring role. The legislation includes duties for the HSCP to provide support to carers, based on the carer's identified needs, which meet local eligibility criteria in conjunction with the Fair Access to Community Care Services which has received full EQIA assessment. Following implementation of the 2016 Act our local Carers' Strategy was developed for the period 1st April 2019 to 31st March 2022.

The new Carers Strategy is being developed via 5 distinct phases, which reflect the legal requirements as well as supporting guidance. These are:

1. The HSCP will carry out initial work by looking at the main drivers for change and improvement, statute guidance, national and local policy and local needs. They will provide an initial summary report that identifies proposed areas for priority action
2. Consultation on the initial summary
3. Developing a draft Carers Strategy based on consultation outcomes
4. Consultation on the draft Carers Strategy
5. A final Carers Strategy for approval by the HSCP Board.

In developing the Carers Strategy we aim to consider;

- the main pressures (or "drivers") for change and improvement
- analysis of carer numbers and circumstances to ensure that the Carers Strategy identifies and reflects these local needs in the development of its priorities
- recent Carers Strategies elsewhere, to help to inform our early thoughts
- the expressed views of carers themselves over recent years, locally and nationally.
- the key challenges and the proposed areas for priority action over the next three years

Crucially, when establishing the new strategy, the HSCP Board engaged with stakeholders and partners to ensure that a shared approach was taken to the planning of services to deliver the National Outcomes for Health and Wellbeing and to achieve the core aims of integration, which are:

- To improve the quality and consistency of services for patients, carers, service users and their families
- 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
- 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 complex needs, many of whom are older.

It is essential therefore that the new Strategy is accessible to all Carers, 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.

Evolving National Policy on carer support such as a new National Carers Strategy and the development of the National Care Service are rapidly progressing agendas at the time of introducing the Strategy. Any new and emerging Policy requirements as a result of these, will be incorporated in the developing East Dunbartonshire Carers Strategy 2023-26.

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 Strategy 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 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.

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 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

The Carers Strategy 2023-26 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'
- 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 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 Carers (Scotland) Act 2016. That is why we have developed a dedicated Carers Strategy. The Carers Strategy 2023-26 aims to deliver support and services to carers that is aligned with the HSCP's vision, values and priorities for health and social care in East Dunbartonshire as set out in East Dunbartonshire HSCP's Strategic Plan (2022-25).

Vision: 'Caring together to make a positive difference'

Values: Honesty, Integrity, Professionalism, Empathy and Compassion, Respect

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 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 Carers Strategy reflects what all HSCPs need to do but emphasises the priorities that are right for local needs and aspirations.

Since the last Carers Strategy, the Covid-19 pandemic has had an enormous impact on carers, so it is essential to ensure that these impacts are recognised in the new strategy and plans developed to support carers through and out of the pandemic.

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: Gayle Paterson - assisted by Anthony Craig Development Officer and Alan Cairns Planning, Performance & Quality Manager	Date of Lead Reviewer Training: 01/05/2018
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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):

<p>Anthony Craig (Development Officer) Gayle Paterson (Learning Disability Strategic Review Project Lead - East Dun HSCP) David Aitken (Head of Service – East Dun HSCP) Alan Cairns (Planning, Performance & Quality Manager)</p>

	<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 carers is also collected by a number of National and Local sources.</p> <p>The Scottish Government have recently collected data via the 2020 Scottish Health Survey and the 2021 Scottish Government Census.</p> <p>Locally within EDC all protected characteristics are covered by data collection in the needs assessment process for carers and</p>	<p>Data relating to the protected characteristics of adult carers is captured via an Adult Carer Support Plan. 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 Adult Carer Support Plan, not all are</p>

		<p>is recorded on our Care First Database. The information that is recorded includes protected characteristics and is reviewed with regard to carers changing needs and circumstances.</p> <p>Equalities information on young carers is recorded by Education Services via the Pupil Information Management System SEEMIS. This system allows information relating to 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 carers as required to ensure that equality and human rights issues for each individual are considered. No barriers have been identified however Carers can choose not to disclose information.</p> <p>The HSCP commissions a carer support organisation 'Carers Link' to provide carer services throughout East Dunbartonshire. 'Carers Link' provides a range of direct services and the provision of individualised advice, guidance and support to both adult and young carers. They collect and share carer demographics data with the HSCP.</p> <p>East Dunbartonshire Joint Strategic Needs Assessment (JSNA) was referenced as a key resource document in preparing the Carers Strategy, the JSNA was produced with the support of Public Health Scotland's LIST Analysts. The JSNA informs the planning and nature of future services and provides an overview of the current and projected population demographic, information relating to life circumstances, health behaviours, and health and social care status across East Dunbartonshire. It includes information on age, gender, ethnic origin, population projections, disabilities (including physical, learning, sensory), mental health and wellbeing. The most up to date, robust data available was</p>	<p>included and the fields themselves are not mandatory.</p> <p>Data that is not currently collected or logged on Care First includes:</p> <ul style="list-style-type: none"> • Gender Reassignment • Religion or Belief • Sexual Orientation <p>Failure to identify specific groups e.g. gender reassignment could result in them becoming marginalised.</p> <p>The Adult Carer Support Plan requires updating to ensure all protected characteristic data is requested.</p> <p>To ensure information is routinely captured for monitoring purposes, a communication to all social work staff and Carers link will help highlight the need to ensure all appropriate fields are used.</p> <p>The focus on data collection will primarily be for analysis, rather than clinical purposes.</p>
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			used to inform this joint strategic needs assessment, including comparisons to the national Scottish average, and available trend data. In addition, available locality level information was included to aid local planning.	
		<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
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>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>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 equality of opportunity)</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>The data captured helps the HSCP understand carers dynamics across the authority and set priorities within the Carers Strategy that will deliver services and support that can best respond flexibly to the changing needs of Carers.</p> <p>Scotland's population is ageing, with numbers of very old people predicted to continue growing and a proportionately smaller working age population. In East Dunbartonshire, the numbers of older people aged 85+ has increased faster than any other HSCP area in Scotland, with this fastest growth expected to continue for the next 10 years. This is a success story in terms of improved health and wellbeing and longer life expectancy, but it has significant implications for the demands placed on future of care and support in Scotland.</p> <p>More than half of the carers known to services are over 65 years old, with the gender split almost exactly that of the nation balance at 61% being female.</p> <p>29% of carers in the most deprived areas care for 35 hours a week or more – more than double the level in the least deprived areas. This highlights that the impact of caring may be exacerbated by existing low incomes and poor health in these areas and the need to ensure such inequalities are targeted</p>	<p>The Adult Carer Support Plan and Care First is used to assess the individual needs of carers and deliver or signpost to appropriate supports. Collectively, data is used to establish carer dynamics and population needs.</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 Adult Carer Support Plan, not all are included and the fields themselves are not mandatory.</p> <p>Data that is not currently collected or logged on Care First includes:</p> <ul style="list-style-type: none"> • Gender Reassignment • Pregnancy and Maternity • Religion or Belief <p>Failure to identify specific groups e.g. gender reassignment could result in them becoming marginalised.</p>

			<p>within the Carers Strategy priorities.</p> <p>529 carers under the age of 24 are registered with Carers Link, although not all are active cases. Notably 383 are under the age of 15, which far exceeds the estimate of the Scottish Government Census. Over 14% come from the most deprived areas. 51% are caring for a sibling. This highlights the importance of Young Carers needs being recognised within the Carers Strategy priorities.</p> <p>The strategy is co-produced in partnership with Carers, Partners, and Stakeholders via a robust consultation process. Any data that is captured has been used to develop the Carers Strategy and inform the key priorities for the next 3 years.</p> <p>By adopting this approach in developing and during the life of the Strategy, we aim to ensure that we remove discrimination, promote equality of opportunity and foster good relations.</p>	<p>The Adult Carer Support Plan requires updating to ensure all protected characteristic data is requested.</p> <p>To ensure information is routinely captured for monitoring purposes, a communication to all social work staff and Carers link will help highlight the need to ensure all appropriate fields are used.</p> <p>The focus on data collection will primarily be for analysis, rather than clinical purposes.</p>
		<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
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</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</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>People may become carers at almost any stage in their lives, including when they are young, and may be from all walks of life. Carers may be in employment, in education, retired, or they may provide care full time. Care may be provided a few times a week or for more significant periods, each carer, and their role is unique.</p> <p>Young carers are young people and children and whilst they may value and enjoy the role they fulfil within their families, they may experience much less opportunities to access social,</p>	<p>The Adult Carer Support Plan and Care First is used to assess the individual needs of carers and deliver or signpost to appropriate supports. Collectively, data is used to establish carer dynamics and population needs.</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 Adult</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><i>more confident in asking related questions to young people. (Due regard to removing discrimination, harassment and victimisation and fostering good relations).</i></p>	<p>recreational or educational opportunities and may experience greater disruption and anxiety for the person they care for.</p> <p>This is not the East Dunbartonshire HSCP's first Carers Strategy. The Carers (Scotland) Act 2016 requires that HSCPs prepare a local carer strategy and review that strategy every three years, so this will be our third Carers Strategy since the HSCP was created. Since that time, we have worked with partners, carers and communities to improve support to carers in many ways, including:</p> <ul style="list-style-type: none"> • Increasing identification of adult and young carers • Increasing levels of short break provision for a higher number of carers, for example in 2021/22, a total of 13384 weeks of respite was provided for 1798 cared for people (aged 18+) with an additional 188 weeks of respite provided to carers of 29 children with disabilities • Training and awareness provided to health, social work, social care and education services. Over 60 session per year provided by Carers link • Information provided to carers in a range of languages • Around 225 carers supported to complete an Adult Carer Support Plan, each year • Better information on short breaks, personalised to meet individual needs • Better ways to identify and engage with young carers, with 280 young carers referred to Carers link since April 2018 • Since April 2018, 140 young carers regularly attending group and holiday period activities run by Carers link • A Short Breaks Statement was developed in 2018 and will be reviewed in conjunction with this new Carers Strategy • Carers continue to be encouraged to access all Self-Directed Support options to maximise the level of flexibility and choice that is right for them • Carers Link currently provided grants for carers to 	<p>Carer Support Plan, not all are included and the fields themselves are not mandatory.</p> <p>Data that is not currently collected or logged on Care First includes:</p> <ul style="list-style-type: none"> • Gender Reassignment • Pregnancy and Maternity • Religion or Belief <p>Failure to identify specific groups e.g. gender reassignment could result in them becoming marginalised.</p> <p>The Adult Carer Support Plan requires updating to ensure all protected characteristic data is requested.</p> <p>To ensure information is routinely captured for monitoring purposes, a communication to all social work staff and Carers link will help highlight the need to ensure all appropriate fields are used.</p> <p>The focus on data collection will primarily be for analysis, rather than clinical purposes.</p>
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			<p>access Short Breaks through the Time to Live Fund. During the pandemic, this fund was almost trebled to just over £34,000 with over 100 carers benefitting.</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 Health and Social Care Delivery Principles. This ensures that a shared approach is taken to the planning of services to deliver the National Outcomes for Health and Wellbeing and to achieve the core aims of integration, which are:</p> <ul style="list-style-type: none">• To improve the quality and consistency of services for patients, carers, service users and their families• 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• 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 <p>A lot of what the HSCP needs to do to support 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 Carers 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 carer numbers and circumstances has also been undertaken</p>	
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			<p>to ensure that the Carers Strategy identifies and reflects these local needs in the development of its priorities. We have also looked at what has been included in recent Carers Strategies elsewhere, to help to inform our early thoughts.</p> <p>Crucially important, we have reviewed the expressed views of 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 carers. We wanted to ensure that we reflected these views and opinions before we re-engaged with carers once again, through this consultation.</p> <p>The Consultative Draft of the Carers Strategy 2023 – 2026 was made available in Easy Read Format in addition to the option to receive it in a different language. This remains the case for the Final Draft, ensuring accessibility to Carers who are older, have a disability or for whom English is not their first language.</p> <p>The Carers Strategy 2023-2026 will respond to a variety of needs of our communities, removing discrimination, promoting equality of opportunity and foster good relations.</p>	
		<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
4.	<p>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</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 childcare issues. As a result, the service introduced a</i></p>	<p>This is not the East Dunbartonshire HSCP's first Carers Strategy. The Carers (Scotland) Act 2016 requires that HSCPs prepare a local carer strategy and review that strategy every three years, so this will be our third Carers Strategy since the HSCP was created. Since that time, we have worked with partners, carers and communities to improve support to carers in many ways, including:</p> <ul style="list-style-type: none"> • Increasing identification of adult and young carers. • Increasing levels of short break provision for a higher number of carers, for example in 2021/22, a total of 13384 weeks of respite was provided for 1798 cared for 	<p>Evolving national policy on carer support and the development of the National Care Service are rapidly developing agendas at the time of preparing the new Strategy. This makes it a bit more difficult to predict what the landscape will be like over the period of the strategy and how this may change the action plans and resources available to implement the agreed priorities. As it stands, we have to make plans based upon what</p>

<p>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>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>people (aged 18+) with an additional 188 weeks of respite provided to carers of 29 children with disabilities</p> <ul style="list-style-type: none"> • Training and awareness provided to health, social work, social care and education services. Over 60 session per year provided by Carers link • Information provided to carers in a range of languages • Around 225 carers supported to complete an Adult Carer Support Plan, each year • Better information on short breaks, personalised to meet individual needs • Better ways to identify and engage with young carers, with 280 young carers referred to Carers link since April 2018 • Since April 2018, 140 young carers regularly attending group and holiday period activities run by Carers link • A Short Breaks Statement was developed in 2018 and will be reviewed in conjunction with this new Carers Strategy • Carers continue to be encouraged to access all Self-Directed Support options to maximise the level of flexibility and choice that is right for them • Carers Link currently provided grants for carers to access Short Breaks through the Time to Live Fund. During the pandemic, this fund was almost trebled to just over £34,000 with over 100 carers benefitting. <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 Health and Social Care Delivery Principles. This ensures that a shared approach is taken to the planning of services to deliver the National Outcomes for Health and Wellbeing and to achieve the</p>	<p>we know and what finance is made available to the HSCP at the time of writing the Carers Strategy. However, if the Scottish Government makes available additional resources to support carers, then this can then be targeted towards meeting the priorities set out in our local Carers Strategy.</p> <p>Completion of the survey on the Carers Strategy and proposed priorities was optional. Despite this being well promoted and available in an Easy read Format, the response rate was low and therefore potentially not an accurate representation of the entire population of carers.</p> <p>The Carers Strategy was widely promoted with colleagues and stakeholders through HSCP service teams and also with the local PSUC group, its various networks and also through the local Third Sector interface who forwarded it to their 314 members (charities, community groups, networks). It may not have reached all groups / people who have a protected characteristic. Therefore, the Strategy may not have been viewed and responded to by all representatives of communities of East Dunbartonshire, particularly protected characteristics groups.</p> <p>Social Work Services and Carers</p>
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		<p>core aims of integration, which are:</p> <ul style="list-style-type: none"> • To improve the quality and consistency of services for patients, carers, service users and their families • 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 • 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 <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>A lot of what the HSCP needs to do to support 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 Carers Strategy reflects what all HSCPs need to do but emphasises the priorities that are right for local needs and aspirations.</p> <p>The HSCP carried out initial work by looking at the main pressures (or "drivers") for change and improvement. Analysis of carer numbers and circumstances has also been undertaken to ensure that the Carers Strategy identifies and reflects these local needs in the development of its priorities.</p> <p>Crucially important, we have reviewed the expressed views of 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 carers. We wanted to ensure that we reflected these views and opinions before we re-engaged with carers once again, through this consultation.</p>	<p>Link will continue to engage with Carers in the future and capture local need data.</p>
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			<p>This initial work was shared with Carers, Partners, Stakeholders and the general public during a six-week period via formal and informal engagement sessions, website updates, social media campaigns etc. A survey was distributed to gather feedback on the Strategy Proposal.</p> <p>A Consultative Draft of the Carers Strategy 2023–2026 was developed following feedback from the engagement sessions and survey.</p> <p>All consultative drafts and survey were made available in Easy Read Format in addition to the option to receive them in a different language, the use of the interpreting service and how to access it for those who do not have English as a first language, including BSL users, thus ensuring accessibility to Carers who are older or have a disability. In addition, all drafts and survey included an e-mail contact address for those who were keen to engage by an alternative method.</p> <p>This engagement confirmed that the proposed priorities put forward in the consultative draft were not far removed from what was most important to carers. However, feedback highlighted a reduction in some services post pandemic.</p>	
		<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
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</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</i></p>	<p>The Carers Strategy will be executed within a variety of venues across the authority. EDC Community Hubs are accessible to ensure the delivery of services locally.</p> <p>Whilst some services delivered, such as respite care are for the benefit of the carer and put in place to meet the carers outcomes, they need to suit the accessibility needs of the cared for person.</p> <p>Throughout the development of the strategy, reference has been</p>	<p>It is important that as the Carers Strategy develops and progresses, we use learning to understand the experience of Carers from protected characteristic groups and we will make a commitment to capture all community perspectives across protected characteristic groups.</p> <p>Social Work Services and Carers</p>

<p>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>deactivate in the event of a fire. (Due regard to remove discrimination, harassment and victimisation).</i></p>	<p>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;</p> <ul style="list-style-type: none"> • to eliminate unlawful discrimination • advance equality of opportunity, and; • promote good relations <p>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.</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 in line with accessibility requirements and equality.</p> <p>Social Work and Allied Health Professionals support the assessment of carers needs and the cared for persons needs in regard access and equipment and appropriate resources are made available to ensure equality of access. 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 Carers Strategy, a needs assessment is carried out to ensure appropriate resources are made available such as escort, adapted vehicles etc.</p>	<p>Link will continue to engage with Carers in the future and ensure any accessibility barriers are addressed.</p>
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	Example	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
<p>6. 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>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.</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, harassment and victimisation and promote equality of opportunity).</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>Throughout the planning and creation of the Carers Strategy 2023-2026 we have strived to be clear, concise and inclusive (use plain English; accessible and easy Read format, with arrangements in place to adapt styles, formats, layouts, community languages (The British Sign Language (BSL) (Scotland) Act 2015) and material), and ensure that the Strategy is fluid and can adapt to meet the communication needs and preferences of different audiences including those with protected characteristics (e.g., older service users for example generally prefer print and face-to-face communications over social media).</p> <p>All consultative drafts and survey were made available in Easy Read Format in addition to the option to receive them in a different language or the use of the interpreting service and how to access it for those who do not have English as a first language, including BSL users, thus ensuring accessibility to Carers who are older or have a disability. In addition, all drafts and survey included an e-mail contact address for those who</p>	<p>It is important that as the Carers Strategy develops and progresses, we use learning to understand the experience of Carers from protected characteristic groups and we will make a commitment to capture all community perspectives across protected characteristic groups.</p> <p>Social Work Services and Carers Link will continue to engage with Carers in the future and ensure any communication barriers are addressed.</p>

	Specific attention should be paid in your evidence to show how the service review or policy has taken note of this.		were keen to engage by an alternative method. By adopting this approach in developing and during the life of the Strategy, we aim to ensure that we remove discrimination, promote equality of opportunity and foster good relations.	
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 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 Carers enjoy a high quality of life. Research has demonstrated the need to involve 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>The Carers (Scotland) Act 2016 defines a carer as “an individual who provides or intends to provide care for another individual (the ‘cared-for person’). The Act defines a “Young Carer” as someone who is under the age of 18, or over 18 but still at school and an “Adult Carer” as someone over the age of 18, and not a young carer. Carers (sometimes called informal carers) are not employed to care, they do so voluntarily to support a family member or friend.</p> <p>People may become carers at almost any stage in their lives, including when they are young, and may be from all walks of life. Carers may be in employment, in education, retired, or they may provide care full time. Care may be provided a few times a week or for more significant periods, each carer, and their role is unique. Carers report that their role can have many positive features and rewards, but it is recognised that caring can have a</p>	<p>The Carers Strategy was widely promoted with colleagues and stakeholders through HSCP service teams and also with the local PSUC group, its various networks and also through the local Third Sector interface who forwarded it to their 314 members (charities, community groups, networks). It may not have reached all groups / people who have a protected characteristic. Therefore, the Strategies may not have been viewed and responded to by all representatives of communities of East Dunbartonshire, particularly protected characteristics groups.</p> <p>To mitigate this, as stated in the Strategy, we will continue to be committed to consider for any future communication activity the specific needs and preferences of the communications audience including protected characteristic groups.</p> <p>It is important that as the Carers Strategy develops and progresses, we use learning to understand the</p>

		<p>significant impact upon a carer's health, wellbeing and relationships.</p> <p>Young carers are young people and children and whilst they may value and enjoy the role they fulfil within their families, they may experience much less opportunities to access social, recreational or educational opportunities and may experience greater disruption and anxiety for the person they care for.</p> <p>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;</p> <ul style="list-style-type: none"> • to eliminate unlawful discrimination • advance equality of opportunity, and; • promote good relations <p>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.</p> <p>Scotland's population is ageing, with numbers of very old people predicted to continue growing and a proportionately smaller working age population. In East Dunbartonshire, the numbers of older people aged 85+ has increased faster than any other HSCP area in Scotland, with this fastest growth expected to continue for the next 10 years. This is a success story in terms of improved health and wellbeing and longer life expectancy, but it has significant implications for the future of care and support in Scotland. Increasingly age also has an impact on the likelihood of developing one or more long term conditions and increase the demand for health and social care provision.</p>	<p>experience of Carers from protected characteristic groups and we will make a commitment to capture all community perspectives across protected characteristic groups.</p> <p>Social Work Services and Carers Link will continue to engage with Carers in the future and capture local need data.</p>
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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 2018 East Dunbartonshire population is 107,431). The number of children aged 0-15yrs is projected to increase by 4.4%.

<https://www.nrscotland.gov.uk/statistics-population-and-household-sub-council-area>

More than half of the carers known to services are over 65 years old, with the gender split almost exactly that of the nation balance at 61% being female. 383 carers are under the age of 15, which far exceeds the estimate of the Scottish Government Census. 51% are caring for a sibling. 227 young carers received 1-1 or group support from services in the last year.

This is not the East Dunbartonshire HSCP's first Carers Strategy. The Carers (Scotland) Act 2016 requires that HSCPs prepare a local carer strategy and review that strategy every three years, so this will be our third Carers Strategy since the HSCP was created. Since that time, we have worked with partners, carers and communities to improve support to carers of all ages in many ways, including:

- Around 225 carers supported to complete an Adult Carer Support Plan, each year
- Better information on short breaks, personalised to meet individual needs
- Better ways to identify and engage with young carers, with 280 young carers referred to Carers link since April 2018
- Carers continue to be encouraged to access all Self-Directed Support options to maximise the level of flexibility and choice that is right for them

The new Carers Strategy lists a number of priorities designed to

		<p>ensure equality of access and opportunity for Carers across the authority, including:</p> <ul style="list-style-type: none"> • Better information and advice on formal and informal supports • Carers should be involved in planning for their support • Carers should have a balance with life outside of caring • Adult Carer Support Plans and Young Carer Statements uptake should be increased • Carers health and wellbeing should be prioritised • The impact of financial hardship and inequality should be recognised • Carers should be involved in planning for cared for person, including hospital discharge • The choice of support available should be increased • Carer-friendly communities should be promoted • Carers should be involved in the planning of new services and supports <p>There is no upper or lower age limit for carers.</p>	
(b)	<p>Disability</p> <p>Could the service design or policy content have a disproportionate impact on people due to the protected 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>The ability to access quality services is a fundamental aspect in ensuring that Carers enjoy a high quality of life. Research has demonstrated the need to involve 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 and Diversity (2017-2021) Policy document and how any proposed changes in service provision will meet the requirement;</p> <ul style="list-style-type: none"> • to eliminate unlawful discrimination • advance equality of opportunity, and; • promote good relations 	<p>The Carers Strategy was widely promoted with colleagues and stakeholders through HSCP service teams and also with the local PSUC group, its various networks and also through the local Third Sector interface who forwarded it to their 314 members (charities, community groups, networks). It may not have reached all groups / people who have a protected characteristic. Therefore, the Strategies may not have been viewed and responded to by all representatives of communities of East Dunbartonshire, particularly</p>

<p>3) Foster good relations between protected characteristics. <input checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>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.</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 50 than the rest of the population (Emerson and Baines 2010).</p> <p>Taking cognisance of guidance stated within 'A Fairer NHS Greater Glasgow & Clyde', the Carers Strategy 2023-26 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"> • Difficulty in reading and understanding letters • Difficulty using telephones to arrange appointments • Transport difficulties including costs • Engagement in health services arising from mental health problems <p>Partners understand the requirement to make all reasonable adjustments to make all services fully accessible.</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</p>	<p>protected characteristics groups.</p> <p>To mitigate this, as stated in the Strategy, we will continue to be committed to consider for any future communication activity the specific needs and preferences of the communications audience including protected characteristic groups.</p> <p>It is important that as the Carers Strategy develops and progresses, we use learning to understand the experience of Carers from protected characteristic groups and we will make a commitment to capture all community perspectives across protected characteristic groups.</p> <p>Social Work Services and Carers Link will continue to engage with Carers in the future and capture local need data.</p>
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and screened in line with accessibility requirements and equality such as Respite Units, Day Services etc. All centres from which services are provided must comply with the Equality Act 2010, including the provision of access ramps, accessible toilets and loop systems,

This will be our third Carers Strategy since the HSCP was created. Since that time, we have worked with partners, carers and communities to improve support to carers in many ways, including:

- Training and awareness provided to health, social work, social care and education services. Over 60 sessions per year provided by Carers link
- Information provided to carers in a range of languages
- Around 225 carers supported to complete an Adult Carer Support Plan, each year
- Better information on short breaks, personalised to meet individual needs

The new Carers Strategy lists a number of priorities designed to ensure equality of access and opportunity for Carers across the authority, including:

- Better information and advice on formal and informal supports
- Carers should be involved in planning for their support
- Carers should have a balance with life outside of caring
- Adult Carer Support Plans and Young Carer Statements uptake should be increased
- Carers health and wellbeing should be prioritised
- The impact of financial hardship and inequality should be recognised
- Carers should be involved in planning for cared for person, including hospital discharge
- The choice of support available should be increased

		<ul style="list-style-type: none"> • Carer-friendly communities should be promoted • Carers should be involved in the planning of new services and supports <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>	
	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>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 Carers enjoy a high quality of life. Research has demonstrated the need to involve 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 Carers Strategy 2023–26 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 and Diversity (2017-2021) Policy document and how any proposed changes in service provision will meet the requirement;</p> <ul style="list-style-type: none"> • to eliminate unlawful discrimination • advance equality of opportunity, and; • promote good relations <p>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.</p>	<p>The Carers Strategy was widely promoted with colleagues and stakeholders through HSCP service teams and also with the local PSUC group, its various networks and also through the local Third Sector interface who forwarded it to their 314 members (charities, community groups, networks). It may not have reached all groups / people who have a protected characteristic. Therefore, the Strategies may not have been viewed and responded to by all representatives of communities of East Dunbartonshire, particularly protected characteristics groups.</p> <p>To mitigate this, as stated in the Strategy, we will continue to be committed to consider for any future communication activity the specific needs and preferences of the communications audience including protected characteristic groups.</p> <p>It is important that as the Carers</p>

		<p>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. Trans people are likely to experience abuse at various points throughout their lives (Scottish Transgender Alliance - Transgender experiences in Scotland 2008).</p> <p>Gender reassignment is not currently noted as part of the needs assessment process. However, there is little evidence to indicate that people from this group fare more poorly than others in terms of access to HSCP Carers services.</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 (NHS GGC Transgender Briefing).</p> <p>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.</p> <p>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/</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 to ensure staff members are aware of the sensitivities around gender reassignment.</p>	<p>Strategy develops and progresses, we use learning to understand the experience of Carers from protected characteristic groups and we will make a commitment to capture all community perspectives across protected characteristic groups.</p> <p>Social Work Services and Carers Link will continue to engage with Carers in the future and capture local need data.</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	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(d)	<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 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 Carers enjoy a high quality of life. Research has demonstrated the need to involve 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 and Diversity (2017-2021) Policy document and how any proposed changes in service provision will meet the requirement;</p> <ul style="list-style-type: none"> • to eliminate unlawful discrimination • advance equality of opportunity, and; • promote good relations <p>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.</p> <p>The Carers Strategy 2023-26 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.</p>	<p>The Carers Strategy was widely promoted with colleagues and stakeholders through HSCP service teams and also with the local PSUC group, its various networks and also through the local Third Sector interface who forwarded it to their 314 members (charities, community groups, networks). It may not have reached all groups / people who have a protected characteristic. Therefore, the Strategies may not have been viewed and responded to by all representatives of communities of East Dunbartonshire, particularly protected characteristics groups. To mitigate this, as stated in the Strategy, we will continue to be committed to consider for any future communication activity the specific needs and preferences of the communications audience including protected characteristic groups.</p> <p>It is important that as the Carers Strategy develops and progresses, we use learning to understand the experience of Carers from protected characteristic groups and we will make a commitment to capture all</p>

		<p>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>community perspectives across protected characteristic groups.</p> <p>Social Work Services and Carers Link will continue to engage with Carers in the future and capture local need data.</p>
(e)	<p>Pregnancy and Maternity</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 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 checked="" type="checkbox"/></p>	<p>The ability to access quality services is a fundamental aspect in ensuring that Carers enjoy a high quality of life. Research has demonstrated the need to involve 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>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>The Carers Strategy was widely promoted with colleagues and stakeholders through HSCP service teams and also with the local PSUC group, its various networks and also through the local Third Sector interface who forwarded it to their 314 members (charities, community groups, networks). It may not have reached all groups / people who have a protected characteristic. Therefore, the Strategies may not have been viewed and responded to by all representatives of communities of East Dunbartonshire, particularly protected characteristics groups. To mitigate this, as stated in the Strategy, we will continue to be committed to consider for any future communication activity the specific needs and preferences of the communications audience including protected characteristic groups.</p> <p>It is important that as the Carers Strategy develops and progresses, we use learning to understand the experience of Carers from protected characteristic groups and we will</p>

			<p>make a commitment to capture all community perspectives across protected characteristic groups.</p> <p>Social Work Services and Carers Link will continue to engage with Carers in the future and capture local need data.</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 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 Carers enjoy a high quality of life. Research has demonstrated the need to involve 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>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.</p> <p>http://www.scotlandscensus.gov.uk/scottish-council-areas-2001-and-2011</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.</p> <p>Through in-depth focus groups, many BME disabled people</p>	<p>The Carers Strategy was widely promoted with colleagues and stakeholders through HSCP service teams and also with the local PSUC group, its various networks and also through the local Third Sector interface who forwarded it to their 314 members (charities, community groups, networks). It may not have reached all groups / people who have a protected characteristic. Therefore, the Strategies may not have been viewed and responded to by all representatives of communities of East Dunbartonshire, particularly protected characteristics groups.</p> <p>To mitigate this, as stated in the Strategy, we will continue to be committed to consider for any future communication activity the specific needs and preferences of the communications audience including protected characteristic groups.</p>

		<p>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> <ul style="list-style-type: none"> • 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). <p>Source: Scottish Household Survey 2019 (Last updated: September 2020)</p> <p>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;</p> <ul style="list-style-type: none"> • to eliminate unlawful discrimination • advance equality of opportunity, and; • promote good relations <p>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.</p> <p>NHSGG&C has an Accessible Information Policy that the HSCP</p>	<p>It is important that as the Carers Strategy develops and progresses, we use learning to understand the experience of Carers from protected characteristic groups and we will make a commitment to capture all community perspectives across protected characteristic groups.</p> <p>Social Work Services and Carers Link will continue to engage with Carers in the future and capture local need data.</p>
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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.

The Carer Strategy 2023-26 literature is available in other languages and formats as required, recognising that Carers from the BME community are more likely to require communication support to navigate into, through and out of services.

The 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 would be made available as necessary for clients.

Information on race is via a Care 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 Carers Strategy since the HSCP was created. Since that time, we have worked with partners, carers and communities to improve support to carers in many ways, including:

- Training and awareness provided to health, social work, social care and education services. Over 60 session per year provided by Carers link
- Information provided to carers in a range of languages
- Around 225 carers supported to complete an Adult Carer Support Plan, each year
- Better information on short breaks, personalised to meet individual needs

		<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>	
<p>(g)</p>	<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 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 Carers enjoy a high quality of life. Research has demonstrated the need to involve 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 and Diversity (2017-2021) Policy document and how any proposed changes in service provision will meet the requirement;</p> <ul style="list-style-type: none"> • to eliminate unlawful discrimination • advance equality of opportunity, and; • promote good relations <p>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.</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 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</p>	<p>The Carers Strategy was widely promoted with colleagues and stakeholders through HSCP service teams and also with the local PSUC group, its various networks and also through the local Third Sector interface who forwarded it to their 314 members (charities, community groups, networks). It may not have reached all groups / people who have a protected characteristic. Therefore, the Strategies may not have been viewed and responded to by all representatives of communities of East Dunbartonshire, particularly protected characteristics groups.</p> <p>To mitigate this, as stated in the Strategy, we will continue to be committed to consider for any future communication activity the specific needs and preferences of the communications audience including protected characteristic groups.</p> <p>It is important that as the Carers Strategy develops and progresses, we use learning to understand the experience of Carers from protected characteristic groups and we will make a commitment to capture all community perspectives across protected characteristic groups.</p>

		<p>lower than the Scottish average of 36.7%.</p> <p>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 Carers services. We recognise that there are barriers that can, if unaddressed prevent some individuals from some faith backgrounds accessing services, such as:</p> <ul style="list-style-type: none">• 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) <p>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.</p> <p>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 and foster good relations.</p>	<p>Social Work Services and Carers Link will continue to engage with Carers in the future and capture local need data.</p>
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	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 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 Carers enjoy a high quality of life. Research has demonstrated the need to involve 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>More than half of the carers known to services are over 65 years old, with the gender split almost exactly that of the nation balance at 61% being female.</p> <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 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.</p> <p>During adolescence girls have a much higher prevalence of depression and eating disorders and engage more in suicidal thoughts and suicide attempts than boys.</p> <p>(A Report on the Health of the Population of NHS GGC 2017-19).</p> <p>Of the 2314 people with dementia that Alzheimer Scotland</p>	<p>The Carers Strategy was widely promoted with colleagues and stakeholders through HSCP service teams and also with the local PSUC group, its various networks and also through the local Third Sector interface who forwarded it to their 314 members (charities, community groups, networks). It may not have reached all groups / people who have a protected characteristic. Therefore, the Strategies may not have been viewed and responded to by all representatives of communities of East Dunbartonshire, particularly protected characteristics groups.</p> <p>To mitigate this, as stated in the Strategy, we will continue to be committed to consider for any future communication activity the specific needs and preferences of the communications audience including protected characteristic groups.</p> <p>It is important that as the Carers Strategy develops and progresses, we use learning to understand the experience of Carers from protected characteristic groups and we will make a commitment to capture all community perspectives across protected characteristic groups.</p>

		<p>estimates in East Dunbartonshire in 2017, 825 are male and 1,489 are female. The majority of dementia sufferers are aged 65 or over and female. Scotland wide rates of dementia increase with age from 1.8% of males and 1.4% at age 65-69 rising to 32.4% of males and 48.8% of males in the 95-99 and 100+ age ranges.</p>	<p>Social Work Services and Carers Link will continue to engage with Carers in the future and capture local need data.</p>
(i)	<p>Sexual Orientation</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 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 Carers enjoy a high quality of life. Research has demonstrated the need to involve 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 and Diversity (2017-2021) Policy document and how any proposed changes in service provision will meet the requirement;</p> <ul style="list-style-type: none"> • to eliminate unlawful discrimination • advance equality of opportunity, and; • promote good relations <p>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.</p> <p>In East Dunbartonshire the HSCP and partners are working to better identify the unmet health and wellbeing needs of lesbian, 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. Evidence shows that, especially the older LGBT population have</p>	<p>The Carers Strategy was widely promoted with colleagues and stakeholders through HSCP service teams and also with the local PSUC group, its various networks and also through the local Third Sector interface who forwarded it to their 314 members (charities, community groups, networks). It may not have reached all groups / people who have a protected characteristic. Therefore, the Strategies may not have been viewed and responded to by all representatives of communities of East Dunbartonshire, particularly protected characteristics groups.</p> <p>To mitigate this, as stated in the Strategy, we will continue to be committed to consider for any future communication activity the specific needs and preferences of the communications audience including protected characteristic groups.</p> <p>It is important that as the Carers Strategy develops and progresses, we use learning to understand the experience of Carers from protected characteristic groups and we will</p>

		<p>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>This will be our third Carers Strategy since the HSCP was created. Since that time, we have worked with partners, carers and communities to improve support to carers in many ways, including:</p> <ul style="list-style-type: none">• Training and awareness provided to health, social work,	<p>make a commitment to capture all community perspectives across protected characteristic groups.</p> <p>Social Work Services and Carers Link will continue to engage with Carers in the future and capture local need data.</p>
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		<p>social care and education services. Over 60 session per year provided by Carers link</p> <ul style="list-style-type: none"> • Around 225 carers supported to complete an Adult Carer Support Plan, each year <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>	
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(j)	<p>Socio – Economic Status & 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: Fairer Scotland Duty: guidance for public bodies - gov.scot (www.gov.scot)</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"> 1. What evidence has been considered in preparing for the decision, and are there any gaps in the evidence? 2. What are the voices of people and communities telling us, and how has this been determined 	<p>East Dun JSNA 2016 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>29% of carers in the most deprived areas care for 35 hours a week or more – more than double the level in the least deprived areas. The impact of caring may be exacerbated by existing inequalities of low incomes and poor health in these areas</p> <p>Notably 383 carers are under the age of 15, which far exceeds the estimate of the Scottish Government Census. Over 14% come from the most deprived areas. 51% are caring for a sibling. SCVO - SDS Regulations and Statutory Guidance expressed</p>	<p>The Carers Strategy was widely promoted with colleagues and stakeholders through HSCP service teams and also with the local PSUC group, its various networks and also through the local Third Sector interface who forwarded it to their 314 members (charities, community groups, networks). It may not have reached all groups / people who have a protected characteristic. Therefore, the Strategies may not have been viewed and responded to by all representatives of communities of East Dunbartonshire, particularly protected characteristics groups.</p> <p>To mitigate this, as stated in the Strategy, we will continue to be committed to consider for any future communication activity the specific needs and preferences of the communications audience including protected characteristic groups.</p>

	<p>(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)²¹ 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 Engagement²² should be followed. Those engaged with should also be advised subsequently on how their contributions were factored into the final decision.</p>	<p>their concern relating to the recent substantial and poverty inducing changes to benefits drive through the intentions behind the SDS legislation. SCVO felt that already, people may have lost amounts of significant income, without even considering the potential loss of mobility components/support in the transfer to Personal Independence Payment (PIP) and Disability Payment.</p> <p>This will be our third Carers Strategy since the HSCP was created. Since that time, we have worked with partners, carers and communities to improve support to carers in many ways, including:</p> <ul style="list-style-type: none"> • Training and awareness provided to health, social work, social care and education services. Over 60 sessions per year provided by Carers link. • Information provided to carers in a range of languages • Around 225 carers supported to complete an Adult Carer Support Plan, each year • Better information on short breaks, personalised to meet individual needs • 227 young carers received 1-1 or group support from the service in the year 2021 - 2022 <p>The Carers Strategy 2023 – 26 will be fully inclusive to all and outlines that ‘the impact of financial hardship and inequality should be recognised’ within the identified priorities to be addressed as part of the strategy.</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>	<p>It is important that as the Carers Strategy develops and progresses, we use learning to understand the experience of Carers from protected characteristic groups and we will make a commitment to capture all community perspectives across protected characteristic groups.</p> <p>Social Work Services and Carers Link will continue to engage with Carers in the future and capture local need data.</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</p>	<p>The ability to access quality services is a fundamental aspect in ensuring that Carers enjoy a high quality of life. Research has demonstrated the need to involve Carers in the decision-making process underpinning service commissioning, service design and service delivery, whilst also ensuring individuals from across</p>	<p>The Carers Strategy was widely promoted with colleagues and stakeholders through HSCP service teams and also with the local PSUC group, its various networks and also</p>

<p>addictions, people involved in prostitution, asylum seekers & refugees and travellers?</p>	<p>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 and Diversity (2017-2021) Policy document and how any proposed changes in service provision will meet the requirement;</p> <ul style="list-style-type: none"> • to eliminate unlawful discrimination • advance equality of opportunity, and; • promote good relations <p>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.</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>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"> • eliminate Unlawful Discrimination, harassment and victimisation and other conduct that is prohibited by the Equality Act 2010 • advance equality of opportunity between people who share a relevant protected characteristic and those who do not, and; • foster good relations between people who share a relevant characteristic and those who do not <p>The Equality Duty is non-delegable. In practice this means that public authorities like EDHSCP need to ask their suppliers and</p>	<p>through the local Third Sector interface who forwarded it to their 314 members (charities, community groups, networks). It may not have reached all groups / people who have a protected characteristic. Therefore, the Strategies may not have been viewed and responded to by all representatives of communities of East Dunbartonshire, particularly protected characteristics groups.</p> <p>To mitigate this, as stated in the Strategy, we will continue to be committed to consider for any future communication activity the specific needs and preferences of the communications audience including protected characteristic groups.</p> <p>It is important that as the Carers Strategy develops and progresses, we use learning to understand the experience of Carers from protected characteristic groups and we will make a commitment to capture all community perspectives across protected characteristic groups.</p> <p>Social Work Services and Carers Link will continue to engage with Carers in the future and capture local need data.</p>
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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.

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.

The East Dunbartonshire breakdown is;

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%.

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. <https://www.scotpho.eastdunbartonshire>

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. (<https://www.sldo.ac.uk/census-2011-information/learning-disabilities/local-authorities/east-dunbartonshire/>)

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.
<https://www.ohchr.org/EN/HRBodies/CRPD/Pages/ConventionRightsPersonsWithDisabilities.aspx>

This will be our third Carers Strategy since the HSCP was created. Since that time, we have worked with partners, carers and communities to improve support to carers in many ways, including:

- Training and awareness provided to health, social work, social care and education services. Over 60 sessions per year provided by Carers link
- Information provided to carers in a range of languages
- Around 225 carers supported to complete an Adult Carer Support Plan, each year
- Better information on short breaks, personalised to meet individual needs

The Carers Strategy 2023–26 will be fully inclusive to all and promotes equality of service provision via a revised set of priorities including:

- Better information and advice on formal and informal supports
- Carers should be involved in planning for their support
- Carers should have a balance with life outside of caring
- Adult Carer Support Plans and Young Carer Statements uptake should be increased
- Carers health and wellbeing should be prioritised
- The impact of financial hardship and inequality should

		<p>be recognised</p> <ul style="list-style-type: none"> • Carers should be involved in planning for cared for person, including hospital discharge • The choice of support available should be increased • Carer-friendly communities should be promoted • Carers should be involved in the planning of new services and supports <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>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 checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>This is not applicable to this strategy.</p> <p>The Carers (Scotland) Act 2016 requires that HSCPs prepare a local carer strategy and review that strategy every three years, so this will be our third Carers Strategy since the HSCP was created. Since that time, we have worked with partners, carers and communities to improve support to carers in many ways, including:</p> <ul style="list-style-type: none"> • Increasing identification of adult and young carers • Increasing levels of short break provision for a higher number of carers, for example in 2021/22, a total of 13384 weeks of respite was provided for 1798 cared for people (aged 18+) with an additional 188 weeks of respite provided to carers of 29 children with disabilities • Training and awareness provided to health, social work, social care and education services. Over 60 session per year provided by Carers link • Information provided to carers in a range of languages • Around 225 carers supported to complete an Adult Carer Support Plan, each year • Better information on short breaks, personalised to meet individual needs • Better ways to identify and engage with young carers, 	Not applicable.

		<p>with 280 young carers referred to Carers link since April 2018</p> <ul style="list-style-type: none"> • Since April 2018, 140 young carers regularly attending group and holiday period activities run by Carers link • A Short Breaks Statement was developed in 2018 and will be reviewed in conjunction with this new Carers Strategy • Carers continue to be encouraged to access all Self-Directed Support options to maximise the level of flexibility and choice that is right for them • Carers Link currently provided grants for carers to access Short Breaks through the Time to Live Fund. During the pandemic, this fund was almost trebled to just over £34,000 with over 100 carers benefitting 	
		Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
9.	<p>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.</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>Training and awareness sessions have been provided to health, social work, social care and education services. Over 60 sessions per year provided by Carers link.</p> <p>East Dunbartonshire HSCP has policies in place to ensure staff members are aware of the sensitivities around gender reassignment.</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.

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.

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 Adult Carer Support Plan, 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 April 2023	GP

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

1 August 2023

Lead Reviewer:

EQIA Sign Off:

Name: Gayle Paterson
 Job Title: Learning Disability Strategic Review Project lead
 Signature: *Gayle Paterson*
 Date: 1 February 2023

Quality Assurance Sign Off:

Name: Alastair Low
 Job Title: Planning Manager
 Signature:
 Date: 08/02/23

**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

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.