

**Equality Impact Assessment Tool: Policy, Strategy and Plans**  
(Please follow the EQIA guidance in completing this form)



**1. Name of Strategy, Policy or Plan**

East Dunbartonshire Joint Health Improvement Plan (J-HIP) 2018-21

This is a : **New Policy**

**2. Brief Description - Purpose of the policy, Changes and outcomes, services or activities affected**

The East Dunbartonshire Joint Health Improvement Plan (J-HIP) is a local partnership response to the Scottish Government's A Fairer Healthier Scotland, (NHS Health Scotland's strategy 2017-2022), through which, the national health outcomes are improved by focusing on the persistent inequalities that prevent health being improved for all. 'The Scottish Government's vision is a Scotland in which all of its people and communities have a fairer share of the opportunities, resources and confidence to live longer, healthier lives'. We have been working towards this vision since 2012 and have set out our priorities for the years ahead in our new Strategic Framework for Action, 'A Fairer Healthier Scotland 2017 – 22'. The J-HIP sets the East Dunbartonshire Community Planning Partners (CPP) commitment to improving the health and wellbeing outcomes of local people and reducing inequalities through shaping and agreeing joint priorities for action. Further, this plan recognises that there is scope to improve the local, universal, health and wellbeing improvements and this is set out through the description of a range of actions and shared objectives, from a cross section of partners; East Dunbartonshire HSCP / East Dunbartonshire Council / East Dunbartonshire Culture and Leisure Trust / East Dunbartonshire Voluntary Action / Police Scotland / Scotland's Fire and Rescue Service / Scottish Enterprise / The East Dunbartonshire Community Planning Partnership's 2018-21 vision is; "Working together to achieve the best with the people of East Dunbartonshire." This will be realised through shared knowledge, values, intelligence and by working in partnership for a healthier, happier and fairer East Dunbartonshire. This Joint Health Improvement Plan (JHIP) has five key priorities and is the local delivery plan for the Local Outcomes Improvement Plan (LOIP) Outcome 5 but also links to Outcome 3; Outcome 5: 'Our people experience good physical and mental wellbeing with access to a quality built and natural environment in which to lead healthier more active lifestyles' Outcome 3: 'Our children and young people are safe, healthy and ready to learn'

**3. Lead Reviewer**

Craig, Anthony

**4. Please list all participants in carrying out this EQIA:**

David Radford (Health Improvement and Inequalities Manager); Jane Jeffrey (Health Improvement Senior); Sarah McChristie (Health Improvement Senior); Vivienne Tennant (Health Improvement Senior); Evonne Bauer (Strategic Lead); Karin Jackson (Operations Leader ' Sports Development); Liz Sneddon (ADP Coordinator)

**5. Impact Assessment**

**A. Does the policy explicitly promote equality of opportunity and anti-discrimination and refer to legislative and policy drivers in relation to Equality**

The J-HIP is a universal, populations based action plan. The plan seeks to promote equality of access to services and opportunities that support community residents to improve their health and wellbeing. The Plan recognises that there are identified areas of inequality against which actions are identified to address including; Health / Economic / Social / Geographical / Opportunity / Access to services. Further, the plan recognises potential sources of discrimination related to individual groups and makes explicit reference to the Equality Act (2010) and highlights actions to address potential barriers to services which support positive health and wellbeing outcomes; • Actions to improve children's and families who are experiencing financial hardship. • Action to maintain older people to remain within their own community • Action to support community residents who are homeless. • Bringing together partner agencies, including the voluntary and independent sectors, to work together to promote quality information, signposting and right. • Annual reporting and review of progress, benchmarking against outcomes which support the Community Planning Partners Local Outcomes Improvement Plan (LOIP). • Actions to increase the number of adults attaining the weekly recommended target for physically activity and healthy food options. • Actions to deliver the identified actions to build confidence, resilience and wellbeing within local communities and across East Dunbartonshire. The plan has been based on a range of quantitative and qualitative data to inform priorities and actions: • Scottish Household Survey (2016) • The Scottish Index of Multiple Deprivation (2016) • NRS Mid Year Population Estimates for Localities in Scotland (2016) • East Dunbartonshire Community Health and Well Being Profile (2016) • The Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS 2015) • Changing Scotland's Relationship with Alcohol: A Framework for Action (2009) • The East Dunbartonshire Local Housing Strategy (2017-2022) • The Mental Health Strategy for Scotland (2017– 27) • Scottish Government The Early Years Framework (2008) • Children and Young People (Scotland) Act (2014) • The Secondary Schools Health and Wellbeing Survey (2014/15) • East Dunbartonshire Parenting Support Strategy / Tripartite Partnership

Agreement (2012) • East Dunbartonshire Integrated Childrens Services Plan (2017-2020) • The Sexual Health and Blood Borne Virus Framework (2011-2015) • NHS GGC (Sandyford) Sexual Health Strategic Plan (2017-20) • Creating a Tobacco Free Generation - The Scottish Government (2013) • Equality Act (2010) • Community Empowerment Act - The Scottish Government (2015) • East Dunbartonshire CLD plan (2015) • East Dunbartonshire Empowered: Violence against Women and Girls Strategy (2015-20) • A Fairer NHSGGC (2016-20) • East Dunbartonshire JSNA (2016) • East Dunbartonshire Council's Equality Outcomes and Mainstreaming Progress Report 2017 • Police Scotland Local Police Plan - East Dunbartonshire (2017-20) • East Dunbartonshire Local Outcomes Improvement Plan (2017-27)\* • Local Fires and Rescue Plan for East Dunbartonshire (2018) • East Dunbartonshire Strategic Plan (2018-21) • Tobacco Control Action Plan - Scottish Government (2018) The J-HIP draft plan also aligns to that of the World Health Organisation (WHO), who, through their Ottawa Charter for Health Promotion (WHO 1986 & 2005) established a series of actions that are required to achieve a healthy population and to reduce health inequalities. The J-HIP will mirror the approach of the Ottawa Charter, through: • Building healthy public policy • Creating health promoting environments • Strengthening community actions (and assets) • Reorient services toward prevention of illness and promotion of health (WHO 1996) Throughout implementation of this strategy, reference will be made to the general duties (Equality Act (2010) and to the HSCP Equality and Diversity 2017-2021 policy document and to East Dunbartonshire Council's Equality Outcomes and Mainstreaming Progress Report 2017; and will articulate how any proposed plans, actions and outcomes in the J-HIP will meet the requirements. • To eliminate unlawful discrimination • Advance equality of opportunity, and; • Promote good relations Equality Act 2010; The Equality Act 2010 brings together over 116 separate pieces of legislation into one single Act. Combined, they make up the 2010 Act that provides a legal framework to protect the rights of individuals and advance equality of opportunity for all. The Act simplifies, strengthens and harmonises the current legislation to provide the UK with a discrimination law which protects individuals from unfair treatment and promotes a fair and more equal society. (\*The Local Outcomes Improvement Plan (LOIP 2017-27) is the shared plan of our CPP. The LOIP has six outcomes that outlines why and how the CPP will work together to organise and provide services in a way that tackles known inequalities. This includes a set of 10-year goals for East Dunbartonshire with a set of priorities which are supported by actions we will take over the next ten years).

**B. What is known about the issues for people with protected characteristics in relation to the services or activities affected by the policy?**

		Source
<b>All</b>	<p>Health and wellbeing is not the product of a single circumstance or experience. It is shaped by wider environmental influences such as economic and work, physical, learning, political, cultural and societal circumstances as well as by biological and behavioural factors. If the health of the people living in East Dunbartonshire is to improve we must address all of these factors and circumstances. The inequalities in health that we experience in our population requires policies to reduce poverty and disadvantage as well as to improve delivery of services that ensure access for everyone, taking account of people's life circumstances. 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, life expectance at 65years was 19.4yrs for men and 21.4yrs for women and the most common cause of death in East Dunbartonshire in 2014 was cancer, which accounted for 34.5% of all deaths; followed by diseases of the circulatory system (25.3%) and respiratory system (12.7%). The Scottish Index of Multiple Deprivation (SIMD) identified that there are five datazones within the 20% most deprived in Scotland. Two are in Hillhead, while Auchinairn, Kirkintilloch West, and Lennoxton each have one deprived datazone. The majority of East Dunbartonshire's residents live within the 20% least deprived datazones. Specifically, there is a 10.0 years variance in life expectancy between the most (SIMD 1) and least deprived (SIMD 5) communities. Almost 18% of children in East Dunbartonshire are living in the three most deprived</p>	<p>Sources are quoted within this section. SIMD - East Dun. Local Outcomes Improvement Plan 2017-27.</p>

	<p>datazones which are areas of multiple deprivation with poor health outcomes and reduced life expectancy. For instance the overview of Population Health Indicators by the HSCP show East Dunbartonshire During late 2017 and into 2018, in the lead up to drafting of the J-HIP, a programme of community engagement was undertaken in communities across East Dunbartonshire including areas of multiple deprivations. Further, the J-HIP has been underpinned by continuous engagement over the previous two years. A series of public engagements, forums and group work has been undertaken with the East Dunbartonshire public, third sector organisations and through a methodology of engagements with both the public and other groups through and also an intensive social media campaign, with a priority of developing real knowledge of local populations to include population profiles for harder to reach and minority groups. The local Public, Service User and Carer (PSUC) representatives group, and their respective forums were also engaged with on a regular basis from the 1st consultation draft plan.</p>	
<p><b>Sex</b></p>	<p>The J-HIP takes cognisance that there are identified areas of inequality specifically in relation to the protected characteristics of 'sex'. The partners target work towards improving health in a way that is sensitive to the experience of inequality. The plan recognises that single parent families (in particular women) are vulnerable to health inequalities. Partners further recognise that gender based violence is an outcome of gender inequality and the plan targets health and wellbeing engagement opportunities for those who experience domestic and gender based violence. 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. During adolescence girls have a much higher prevalence of depression and eating disorders and engage more in suicidal thoughts and suicide attempts than boys. Community Planning Partners maximise the opportunities to engage and support homeless women and children, as evidenced within the EDC Local Housing Strategy (2017-22). The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 Human Rights Act 1998 and the Equality and Human Rights</p>	<p>Sources are quoted within this section. A Report on the health of the Population for NHS GGC 2017-19. The East Dunbartonshire Local Housing Strategy 2017-2022. NHS GGC (Sandyford) Sexual Health Strategic Plan 2017-20.</p>

	<p>commission. The Public Sector Equality Duty requires public authorities, in the exercise of their functions, to have due regard to the need to:</p> <ul style="list-style-type: none"> <li>• Eliminate unlawful discrimination, harassment and victimisation and other conduct that is prohibited by the Equality Act 2010.</li> <li>• Advance equality of opportunity between people who share a relevant protected characteristic and those who do not.</li> <li>• Foster good relations between people who share a relevant characteristic and those who do not.</li> </ul>	
<p><b>Gender Reassignment</b></p>	<p>There is no local population data 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. Albeit recognition of the health outcomes for gender reassigned community members are understood to be poorer as described within the 2004 white paper for England and Wales – Choosing Health (aims to tackle the causes of ill health and reduce inequality, which identifies key areas of health inequality. Many of these are known to have relevance for LGBT communities: smoking, alcohol consumption, obesity and sexual health). The NHS GG&amp;C offer guidance on health needs of transgender people and how to address discrimination against trans people in their Briefing Paper on Gender Reassignment and Transgender people, as well as offering training for NHS staff on the subject of transgender people. The J-HIP is fully inclusive to all. Partnership working, inclusive of the Third Sector, is highlighted in various themes within the Plan, and should also impact positively upon transgender people as major research and policy direction around trans people are as yet largely shaped by the Third Sector organisations.</p>	<p><a href="http://www.gires.org.uk/">http://www.gires.org.uk/</a>. Sources are quoted within this section.</p>
<p><b>Race</b></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 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. In the 2011 census, 96% of the East Dunbartonshire pop stated they are white Scottish, white British, and white Irish or white other. The J-HIP is available in other languages and formats as required, East Dunbartonshire CPP understand BME people are more likely to require communication support to navigate into, through and out of services. Currently CPP partners and Public Health Improvement</p>	<p><a href="http://www.scotlandscensus.gov.uk/scottish-council-areas-2001-and-2011">http://www.scotlandscensus.gov.uk/scottish-council-areas-2001-and-2011</a>. Scottish Government: Ethnic Group Demographics web link  <a href="http://www.gov.scot/Topics/People/Equality/Equalities/DataGrid/Ethnicity/EthPopMig">http://www.gov.scot/Topics/People/Equality/Equalities/DataGrid/Ethnicity/EthPopMig</a>.          Desktop Survey - East Dun 2015</p>

	<p>teams do not routinely collect data disaggregate by race but what data we have indicates a lower % uptake of health improvement activities by BME communities and groups than would be expected. The J-HIP is available in other languages and formats as required. All partner services delivered in line with the J-HIP will utilise appropriate services for interpreting support where the service user's first language is not English. Another community, where there is a lack of data is the Gypsy and Travellers. According to a desktop survey carried out to assist with informing the development of Local Housing Strategies estimated that there is one site in East Dunbartonshire, with five Gypsy and Traveller households. Scotland's Census 2011 indicated there are 27 persons living in East Dunbartonshire from the Gypsy / Traveller community. The Gypsy / Traveller community experiences of stigma, poverty and illiteracy have placed them in a disadvantaged position in seeking for support from services. They also felt that services, as a whole, are not sensitive to their culture.</p>	
<p><b>Disability</b></p>	<p>From the 2011 Scotland Census, it stated that East Dunbartonshire has a pop of 105,026. 5.6% of the East Dunbartonshire pop stated they have a disability with hearing impairments and/or physical disability being the main disabilities reported. The East Dun Strategic Plan (2018-21), states that the number of long term conditions rises with age and we need to support those with complex needs so that they may manage their conditions and lead an active, healthy life. (ScotPHO 8.7% of pop) As stated by ScotPHO (2014), 16.4% of the East Dunbartonshire population are currently prescribed drugs for anxiety/depression/psychosis, with 3,545 adults claiming incapacity benefit/severe disability allowance/employment and support allowance. 49% of adults living in the 20% most deprived datazones in East Dunbartonshire reported having at least one long term condition in, compared to 35% in the remaining datazones. (World Health Organization [WHO], 2003). The relationship between disability and poverty cannot be over-emphasized. Poverty can lead to malnutrition, poor health services and sanitation, unsafe living and working conditions etc. that are associated with disability; disability can also trap people in a life of poverty (Mont 2007). The number of people who are ageing with a disability is also increasing at different rates amongst men and women, and amongst different ethnic groups. Although the prevalence of some physical impairment is higher amongst males, many of the largest sub-groups of disabled people contain more women than men. Taking</p>	<p><a href="http://www.eastdunbarton.gov.uk/areaprofile">www.eastdunbarton.gov.uk/areaprofile</a>. Sources are quoted within this section. <a href="http://disability-studies.leeds.ac.uk/files/library/Oliver-ageing-with-disability.pdf">http://disability-studies.leeds.ac.uk/files/library/Oliver-ageing-with-disability.pdf</a>. Sources are quoted within this section.</p>

	<p>cognisance of guidance stated within 'A Fairer NHS Greater Glasgow &amp; Clyde', the J-HIP 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. Evidence suggests that disabled people have more difficulties in accessing health services than nondisabled people. The barriers that have been identified are commonly given as:</p> <ul style="list-style-type: none"> <li>• Difficulty in reading and understanding letters</li> <li>• Difficulty using telephones to arrange appointments</li> <li>• Transport difficulties including costs</li> <li>• Engagement in health services arising from mental health problems</li> </ul> <p>Partners understand the requirement to make all reasonable adjustments to make services fully accessible. In the case of the requirement for communication support, this requirement will be met through NHSGGC interpreting resource allocation. All centres from which services are provided comply with the Equality Act 2010, including the provision of access ramps, accessible toilets and loop systems.</p>	
<p><b>Sexual Orientation</b></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 East Dunbartonshire residents. Evidence shows that especially the older LGBT population have an increased likelihood of living alone and an increased need to be supported through older adult services, but it also identifies many reasons why people are less likely to access the services they could benefit from. 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. 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</p>	<p><a href="https://www.eastdunbarton.gov.uk/lgbt-health">https://www.eastdunbarton.gov.uk/lgbt-health</a>. Sources are quoted within this section.</p>

	discrimination or a lack of confidence that service services are able to meet their needs.	
<b>Religion and Belief</b>	<p>In East Dunbartonshire 62.5% of the population stated they belonged to a Christian denomination. In terms of the Christian denominations 35.6% of the population in East Dunbartonshire belonged to the Church of Scotland and 22.3% stated they were Roman Catholic. The 'Other Christian' group accounted for 4.6% of the population. A large percentage of residents reported they had no religion (28.2%) lower than the Scottish average of 36.7%. This can be seen across all Wards with Milngavie showing the highest percentage of residents stating they had no religion (31.5%).</p> <p>2.43% of the population in Bearsden South reported that they were Muslim, 2.18% reported they were Sikh and 1% reported that they were Hindu, compared to Kirkintilloch East &amp; Twechar which has 0.20%, 0.06% and 0.03% respectively. There is little evidence to indicate specific faith groups fare more poorly than others in terms of access to Public Health Improvement services, however, some faith groups may require services that are sensitive to commitments to religious observance – for instance patients may not be able to attend a doctors, clinics or hospital appointments due to religious festivals and there is some evidence that highlights the impacts these have on some faith groups, such as:</p> <ul style="list-style-type: none"> <li>• Some older people may not speak English or their ability to speak English as a second language can decrease or become confused</li> <li>• There may be limited cultural sensitivity amongst professionals e.g. medication could be taken intravenously during fasting for Ramadan</li> <li>• There may be a lack of written information on dementia in diverse languages and at times information may need to be delivered verbally due to an inability to read information in English</li> <li>• Stigma and pride (feeling ashamed to ask for help outside the family and close-knit community)</li> </ul>	<p><a href="http://www.eastdunbarton.gov.ukareaprofile">www.eastdunbarton.gov.ukareaprofile</a>. <a href="https://www.eddn.org.uk/living-well-with-dementia/information-on-living-well/bme-community-dementia/">https://www.eddn.org.uk/living-well-with-dementia/information-on-living-well/bme-community-dementia/</a>.</p>
<b>Age</b>	<p>The East Dunbartonshire Community Planning Partnership is responsible for the overall health, wellbeing and safety of the populations below. Table 1 – East Dunbartonshire population by Locality (2015 GP Pop - QOF,ISD)</p> <p>Age Group East Locality West Locality East Dunbartonshire</p> <p>0 - 14yrs 10380 5903 16283</p> <p>15 - 24yrs 7887 4094 11981</p> <p>25 - 44yrs 16663 8153 24786</p> <p>45 - 64yrs 19485 10615 30100</p> <p>65 - 84yrs 11204 7412 18616</p> <p>85yrs + 1350</p> <p>1206 2556 All 66939 37383 104322</p> <p>(The estimated 2018 East Dunbartonshire population is 107,431) The J-HIP recognises</p>	<p>Sources are quoted within this section. <a href="https://www.nrscotland.gov.uk/statistics-population-and-household-sub-council-area">https://www.nrscotland.gov.uk/statistics-population-and-household-sub-council-area</a>. <a href="http://www.sehd.scot.nhs.uk">www.sehd.scot.nhs.uk</a>. East Dun JSNA 2016.</p>

	<p>that the demographic breakdown of East Dunbartonshire continues to change. According to most recent projections, Over the 25 years 2014-2039, there is a projected increase of 95% in the number of people aged 75+yrs, also, during the same period; the number of children aged 0-15yrs is projected to increase by 4.4%. Generally population statistics show people in East Dunbartonshire die younger in more disadvantaged areas (SIMD 1) with data showing that older populations tend to be more concentrated in local authority areas of greater wealth (SIMD 5) and less so in those most deprived. Compared to other Western European countries Scotland's life expectancy (LE) and healthy life expectancy (HLE) is relatively poor. As judged by life expectancy at birth, only Portugal has a lower life expectancy for males and there are no Western European countries whose females have a lower life expectancy.</p>	
<p><b>Pregnancy and Maternity</b></p>	<p>It is known that there were 951 births in East Dunbartonshire during 2016. This is a decrease of 2.1% from 971 births in 2015. Of these 951 births in 2016, 461 (48.5%) were female and 490 (51.5%) were male. Prevalence of low birth weight was at 4.2% (NHSGGC 5.9%), prevalence of maternal smoking shows 6.6% (NHSGGC 13.3%), breast feeding rates at 6-8 weeks is 35.4% (NHSGGC 24.5%).</p>	<p><a href="http://www.nrscotland.gov.uk/east-dunbartonshire-births">www.nrscotland.gov.uk/east-dunbartonshire-births</a></p>
<p><b>Marriage and Civil Partnership</b></p>	<p>In 2016, no civil partnerships were registered in East Dunbartonshire. In Scotland overall, there were 70 civil partnerships in 2016, which is an increase of 9.4% from 2015. Providing the person is over 16 years and has a general understanding of what it means to get married, he or she has the legal capacity to consent to marriage. No one else's consent is ever required. The District Registrar can refuse to authorise a marriage taking place if he or she believes one of the parties does not have the mental capacity to consent, but the level of learning disability has to be very high before the District Registrar will do so.</p>	<p><a href="http://www.nrscotland.gov.uk/east-dunbartonshire-civilpartnerships">www.nrscotland.gov.uk/east-dunbartonshire-civilpartnerships</a>. The Civil Partnership Act (2004).</p>
<p><b>Social and Economic Status</b></p>	<p>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%. 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</p>	<p>East Dun JSNA 2016. Sources are quoted within this section.</p>



	<p>is no available breakdown of demographic information to identify the age ranges of homelessness applications. In the year July 2014 - June 2015 over 49% of enquiries to East Dunbartonshire Citizens Advice Bureau were regarding benefit support and advice to maximise income. Employment Support Allowance is the key contributory benefit for people who are incapable of work because of illness or disability and provides a proxy measure for income deprivation.</p>	
<p><b>Other marginalised groups (homeless, addictions, asylum seekers/refugees, travellers, ex-offenders)</b></p>	<p>Marginalised groups: Asylum Seekers, Refugees, and Prisoners The East Dunbartonshire J-HIP 2018-21 is specifically created to also be fully inclusive of all marginalised groups. East Dunbartonshire has one prison within its geographical boundary with a total of 751 prisoners in custody. (healthcare is provided by NHS GGC, social work services by East Dunbartonshire HSCP and the Learning Provider is New College Lanarkshire). There are currently five refugee families (Syrian) with all CPP partners working together (including Third sector) to plan effective transitioning. For the Gypsy and Traveller population see previous EqIA information.</p>	<p>Sources are quoted within this section. HM Inspectorate of Prisons Report on HMP Low Moss (June 2017)</p>

**C. Do you expect the policy to have any positive impact on people with protected characteristics?**

	Highly Likely	Probable	Possible
<p><b>General</b></p>	<p>That the integration of planning, resource use and service delivery as outlined in the J-HIP will have a positive impact on the residents of East Dunbartonshire and it's people, if the plan recognises the interconnectedness of all protected characteristics and their specific needs.</p>	<p>Opportunity to promote and improve accessibility to all services for individuals and communities.</p>	<p>That the J-HIP can provide opportunities to review an equality impact on local service provision to improve the service delivery to individual and communities.</p>
<p><b>Sex</b></p>	<p>That the integration of planning, resource use and service delivery as outlined in the J-HIP will have a positive impact on the residents of East Dunbartonshire and its people, if the plan recognises the interconnectedness of all protected characteristics and their specific needs.</p>	<p>Opportunity to promote and improve accessibility to services for men, women and non-binary individuals.</p>	<p>That the J-HIP can provide opportunities to review an equality impact on local service provision to improve the service delivery to men, women and non-binary individuals.</p>

<b>Gender Reassignment</b>	That the integration of planning, resource use and service delivery as outlined in the J-HIP will have a positive impact on Trans-men and Trans-women and their communities if the plan recognises the interconnectedness of all protected characteristics and their specific needs.	Opportunity to promote and improve accessibility to services for Trans-men and Trans-women and their communities.	That the J-HIP can provide opportunities to review an equality impact on local service provision to improve the service delivery to Trans- men and Trans-women and their communities.
<b>Race</b>	That the integration of planning, resource use and service delivery as outlined in the J-HIP will have a positive impact for black and local ethnic minority communities if the plan recognises the interconnectedness of all protected characteristics and their specific needs.	Opportunity to promote and improve accessibility to services for black and local ethnic minority communities.	That the J-HIP can provide opportunities to review an equality impact on local service provision to improve the service delivery to black and local ethnic minority communities.
<b>Disability</b>	That the integration of planning, resource use and service delivery as outlined in the J-HIP will have a positive impact for individuals with disabilities and their communities if the plan recognises the interconnectedness of all protected characteristics and their specific needs.	Opportunity to promote and improve accessibility to services for individuals with disabilities and their communities.	That the J-HIP can provide opportunities to review an equality impact on local service provision to improve the service delivery for individuals with disabilities and their communities.
<b>Sexual Orientation</b>	That the integration of planning, resource use and service delivery as outlined in the J-HIP will have a positive impact for LGB individuals and their communities if the plan recognises the interconnectedness of all protected characteristics and their specific needs.	Opportunity to promote and improve accessibility to services for LGB individuals and their communities.	That the J-HIP can provide opportunities to review an equality impact on local service provision to improve the service delivery for LGB individuals and their communities.
<b>Religion and Belief</b>	That the integration of planning, resource use and service delivery as outlined in the J-HIP will have a positive impact for individuals with religious, beliefs	Opportunity to promote and improve accessibility to services for individuals with religious, beliefs and no belief and	That the J-HIP can provide opportunities to review an equality impact on local service provision to improve the service delivery for individuals with religious, beliefs and no belief and their communities.

	and no belief and their communities if the plan recognises the interconnectedness of all protected characteristics and their specific needs.	their communities	
<b>Age</b>	That the integration of planning, resource use and service delivery as outlined in the J-HIP will have a positive impact for individuals of all age groups and their communities if the plan recognises the interconnectedness of all protected characteristics and their specific needs.	Opportunity to promote and improve accessibility to services for individuals of all age groups and their communities.	That the J-HIP can provide opportunities to review an equality impact on local service provision to improve the service delivery for individuals of all age groups and their communities.
<b>Marriage and Civil Partnership</b>	That the integration of planning, resource use and service delivery as outlined in the J-HIP will have a positive impact for individuals in marriage and civil partnership and their communities if the plan recognises the interconnectedness of all protected characteristics and their specific needs.	Opportunity to promote and improve accessibility to services for individuals in marriage and civil partnership and their communities.	That the J-HIP can provide opportunities to review an equality impact on local service provision to improve the service delivery for individuals in marriage and civil partnership and their communities.
<b>Pregnancy and Maternity</b>	That the integration of planning, resource use and service delivery as outlined in the J-HIP will have a positive impact for individuals and families accessing pregnancy and maternity services and their communities if the plan recognises the interconnectedness of all protected characteristics and their specific needs.	Opportunity to promote and improve accessibility to services for individuals and families accessing pregnancy and maternity services and their communities. And this can also give CPP partners the opportunity to better link with children and families teams in their delivery of pregnancy and maternity programmes that will support better health and wellbeing of women during and after pregnancy.	That the J-HIP can provide opportunities to review an equality impact on local service provision to improve the service delivery for individuals and families accessing pregnancy and maternity services and their communities.

<b>Social and Economic Status</b>	That the integration of planning, resource use and service delivery as outlined in the J-HIP clearly recognised the connection between poor health and social and economic status. Its key aim is to address these inequalities in society through its delivery approaches.	Opportunity to promote and improve accessibility to services for individuals from a social and economic status and their communities.	That the J-HIP can provide opportunities to review an equality impact on local service provision to improve the service delivery for individuals in social and economic status and their communities.
<b>Other marginalised groups (homeless, addictions, asylum seekers/refugees, travellers, ex-offenders)</b>	That the integration of planning, resource use and service delivery as J-HIP will have a positive impact on individuals and communities from marginalised groups if the plan recognises the interconnectedness of all protected characteristics and their specific needs.	Opportunity to promote and improve accessibility to services for individuals from a marginalised group and their communities.	That the J-HIP can provide opportunities to review an equality impact on local service provision to improve the service delivery for individuals from marginalised groups and their communities.

**D. Do you expect the policy to have any negative impact on people with protected characteristics?**

	Highly Likely	Probable	Possible
<b>General</b>	None	It is important that any possible discrimination is identified in the early stages and actions are taken to mitigate the worst of its impact as soon as possible.	That any changes can provide opportunities to consult, engage and involve residents and communities to examine and develop options and innovations to shape future service provision.
<b>Sex</b>	None	None	That any changes can provide opportunities to consult, engage and involve men, women and non-binary residents and their families and their communities and CPP practitioners to examine and develop options and innovations to shape future services provisions. Also to note that there is little to no research on non-binary people that can reflect their views.
<b>Gender Reassignment</b>	None	None	That any changes can provide opportunities to consult, engage and involve Trans-men and Trans-women residents, their communities, their families and CPP practitioners to examine and develop options and innovations to shape future services provisions. Also to note that there is little to no research on Trans-men and Trans-women that can reflect their views.
<b>Race</b>	None	None	That any changes can provide opportunities to consult, engage and involve black and minority ethnic residents and community members and their families and CPP practitioners to examine and develop options and innovations to shape future services provisions.
<b>Disability</b>	None	That in general there could be a failure to	That any changes can provide opportunities to consult, engage and involve people with disabilities, their carers, their families and communities and CPP practitioners to examine and develop options and innovations to shape future services provisions.

		examine and reflect on local planning and service delivery can lead to negative impacts on individuals with disabilities and their communities.	
<b>Sexual Orientation</b>	None	None	That any changes can provide opportunities to consult, engage and involve LGB people their families and communities and CPP practitioners to examine and develop options and innovations to shape future services provisions.
<b>Religion and Belief</b>	None	None	That any changes can provide opportunities to consult, engage and involve individuals with religious, beliefs and no belief and their communities, their families and CPP practitioners to examine and develop options and innovations to shape future services provisions.
<b>Age</b>	None	That in general there could be a failure to examine and reflect on local service delivery which could lead to negative impacts on individuals of all age groups and their communities.	That any changes can provide opportunities to consult, engage and involve people of all ages, and their families and communities and CPP practitioners to examine and develop options and innovations to shape future services provisions.
<b>Marriage and Civil Partnership</b>	None	None	That any changes can provide opportunities to consult, engage and involve people in marriage and civil partnership, their families and CPP practitioners to examine and develop options and innovations to shape future services provisions.
<b>Pregnancy and Maternity</b>	None	That in general people who are pregnant and on maternity leave could be negatively impacted. It is important that any discrimination is identified in the early stages of planning and actions taken to mitigate the worst of its impact as soon as possible.	That any changes can provide opportunities to consult, engage and involve people who are pregnant and on maternity leave to examine and develop options and innovations to shape future services provisions.
<b>Social and Economic Status</b>	That in general people from lower social and economic status groups could be negatively impacted. It is important that any discrimination is	That in general there could be a failure to examine and reflect on the local service delivery which could	That any changes can provide opportunities to consult, engage and involve people from lower social and economic status groups to examine and develop options and innovations to shape future services provisions.

	identified in the early stages of planning and actions taken to mitigate the worst of its impact as soon as possible.	lead to negative impacts on people from lower social and economic status groups and their communities.	
<b>Other marginalised groups (homeless, addictions, asylum seekers/refugees, travellers, ex-offenders)</b>	That in general people in marginalised groups could be negatively impacted. It is important that any discrimination is identified in the early stages of planning and actions taken to mitigate the worst of its impact as soon as possible.	That in general there could be a failure to examine and reflect on local service delivery which could lead to negative impacts on people in marginalised groups and their communities.	That any changes can provide opportunities to consult, engage and involve people from marginalised groups to examine and develop options and innovations to shape future services provisions.