

## 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 Health and Social Care Partnership (HSCP) Strategic Review of Day Services for Older People

Please tick box to indicate if this is: Current Policy, Strategy or Plan  New Policy, Strategy or Plan

### 2. Brief Description – Purpose of the policy; Changes and outcomes; services or activities affected

East Dunbartonshire HSCP's Older People services are undergoing a significant strategic review across a 3 year period. Strategic changes to Day Services for Older People may present risk of detrimental impact to individuals with protected characteristics. With this in mind, this Equality Impact Assessment was undertaken to formally capture contextual information relevant to different groups or individuals with protected characteristics and will be used to inform subsequent service proposals and implementation programme.

Specific service proposals Equality Impact Assessments will be undertaken to ensure any service change is compliant with the IJBs legal duties in respect of their Public Sector Duty.

The East Dunbartonshire HSCP's Strategic Plan 2015-18 was approved by the IJB Board in February 2015. It outlines a clear vision whereby all HSCP services and stakeholders work in partnership with older people, their carers, families and communities to support them to stay at home or in a homely setting for as long as possible.

In line with the guiding vision for older people set out in the HSCP's Strategic Plan (2015-18) and as a consequence of the programme of work described below, it is envisaged that by 2021 the HSCP's older people's service provision will be characterised by the following central aims of the review, which is to:

- Ensure commissioning decisions are based on the evidence of need of older people
- Commission services which work with and for older people in meeting their identified outcomes

- Commission services which enable older people and their carers to maximise their independence
- Commission services which support older people to remain safely at home or in their local communities for as long as possible.
- Commission services which help to maintain or improve the older persons quality of life and well being
- Commissioned Day Care in 'Specialist' premises available 7 days a week. It is envisaged that these Day Care Centres will also offer intensive 'multi -disciplinary' health and social care services to people who require it.
- Commission services so that when an older person faces a crisis in their health or well-being the right services are available at the right time so that the person can get back to their everyday life as soon as possible.

Community planning partners will work together, with and for older people and their carers, to address high level Strategic Priorities:

- People living as independently as possible
- More people living at home or in a homely setting
- Carers supported and able to continue in their caring role
- Assets and resources available to the community are supported to grow and develop

The Carers Bill which comes into effect on 1st April 2018 and The National Dementia Strategy both seek to ensure that the growing number of older people who have dementia are properly supported. The ability of carers to continue caring is critical to successful community support. Self Directed Support outlines the Governments vision for empowering people to take control and have choice over their care and support.

Currently a substantial amount of day care for older people is block purchased by the Council and typically people are allocated to a place in a day centre. In future people will have more choice about how they want their needs met and could potentially choose to use a range of services paying for these through Individual budgets.

The HSCP will also help people to find practical solutions to challenges and problems, which would otherwise require HSCP social work services funded support. Examples could be were people who were supported to find alternatives to HSCP Day Care and be supported to build links to their local communities through lunch clubs and volunteering.

In policy terms this will require the existing commissioning model to change to enable people to make these choices,

whilst still securing a commercially viable level of service from a provider:

- Local Area Coordinators (LACs) for Older People will be recruited for the two East Dunbartonshire localities.
- The LACs role will be to use a long term, integrated and evidence based approach.
- They will support people in their communities to access a service and if appropriate a community based alternative, rather than waiting for people to fall into crisis and fitting people into more expensive (and increasingly unaffordable) services.
- LACs will help people to find practical solutions to challenges and problems, which would otherwise require HSCP social work services funded support.
- These examples could be were people who were supported to find alternatives to HSCP Day Care and be supported to build links to their local communities through lunch clubs and volunteering.
- Where older people are being supported in the community they will experience a more joined up and co-ordinated input from HSCP staff, irrespective of their particular professional role.

### 3 Lead Reviewer

Anthony Craig, (EDHSCP-Development Officer)

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

Derrick Pearce, (EDHSCP-Head of Community Health and Care Services); Stephen McDonald, (Joint Service Manager Older People); Gillian Healey, (Planning and Commissioning Manager); Margaret Friel, (Planning and Commissioning Officer); Kelly Gainty (Adults and Community Care Support Worker); Paula Brown, (AWI/Co-production Facilitator) and Anthony Craig, (Development Officer).

### 5. Impact Assessment

**A Does the policy explicitly promotes equality of opportunity and anti-discrimination and refers to legislative and policy drivers in relation to Equality? Please provide excerpts from the document to evidence.**

The East Dunbartonshire HSCP Strategic Plan (2018-21) outlines 8 key priorities that apply to all HSCP services, including

those that support older people:-

- Promote positive health and wellbeing, preventing ill-health and building strong communities
- Enhance the quality of life and supporting independence for people, particularly those with long-term conditions
- Keep people out of hospital when care can be delivered closer to home
- Address inequalities and support people to have more choice and control
- People have a positive experience of health and social care services
- Promote independent living through the provision of suitable housing accommodation and support
- Improve support for Carers enabling them to continue in their caring role
- Optimise efficiency, effectiveness and flexibility

**East Dunbartonshire HSCP's strategic vision 2018-2021:**

- Working with people and partners to build strong communities, with equity of opportunity for wellbeing and access to care and support when required

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 will articulate how any proposed changes in service provision will meet the requirement

- 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 strategic review of day services for older people is informed by many strategies and policies - A Framework for improving

the Health, Wellbeing & Care of Older People in East Dunbartonshire (2013 - 2023), the HSCP Strategic Plan (2015/18) and the East Dunbartonshire Carers Strategy which aims to support unpaid carers both to sustain them in their caring role and to support them in having a life outside of caring.

The Framework for improving the Health, Wellbeing & Care of Older People in East Dunbartonshire (2013 - 2023), also set out the vision, principles, high level outcomes and strategic priorities specifically relating to Older People. The Framework was developed in partnership with the HSCP (CHP) East Dunbartonshire Council and the Independent and Voluntary Sector.

Community planning partners' strategic Vision:-

- Older people and their carers are supported to enjoy a high quality of life, achieve their potential, and that they are safe, healthy and included.

Under Local Policy and Community Planning, the East Dunbartonshire Local Outcome and Improvement Plan (LOIP) 2017-27 is referred to as an overarching business plan for the Community Planning Partnership (CPP) which the HSCP is an equal partner against which a number of guiding principles have also been established, including:

- Fair and equitable services
- We will plan and deliver services which account for the different needs of population groups who share a characteristic protected by the Equality Act.

**B What is known about the issues for people with protected characteristics in relation to the services or activities affected by the policy? For instance, a new flexible working policy might reflect on the additional burden experienced by carers or parents.**

		<b>Source</b>
<b>All</b>	In equality impacting this policy, the following specific legislations and policy drivers are relevant: <ul style="list-style-type: none"> <li>• The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012</li> </ul> Human Rights Act 1998 and the Equality and Human Rights commission	Sources are quoted within this section

	<p>The Public Sector Equality Duty requires public authorities, in the exercise of their functions, to have due regard to the need to:</p> <ul style="list-style-type: none"> <li>• Eliminate Unlawful Discrimination, harassment and victimisation and other conduct that is prohibited by the Equality Act 2010.</li> <li>• Advance equality of opportunity between people who share a relevant protected characteristic and those who do not.</li> <li>• Foster good relations between people who share a relevant characteristic and those who do not.</li> </ul> <p>The Equality Duty is non-delegable. In practice this means that public authorities like GCHSCP need to ask their suppliers, such as the Shared Lives Provider, 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:</p> <ul style="list-style-type: none"> <li>• Age</li> <li>• Disability</li> <li>• Gender Reassignment</li> <li>• Pregnancy and Maternity</li> <li>• Race</li> <li>• Religion or Belief</li> <li>• Sex</li> <li>• Sexual Orientation</li> </ul> <p>Cross referral to sex, age, gender reassignment, race, disability, sexual orientation, marriage and civil partnership, social and economic status.</p> <p>Any changes to services relating to the older people strategy or to service provision must ensure that this group of service users does not receive a lesser service due to their protected characteristics.</p>	
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	<p><b>Blood and Bamford, Equality and diversity and older people with high support needs, (Int Longevity Centre - UK, 2010)</b></p> <p>Initiatives and policy decisions which impact on older people with high support needs cannot be 'equality neutral' since we know that this group contains:</p> <ul style="list-style-type: none"> <li>• by definition, those who are older and disabled (whether or not they would define themselves as such);</li> <li>• a higher proportion of women than men;</li> <li>• a smaller proportion of black people and those from ethnic minority groups than in the general population (but likely to expand rapidly), these groups being disproportionately affected by poor health and many long-term conditions and having support needs that are more likely to be 'hidden' from service providers, given barriers to accessing services;</li> <li>• a larger proportion of people who have religious beliefs than among the general population, beliefs that in many cases will affect the type of care these individuals wish to receive;</li> <li>• a higher proportion of people from poorer backgrounds, as a result of the association between poverty and ill-health and the greater visibility of their needs to public services;</li> <li>• a significant minority of lesbian, gay and bisexual people, a group that may be over-represented in the group needing support (as less care may be available from family and some health needs are likely to be greater), but which is more likely to be 'hidden' (as people often avoid accessing services or, when they do, do not reveal their sexual orientation for fear of discrimination); and</li> <li>• a small but increasing group of transgender people, who face particular discrimination.</li> </ul>	Sources are quoted within this section
<b>Sex</b>	Although carers are more likely to be female, there is growing evidence of a greater role played by men in care giving. But, despite increasing care provision by sons and husbands, daughters and wives continue to provide more care. Likewise, grandfathers are increasingly involved in childcare	Web Links to sources in text: <a href="http://www.gov.uk/government/future-ageing-family-care">www.gov.uk/government/future-ageing-family-care</a>

	<p>provision but not to the same extent as grandmothers. (<b>Government Office for Science, Current and future challenges of family care in the UK, 2015</b>)</p> <p><b>Blood and Bamford, Equality and diversity and older people with high support needs (Int Longevity Centre - UK, 2010)</b></p> <p>We also know that there are significant patterns of inequality amongst those caring for older people with high support needs, in both a paid and an unpaid capacity. Younger family carers are more likely to be women and/or black or from ethnic minority communities; many of those caring for this group are themselves older people with support needs of their own; the paid workforce is predominantly female with an increasing number of migrant workers; and poverty can be both a cause and an effect of caring.</p> <p>Between 2015 -17 there was an estimated 11% rise on the number of people with dementia in East Dunbartonshire (2086 to 2314 people). This number will continue to rise with the growing older population and is one of the key development areas for services.</p> <p>Of the 2314 people with dementia that Alzheimer Scotland estimates (825 males and 1,488 females) in East Dunbartonshire in 2017. The majority of dementia sufferers are aged 65 or over. 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 – we will ensure that this group of service users does not receive a lesser service due to their protected characteristics.</p>	<p>Sources are quoted within this section</p> <p><a href="#">Estimated number of people with dementia in East Dunbartonshire 2017 - EuroCoDe and Harvey study - Alzheimer Scotland</a></p> <p><a href="https://www.alzscot.org/campaigning/statistics">https://www.alzscot.org/campaigning/statistics</a></p>
<p><b>Gender Reassignment</b></p>	<p>Many of the health issues that can arise in later life are similar whether you're heterosexual, lesbian, gay, bisexual or transgender, but some matters may need special consideration. There are older people who had successfully transitioned and are living part time or permanently in their</p>	<p><a href="http://www.ageuk.org.uk/Documents/Factsheets/Transgender_issues_and_later_life">www.ageuk.org.uk/Documents/Factsheets/Transgender_issues_and_later_life</a></p>

	<p>preferred gender role.</p> <p>There is no reliable information on the number of transgender people in Scotland. GIRES estimates that in the UK, the number of people aged over 15 presenting for treatment for gender dysphoria is thought to be 3 in 100,000.</p> <p>There has been no significant research into the care of older trans-people in sheltered or residential accommodation. (<b>Age UKIG factsheet 02 (2015)</b>)</p> <p>The National LGB&amp;T Partnership’s roundtable has discussed the fact that LGBT older people are rarely acknowledged by service providers and commissioners (<b>The national LGB&amp;T Partnership (2014); The dementia challenge for LGBT Communities: a paper based on a round table discussion</b>)</p> <p>This is an area where we have no local data (East Dunbartonshire) on service users and/or carers and requires development.</p> <p>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 Strategic Plan 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></p> <p><a href="http://www.ageuk.org.uk/services/information-advice/LGBT/">www.ageuk.org.uk/services/information-advice/LGBT/</a></p> <p><a href="http://nationallgbtpartnershipdotorg.dementia-challenge-for-lgbt-communities">nationallgbtpartnershipdotorg.dementia-challenge-for-lgbt-communities</a></p> <p>Sources are quoted within this section</p>
<b>Race</b>	Ethnicity, Identity, Language and Religion in Scotland from the 2011	Web Links to sources in text

	<p>Census stated East Dunbartonshire has a pop of 105,026; this is a pop reduction of 3% based on the 2001 census.</p> <p>In the 2011 census, 96% of the East Dunbartonshire pop stated they are white Scottish, white British, and white Irish or white other.</p> <p>East Dunbartonshire 2011 census stated the BME pop to be around 4.2%, 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><b>Butt J. and O’Neil A (2004); (Black and minority ethnic older people’s views on research findings, JRF)</b> Older people...wanted action that would bring about change and to be involved in decisions that affected their own lives - locally and nationally.</p> <ul style="list-style-type: none"> <li>• Black and minority ethnic older people are more likely to face a greater level of poverty, live in poorer quality housing, and have poorer access to benefits and pensions than 'white' older people.</li> <li>• Myths about minority ethnic communities need challenging: there is not necessarily an extended family which "looks after its own".</li> <li>• Older people from different communities may share experiences of ageism and racism, but the circumstances of Chinese, Afro-Caribbean or Asian older people may require different approaches and solutions.</li> </ul> <p><b>Ethnic minority care giving:</b> There are about 130,000 family carers from ethnic minority backgrounds providing care for a minimum of 20 hours per week in England and Wales. Whereas intergenerational care is</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></p> <p>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></p> <p><a href="https://www.jrf.org.uk/report/b-lack-and-minority-ethnic-older-peoples-views-research-findings">https://www.jrf.org.uk/report/b-lack-and-minority-ethnic-older-peoples-views-research-findings</a></p> <p><a href="https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/454514/gs-">https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/454514/gs-</a></p>
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	<p>predominantly delivered by women, men are mainly involved in spousal care. Family carers from ethnic minorities are less likely to access health care or social services, which is a result of lack of awareness in combination with perceived 5 personal/family responsibilities, experiences of stigmatisation and past negative experiences with health and social care services, particularly in the case of dementia.</p> <p>Another community, where there is a lack of data is the Gypsy and Travellers according to <b>Age UK (Working with Older Gypsies and Travellers)</b> believed that this community have significantly poorer health outcomes, in general, could experience even worse health than the general population of older adults. Their 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>The lack of ‘culturally appropriate’ care options has been identified as a key barrier for older people from minority ethnic and/or faith groups. Key issues can include the proximity of care homes or housing with care schemes relative to the geographical ‘hub’ of a minority community; the lack of culturally and/or religiously appropriate catering arrangements; the mix of staff and residents; the types of activities on offer; and language barriers. Ironically, not all care homes are fully accessible, especially when we consider the role which physical design can play in helping people with dementia, learning disabilities or sensory impairments to move around safely and independently.</p> <p>The number of BME people with dementia in Scotland is increasing in line with the general trend of people living longer, so services need to pay attention to the cultural wishes of this group of people and their Carers,</p>	<p><a href="#">15-18-future-ageing-family-care-er09.pdf</a></p> <p>Sources are quoted within this section</p> <p><a href="http://www.commissionfor/socialcare/reinspection/2008/">www.commissionfor/socialcare/reinspection/2008/</a></p> <p>East Dunbartonshire Dementia Network <a href="https://www.eddn.org.uk/livin">https://www.eddn.org.uk/livin</a></p>
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	<p>Family and Friends. There also needs to be an understanding that there is not one homogenous BME community but many different 'communities.'</p> <p>Issues Specific to the BME Community in East Dunbartonshire:</p> <ul style="list-style-type: none"> <li>• Lower levels of awareness about dementia as a disease, there is no word for dementia in any of the main five South Asian languages</li> <li>• Stigma and pride (feeling ashamed to ask for help outside the family and close-knit community)</li> <li>• Some older people live alone and may be socially and financially isolated</li> <li>• Carers may be reluctant to ask for help and their needs may go unrecognised</li> <li>• Some dementias in younger people (under 65) are more frequent among BME communities e.g. Irish and Gypsy-Traveller communities</li> <li>• 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> </ul>	<p><a href="http://g-well-with-dementia/information-on-living-well/bme-community-dementia/">g-well-with-dementia/information-on-living-well/bme-community-dementia/</a></p>
<b>Disability</b>	<p>From the 2011 Scotland Census, it stated that East Dunbartonshire has a pop of 105,026. 7.8% of the pop stated they have a limiting health problem or disability that limits their day to day activities a lot.</p> <p>Persons with disabilities will benefit positively from the introduction of this policy because their unpaid carer/s will be able to request support from the Health and Social Care Partnership (if eligible). Those carers with assessed critical or substantial needs may receive support which will support the carer to continue in their caring role.</p>	<p><a href="http://www.eastdunbarton.gov.uk/areaprofile">www.eastdunbarton.gov.uk/areaprofile</a></p> <p><a href="#">Scottish Government Unpaid Carers - Implementation of Carers Act - August 2017</a></p>

	<p><b>Chappell N. L. and Cooke H.A. (2010)</b> Age Related Disabilities - Aging and Quality of Life; International Encyclopedia of rehabilitation suggested that with increasing age comes increased likelihood of disability. This is because as people live longer and do not encounter fatal diseases, their illnesses are chronic instead. The association between increasing age and increasing disability has led to a negative image of aging. Physical health does decline with age; this does not necessarily mean that older adults are incapacitated, or, in the language of some, handicapped. Disability is usually defined in terms of restrictions in the ability to perform activities of daily living (ADL), or, the inability to function independently in terms of basic ADL or instrumental ADL</p> <p>(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).</p> <p>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 older disabled people contain more women than men. Many older people feel that their needs – and even their existence – have been overlooked. Many are anxious about the future and feel that their independence is being threatened by the lack of appropriate and acceptable supportive resources. There are many obstacles to older disabled people being able to articulate their needs and – most important of all – have their voices heard. These problems are often particularly acute for older women, and older black and ethnic minority disabled people – many of whom live in extreme isolation.</p>	<p>Sources are quoted within this section</p> <p>Sources are quoted within this section</p> <p><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></p>
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	<p>Mental health was also an issue, in particular dementia and depression. Isolation sometimes led to high levels of depression and the need for more befriending services. While some participants said that depression and mental health could be a taboo subject in their communities.</p> <p><b>Zarb G. and Oliver M. (1993); (<i>Ageing with a disability. What do they expect after all these years?</i> University of Greenwich).</b></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 over 50 who live in the area. It is estimated between five and seven per cent of the East Dunbartonshire population are lesbian, gay or bisexual. This equates to one in every fifteen people, or over 7,000 East Dunbartonshire residents, with over 26% of that group aged over 60. Evidence shows that older LGBT people have an increased likelihood of living alone and an increased need to be supported through older adult services, but it also identifies many reasons why people are less likely to access the services they could benefit from.</p> <p>The HSCP, along with the Community Planning Partners (CPP) 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>A publication released in 2007, sampling Edinburgh and the Lothian's, by the Lesbian, Gay, Bisexual Transgender and Intersex (LGBTI) Centre for Health and Wellbeing reported that 0.8% of respondents were in a full-time caring role. The LGBT Youth Scotland written response to the consultation provided further evidence of issues affecting LGBT people. Many LGBT carers or the LGBT people they are caring for may have reduced social</p>	<p><a href="https://www.eastdunbarton.gov.uk/lgbt-health">https://www.eastdunbarton.gov.uk/lgbt-health</a></p> <p>Sources are quoted within this section</p> <p><a href="#">Scottish Government: Carers Scotland Bill EQIA – May 2017</a></p>

	<p>networks, due to a lack of acceptance by family and friends of their sexual orientation or gender identity. If LGBT carers experience these reduced social networks, they may have less support than other carers and rely more heavily on support from agencies. 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 service services are able to meet their needs.</p>	
<p><b>Religion and Belief</b></p>	<p><b>Kaplan D.B. et al (2016) (Religion and Spirituality in Older People)</b>  Summarises research findings regarding spirituality and religious belief and activity among “older people” in the US. States that the level of religious participation is greater among older people than among any other age group. Finds that generally, people who are “religious” have better physical and mental health, but it is not clear exactly why this is. Conversely, people who adhere to very strict religious rituals and practices may be disadvantaged in terms of medical treatment and mental wellbeing. Lists psychoses, OCD behaviours, inflexibility, excessive guilt and anxiety as potential harmful effects. Other harmful effects may be replacing what are generally seen to be lifesaving medical treatments such as insulin injection and blood transfusions with prayer and chanting. Provides an explanation of the difference between “spirituality” and “religion”. Lists the benefits to healthcare providers and caregivers of exploring a service user religion or spirituality.</p> <p>In 2011 over half (54%) of the population of Scotland stated their religion as Christian - a decrease of 11 percentage points since 2001, whilst 37 per</p>	<p>Web Links to sources in text  <a href="http://www.msmanuals.com/home/older-people's-health-issues/social-issues-affecting-older-people/religion-and-spirituality-in-older-people">http://www.msmanuals.com/home/older-people's-health-issues/social-issues-affecting-older-people/religion-and-spirituality-in-older-people</a></p> <p><a href="http://www.gov.scot/Topics/People/Equality/Equalities/Dat">http://www.gov.scot/Topics/People/Equality/Equalities/Dat</a></p>

	<p>cent of people stated that they had no religion - an increase of nine percentage points. After Christianity, Islam was the most common faith with 77 thousand people in Scotland describing their religion as Muslim. This is followed by Hindus (16,000), people from Other religions (15,000), Buddhists (13,000), Sikhs (9,000) and Jews (6,000). Even with these groups added together they still accounted for less than 3% of the overall population.</p> <p>Scotland Census shows specific proportions of people's religion by local authority are as stated in the <b>2011</b> census.</p> <p>In East Dunbartonshire In East Dunbartonshire 62.5% of the population stated they belonged to a Christian denomination. In terms of the Christian denominations 35.6% of the population in East Dunbartonshire belonged to the Church of Scotland and 22.3% stated they were Roman Catholic. The 'Other Christian' group accounted for 4.6% of the population. A large percentage of residents reported they had no religion (28.2%) lower than the Scottish average of 36.7%. This can be seen across all Wards with Milngavie showing the highest percentage of residents stating they had no religion (31.5%). 2.43% of the population in Bearsden South reported that they were Muslim, 2.18% reported they were Sikh and 1% reported that they were Hindu.</p>	<p><a href="#">aGrid/Religion/RelPopMig</a></p> <p><a href="http://www.eastdunbarton.gov.uk/areaprofile">www.eastdunbarton.gov.uk/areaprofile</a></p> <p><a href="http://www.eastdunbarton.gov.uk/areaprofile">www.eastdunbarton.gov.uk/areaprofile</a></p>
<p><b>Age</b></p>	<p><b>Growing older in Scotland: health, housing and care (2011 census data analysis: research briefing)</b></p> <p>Outlines demographic information relative to marital status and ethnic minority populations in Scotland before examining how older people spend their time, especially around employment; how they provide unpaid care, broken down by age and gender; what housing older people live in, including information about communal living, extra rooms and overcrowding; and long term and general health data. Notes that, although</p>	<p><a href="http://ow.ly.HXmc309I7RC">http://ow.ly.HXmc309I7RC</a></p> <p>cross referral to marriage &amp; civil partnership, sex, race, social &amp; economic status</p>

the older population is predominantly white, the ethnic minority population of Scotland aged over 65 has nearly doubled since 2001; there are increasing numbers of single people and people living alone in the older population; around 11% of people over 65 undertake unpaid care with those with the poorest health more likely to provide care for over 50 hours a week; there has been a rise in single people entering communal establishments, with women over 75 being much more likely than men to do so; and that health inequalities are becoming larger for older people living in Scotland with those in social rented accommodation reporting more health problems than home-owners over 65.

**(Inequalities in later life - Centre for Ageing Better - Dec 2017)**

Several studies focus on older people's access to and use of health care services, pointing to chronological age being a barrier to treatment for a range of physical and mental health conditions. Where you live is another influential factor, with older people living in disadvantaged areas having less access to health care than those living in more affluent communities.

The estimated 2018 East Dunbartonshire population is 107,540 and over the next few years the overall population is predicted to decrease by 0.5%, while the 85+ year's age group will increase by over 200% from 2,513 to 7,574 people.

There is a projected increase in the twenty years from 2017-2037, of 95% in the number of people aged 75+years. A key priority identified within the HSCP Strategic Plan, is the requirement to identify options for the future provision of services for older people in East Dunbartonshire – in terms of both local authority provision and services provided by the third and independent sector.

The 'West' Locality (Bearsden and Milngavie) accounts for 39% (41,023) of

Sources are quoted within this section

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

	<p>the ED population. The demographic breakdown by locality showed a slightly older population in the 'West' locality, particularly in the 75+yrs age group.</p> <p><b>Future of ageing: family care in the UK: Current and future challenges of family care in the UK; Government Office for Science (March 2015)</b>  <i>(Relates to England &amp; Wales only)</i>  Examines the ways in which the UK's changing demographic structure will pose challenges to the future care of elderly people within their own families. Considers the demographic trends causing the need for long-term care, as well as those reducing the availability of family carers. Focuses on changing family values and their implications for family formation and intergenerational family relations. Covers issues including; population ageing; the fastest growing age group; drivers of demographic change, including longevity,, fertility and immigration; increasing female employment; plural family forms; childlessness; changing intergenerational family relations; intergenerational family care; spousal care and grandparental childcare; gendered caregiving; carer health; ethnic minority caregiving; regional variations in caregiving; working carers; and dementia care. <i>(Butt J. and O'Neil A (2004); Black and minority ethnic older people's views on research findings, Joseph Rowntree Foundation</i></p>	Sources are quoted within this section
<p><b>Pregnancy and Maternity</b></p>	<p>No national data was available about East Dunbartonshire older people under this protected characteristic grouping. This is an area that requires to be developed both nationally and locally regarding the recording of older people who have this protected characteristic.</p>	
<p><b>Marriage and Civil Partnership</b></p>	<p>Older people 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</p>	<p><a href="#">The Civil Partnership Act (2004)</a></p>

	<p>consent is ever required. The District Registrar can refuse to authorise a marriage taking place if he or she believes one of the parties does not have the mental capacity to consent, but the level of learning disability has to be very high before the District Registrar will do so.</p> <p>The 'oldest old' are predominantly cared for by their children, whereas married older people predominantly receive spousal care...Spouses are the most important support source for married older people in need of care. Spouses are the fastest growing group of informal care providers. Despite growing numbers of older men providing spousal care it is still predominantly provided by women. In future, spousal care is likely to become more important than it is at present. <b>(Hoff, A; <i>Current and Future Challenges of Family Care in the UK</i>, Government Office for Science, 2015)</b></p> <p><b>(Arber et al., 2002)</b>. The marital status of older men has been found to be strongly associated with health-related behaviours, with divorced and never-married men, for example, reporting the highest levels of drinking and smoking. Many older men are unwilling to consult their GPs, and men (especially those from working-class backgrounds) are much less likely to access social clubs or day centres</p> <p>No national data was available about older people under this protected characteristic grouping. This is an area that requires to be developed both nationally and locally regarding the recording of older people under this protected characteristic.</p>	<p><a href="https://www.gov.uk/government/publications/future-of-ageing-family-care-in-the-uk">https://www.gov.uk/government/publications/future-of-ageing-family-care-in-the-uk</a></p> <p>Sources are quoted within this section and <a href="http://www.equalitiesinhealth.org/public/publications">http://www.equalitiesinhealth.org/public/publications</a></p>
<b>Social and Economic Status</b>	<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</p>	<p><a href="#">East Dunbartonshire Local Housing Strategy - 2017/21</a></p>

<b>Other marginalised groups (homeless, addictions, asylum seekers/refugees, travellers, ex-offenders)</b>	<p>information to identify the age ranges of homelessness applications.</p> <p>The East Dunbartonshire HSCP Strategic Plan 2018-21 is fully inclusive of all marginalised groups. There is no available research or information available specifically in these other areas and their interrelationship with older people. This is a subject for further national and local consideration.</p>	Sources are quoted within this section	
<b>C Do you expect the policy to have any positive impact on people with protected characteristics? Where you expect no impact please note None in all boxes.</b>			
	<b>Highly Likely</b>	<b>Probable</b>	<b>Possible</b>
<b>General</b>	That the integration of planning, resource use and service delivery as outlined in the Strategic Review of Day Services for Older People will have a positive impact on older people if the plan recognises the interconnectedness of all protected characteristics and their specific needs.	Opportunity to promote and improve accessibility to older peoples services for individuals and communities.	That the Strategic review of day services for older people can provide opportunities to review an equality impact on local service provision to improve the service delivery to individual and communities.
<b>Sex</b>	That the integration of planning, resource use and service delivery as outlined in the Strategic Review of Day	Opportunity to promote and improve accessibility to services for men, women and non-binary individuals.	That the Strategic review of day services for older people can provide opportunities to review an equality impact on local service provision to improve the service delivery to

	Services for Older People will have a positive impact on men, women and non-binary individuals if the plan recognises the interconnectedness of all protected characteristics and their specific needs.		men, women and non-binary individuals.
<b>Gender Reassignment</b>	That the integration of planning, resource use and service delivery as outlined in the Strategic Review of Day Services for Older People 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 Strategic review of day services for older people 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 Strategic Review of Day Services for Older People will have a positive impact for black and local ethnic minority communities if the plan recognises the interconnectedness of all protected characteristics and	Opportunity to promote and improve accessibility to services for black and local ethnic minority communities.	That the Strategic review of day services for older people can provide opportunities to review an equality impact on local service provision to improve the service delivery to black and local ethnic minority communities.

	their specific needs.		
<b>Disability</b>	That the integration of planning, resource use and service delivery as outlined in the Strategic Review of Day Services for Older People 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 Strategic review of day services for older people 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 Strategic Review of Day Services for Older People 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 Strategic review of day services for older people 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	Opportunity to promote and improve accessibility to	That the Strategic review of day services for older people can provide opportunities to

	<p>delivery as outlined in the Strategic Review of Day Services for Older People will have a positive impact for individuals with religious, beliefs and no belief and their communities if the plan recognises the interconnectedness of all protected characteristics and their specific needs.</p>	<p>services for individuals with religious, beliefs and no belief and their communities.</p>	<p>review an equality impact on local service provision to improve the service delivery for individuals with religious, beliefs and no belief and their communities.</p>
<b>Age</b>	<p>That the integration of planning, resource use and service delivery as outlined in the Strategic Review of Day Services for Older People 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.</p>	<p>Opportunity to promote and improve accessibility to services for individuals of all age groups and their communities.</p>	<p>That the Strategic review of day services for older people 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.</p>
<b>Marriage and Civil Partnership</b>	<p>That the integration of planning, resource use and service delivery as outlined in the Strategic Review of Day Services for Older People will have a positive impact for individuals in marriage and civil partnership and their</p>	<p>Opportunity to promote and improve accessibility to services for individuals in marriage and civil partnership and their communities.</p>	<p>That the Strategic review of day services for older people 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.</p>

	communities if the plan recognises the interconnectedness of all protected characteristics and their specific needs.		
<b>Pregnancy and Maternity</b>	None	None	None
<b>Social and Economic Status</b>	That the integration of planning, resource use and service delivery as outlined in the Strategic Review of Day Services for Older People will have a positive impact for individuals in social and economic status 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 social and economic status and their communities.	That the Strategic review of day services for older people 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,</b>	That the integration of planning, resource use and service delivery as outlined in the Strategic Review of Day Services for Older People will have a positive impact on individuals and communities from marginalised groups if the	Opportunity to promote and improve accessibility to services for individuals in social and economic status and their communities.	That the Strategic review of day services for older people 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>ex-offenders</b>	plan recognises the interconnectedness of all protected characteristics and their specific needs.		
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<b>D Do you expect the policy to have any negative impact on people with protected characteristics? Where you expect no impact please note None in all boxes.</b>			
	<b>Highly Likely</b>	<b>Probable</b>	<b>Possible</b>
<b>General</b>	That in general older people with a protected characteristic could be negatively impacted due to changes in services. 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 in general older people with a protected characteristic could be negatively impacted due to changes in services. 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 service users, carers and their families and practitioners to examine and develop options and innovations to shape future older peoples services provision.
<b>Sex</b>	None	That in general men, women and non-binary persons could be negatively impacted due to changes in services. It is important that any possible discrimination is identified in	That any changes can provide opportunities to consult, engage and involve men, women and non-binary service users, carers and their families and HSCP practitioners to examine and develop options and

		the early stages and actions taken to mitigate the worst of its impact as soon as possible.	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	That in general older Trans-men and older Trans-women could be negatively impacted due to changes in services. It is important that any discrimination is identified in the early stages 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 Trans-men and Trans-women service users, their communities, their carers and their families and HSCP 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	That in general, older black and older local ethnic minority community members could be negatively impacted due to changes in services. It is important that any discrimination is identified in the early stages 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 older black and older local ethnic minority community members, their carers and their families and HSCP practitioners to examine and develop options and innovations to shape future services provisions.
<b>Disability</b>	That in general people with disabilities could be negatively impacted due to changes in services. It is important that any discrimination is identified	Failure to examine and reflect on local service delivery can lead to negative impacts on individuals with disabilities and their communities.	That any changes can provide opportunities to consult, engage and involve people with disabilities, their carers and their families and HSCP practitioners to examine and develop

	in the early stages and actions taken to mitigate the worst of its impact as soon as possible.		options and innovations to shape future services provisions.
<b>Sexual Orientation</b>	None	That in general older members of the LGB community could be negatively impacted due to changes in services. It is important that any discrimination is identified in the early stages 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 LGB people, their carers and their families and HSCP 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 carers and their families and HSCP practitioners to examine and develop options and innovations to shape future services provisions.
<b>Age</b>	That in general people of all ages could be negatively impacted due to changes in services. It is important that any discrimination is identified in the early stages 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 individuals of all age groups and their communities.	That any changes can provide opportunities to consult, engage and involve people of all ages, their carers and their families and HSCP practitioners to examine and develop options and innovations to shape future services provisions.

<b>Marriage and Civil Partnership</b>	That in general people in marriage and civil partnership could be negatively impacted due to changes in services. It is important that any discrimination is identified in the early stages 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 marriage and civil partnership and their communities.	That any changes can provide opportunities to consult, engage and involve people in marriage and civil partnership, their carers and their families and HSCP 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 due to changes in services. It is important that any discrimination is identified in the early stages 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 due to changes in services. It is important that any discrimination is identified in the early stages 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 from lower social and economic status groups and their communities.	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.
<b>Other marginalised</b>	That in general people in marginalised groups could be	That in general there could be a failure to examine and	That any changes can provide opportunities to consult, engage and

<p><b>groups (homeless, addictions, asylum seekers/refugees, travellers, ex-offenders</b></p>	<p>negatively impacted due to changes in services. It is important that any discrimination is identified in the early stages and actions taken to mitigate the worst of its impact as soon as possible.</p>	<p>reflect on local service delivery which could lead to negative impacts on people in marginalised groups and their communities.</p>	<p>involve people from marginalised groups to examine and develop options and innovations to shape future services provisions.</p>
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<b>E Actions to be taken – please list amendments to the policy following assessment.</b>		
		<b>Responsibility and Timescale</b>
<b>1 Changes to policy</b>		
<b>2 action to compensate for identified negative impact</b>		
<b>3 Further monitoring – potential positive or negative impact</b>	<p>Specific EQIAs will be completed for each component of the Strategic Review of Day Services for Older People.</p> <p>This impact assessment will be used to ensure the final implementation of the programme is cognisant of equality legislation and the need to explicitly state how we will eliminate unlawful discrimination, advance equality of opportunity and promote good relations. This document will be used as a guide to ensure the implementation of the programme is robust and transparent.</p>	
<b>4 Further information required</b>	<p>Consider further any changes to the implementation of the Strategic Review of Day Services for Older People and once finalised to ensure that any negative impacts are mitigated.</p>	

**Lead Reviewer:**   **Name:** Anthony Craig  
**Sign Off**           **Job Title:** East Dun HSCP - Development Officer  
                          **Signature:** *Anthony Craig*  
                          **Date:** April 2018

Please email copy of the completed EQIA form to [alastair.low@ggc.scot.nhs.uk](mailto:alastair.low@ggc.scot.nhs.uk)

Or send hard copy to:

**Corporate Inequalities Team, NHS Greater Glasgow and Clyde, JB Russell House, Gartnavel Royal Hospital, 1055  
Great Western Road, Glasgow, G12 0XH**