

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 Community Planning Partnership (CPP) Relationships, Sexual Health and Parenthood (RSHP) Policy suite for Children and Young People (including Looked After Children) EQIA

This is a : **Current;#Current Policy**

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

The Local Outcome Improvement Plan (LOIP) is a shared plan of six strategic outcomes for all East Dunbartonshire Community Planning Partners to work towards over 2017-2027. The Delivering for Children & Young People's Partnership (DCYPP) is responsible for LOIP 3, "our children and young people are safe, health and ready to learn", and its accompanying delivery plan: The Integrated Children's Services Plan 2017-20. The delivery plan includes actions which are the responsibility of the East Dunbartonshire Sexual Health Strategy Group. One of the actions was to review and update the current suite of policies for children and young people related to Relationships, Sexual Health & Parenthood (RSHP). A subgroup from the Sexual Health Strategy Group was set up to review and update the policy suite and included members from East Dunbartonshire Health & Social Care Partnership (EDHSCP), East Dunbartonshire Council (EDC) and NHS Greater Glasgow & Clyde (NHSGGC) – Sandyford. The policy suite will set out the commitment of all of East Dunbartonshire Community Planning Partners (CPPs) to improve the education, health and wellbeing outcomes of our children and young people and how we will shape and agree joint priorities for action. This is an overarching EQIA which will cover two policy documents and a protocol: • East Dunbartonshire Policy for Relationships, Sexual Health and Parenthood Education (RSHPE) • East Dunbartonshire Policy on Sexual Health for Children & Young People who are Looked After with Accompanying Practice Guidelines • East Dunbartonshire Protocol for Sexually Active Young People under the age of 16 and vulnerable young people 16-21 years East Dunbartonshire Policy for RSHPE ED CPPs have reviewed and updated this policy for schools taking direction from the Scottish Government's Conduct of RSHPE in Schools (2014) which highlights that RSHPE is a key part of Health & Wellbeing within Curriculum for Excellence (CfE). The RSHPE policy focuses on equipping children and young people with the knowledge, skills and values to make informed and positive choices about forming relationships and to provide a framework for the inclusion of high quality programmes for the delivery of RSHPE, in line with CfE in all educational establishments within the remit of EDC and will provide opportunities to improve communication on relationships and sexual health between schools, young people and parents/carers. The aims of this policy are: • to provide a framework for the inclusion of high quality programmes for the delivery of RSHPE, in line with CfE in all educational establishments within the remit of East Dunbartonshire. • to provide opportunities to improve communication on RSHP between schools, young people and parents/carers. • to outline the key principles for effective learning and teaching in this area in order to support all children and young people in the acquisition of appropriate knowledge, skills and values necessary for sexual wellbeing, and; • to outline the roles and responsibilities of key stakeholders East Dunbartonshire Policy on Sexual Health for Children & Young People who are Looked After with Accompanying Practice Guidelines Children and young people require important and trusted adults in their lives, especially their parents and/or carers, to provide them with information, guidance and reassurance about growing up, puberty, relationships and sexual health. ED CPPs have worked together to produce and jointly agree this policy which aims to support staff and carers to provide appropriate learning, information and guidance to looked after children and young people, while protecting them from harmful and adverse experiences. This is especially important for looked after children and young people as they may have received inappropriate or distorted learning about relationships, sexuality and sexual health. The aims of this policy are: • to provide children and young people the correct information, guidance and reassurance about growing up, puberty, relationships and sexual health, so they are provided this important information from trusted adults in their lives, especially their parents and carers • to provide children and young people access to positive communications so they have better outcomes • to give staff the correct tools to protect children and young people from significant harm and to know when child protection measures must be instigated in the correct circumstances East Dunbartonshire Protocol for Sexually Active Young People under the age of 16 and vulnerable young people 16-21 years ED CPPs have developed this protocol to assist staff to address the needs of, and minimise the risk to the safety and wellbeing of young people who are sexually active under the age of 16 and those who are sixteen and seventeen who are subject to statutory measure of supervision. The protocol may also be used when working with vulnerable young people sixteen to twenty one years old. It is intended for all staff working in East Dunbartonshire to ensure an appropriate and consistent response is provided to all young people who are sexually active. The aims of this protocol are: • to ensure that children and young people are respected, listened to and protected from harm • to reflect the principles and criteria outlined in national guidance • to detail the clear processes in place locally to ensure appropriate action to meet the needs of the child or young person • to link with local frameworks relating to data protection, information sharing, confidentiality, recording of decision-making • to link with local protocols on related matters e.g., protection of vulnerable persons, child sexual exploitation and child trafficking • to include a list of local resources and services including sexual health services • to initiate monitoring procedures to ensure consistent and appropriate practice, following implementation This EQIA has been undertaken to ensure EDC and the HSCP Board is compliant in respect of their public sector duty.

3. Lead Reviewer

Sinclair, Caroline

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

Caroline Sinclair (East Dun HSCP - Head of MH, LD, Public Health); David Radford (Health Improvement and Inequalities manager); Jill Wilson (Health Improvement Lead); Elaine McCormack (Senior Health Improvement); Pamela Eadie (East Dun Education); Donna McInnes (East Dun Education); Jane Jeffrey (Health Improvement Senior); Mandy Ferncombe (Health Improvement)

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

Throughout implementation of this policy suite, reference will be made to the general duties (Equality Act - 2010)*, EDC Education Authority Equality Mainstreaming Policy (2017) and to the HSCP Equality and Diversity (2017-2021) policy document and will articulate how this policy suite will meet the requirement: • to eliminate unlawful discrimination • advance equality of opportunity • promote good relations • compliant with the equalities agenda • equality impact assessed, and; • compliant with legislation that promotes and protects the rights of children and young people. The policy suite has been developed following a robust review of the current evidence available. It is the policy of EDC that every educational establishment provide RSHPE to all children and young people, appropriate to their age, understanding, maturity and stage of development. This includes schools within the Additional Support for Learning (ASL) sector and schools within the Denominational sector, where religious and moral perspectives should be added to, rather than replace learning within the experiences and outcomes. ED CPPs have used a range of quantitative and qualitative data and policy drivers, both local and national to inform the policies including: • The Equality Act (2010) • Getting It Right for Every Child (2006) • The Additional Support for Learning (Scotland) Act 2004 • Schools (Health Promotion and Nutrition) (Scotland) Act 2007 • Conduct of Relationships, Sexual Health and Parenthood Education in Schools (2014) • EDC Child Protection Policy and Procedures (revised 2017) • Welcome to the West of Scotland Inter-Agency Child Protection Procedures (2017) • The Children and Young People Act 2014 • Defining Sexual Health Working Definition, (WHO) 2006 • Sexual Health and Blood Borne Virus Framework (Scotland) 2015 – 2020 • United Nations. Convention on the Rights of the Child, 1991 • Education Scotland. Curriculum for Excellence Benchmarks, 2016 • Education Scotland. Curriculum for Excellence: Health and Wellbeing Principles and Practice (2018) • Scottish Government. Scottish Schools (parental involvement) Act 2006 • Scottish Government. Education (Additional Support for Learning) (Scotland) Act, 2004 • Scottish Government. The Children & Young People (Scotland) Act, 2014 • European Court of Human Rights. European Convention on Human Rights, 1953 • The Human Rights Act 1998 and Equality Legislation • Scottish Government. National Guidance Under-age Sexual Activity: Meeting the Needs of Children and Young People and Identifying Child Protection Concerns, 2010 • West of Scotland Child Protection Consortium. West of Scotland Inter-Agency Child Protection Procedures, 2017 • East Dunbartonshire Council. Procedure Manual No 3/21 Education and Social Work Directorate. Education Service Child Protection Policy and Procedures, 2017 • Equally Safe (2014) • Pregnancy and Parenthood in Young People Strategy (2015) • Thematic inspection of personal and social education/health and wellbeing in Scotland's schools and early learning and childcare settings (August 2018) Under Local Policy and Community Planning, the East Dunbartonshire Local Outcome and Improvement Plan (LOIP) 2017-27 is referred to as an overarching plan for the Community Planning Partnership (CPP) which EDC and the HSCP are equal partners against which a number of guiding principles have also been established, including: • fair and equitable services, and; • we will plan, commission and deliver services which account for the different needs of population groups who share a characteristic protected by the Equality Act. 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 *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.

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

		Source
All	This section must be read in context with the intersectionality for all protected characteristics. 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 and wellbeing of the people living in East Dunbartonshire is to improve we must address all of these	Sources are quoted within the body of the text.

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. (SIMD - East Dun) As described above, the RSPHE (2018-21) policy, Sexual Health Policy for Children and Young People Who are Looked After (2018-21) and The Sexual Health Protocol for Sexually Active Young People Under The Age of 16 and Vulnerable Young People 16 - 21 Years (2018-2021) protocol is based on analysis of need and a detailed analysis of the characteristics of our young population and communities as identified. The aim of these policies and protocol is to ensure that we identifying priorities and focus activity and resources proactively to where they are needed most to improve the health and wellbeing and educational outcomes of our population. The Public Sector Equality Duty requires public authorities, in the exercise of their functions, to have due regard to the need to:

- eliminate Unlawful Discrimination, harassment and victimisation and other conduct that is prohibited by the Equality Act 2010
- advance equality of opportunity between people who share a relevant protected characteristic and those who do not, and;
- foster good relations between people who share a relevant characteristic and those who do not

The Equality Duty is non-delegable. In practice this means that public authorities like EDC and the HSCP need to ask their suppliers and those they commission services from to take certain steps in order to enable the public authority to meet their continuing legal obligation to comply with the Equality Duty. The relevant protected characteristics covered by the Duty are:

- Age
- Disability
- Gender Reassignment
- Pregnancy and Maternity
- Race
- Religion or Belief
- Sex
- Sexual Orientation

Cross referral to sex, age, gender reassignment, race, disability, sexual orientation, marriage and civil partnership, social and economic status. Any changes to services or to service provision must ensure that any East Dunbartonshire resident, carer or family member do not receive a lesser service due to their protected characteristics. In East Dunbartonshire, children and young people (aged 0–15 years) make up 17% (18,386/106,730) of the population, which is the same as the national population figures 17%. (<https://www.scotpho.eastdunbartonshire>). In East Dunbartonshire the total school roll in 2018: School roll School Level East Dunbartonshire East Locality West Locality Primary 9167 5693 3399 Secondary 7633 4428 3205 Total 16990 10121 6604 (East Dunbartonshire Council/Education 2018) In East Dunbartonshire the percentage of secondary school attendance by all children and looked after children*;

(ScotPHO) Year	Council	2010	2011	2013	2015	Looked after children
	85.6	87.8	87.1	87.0	All children	93.6 93.0 94.0 93.8

*The crude rate for children, who were looked after by the local authority, at 7/1000, which was half of Scotland's rate of 14/1000. (<https://www.scotpho.eastdunbartonshire>). Disability The Learning Disability rate per 1,000 in 2011 is 4.4, the Scotland rate, per 1000 is 5 (Scotland's Census 2011 - National Records of Scotland (Table QS304SC - Long-term health conditions). The number of people with learning difficulties 0-15 is 101 (www.sldo.ac.uk/census-2011-information/LD/east-dunbartonshire) East Dunbartonshire: Additional support needs, 2017 ASN Type East Dunbartonshire East West Any ASN 19.2% 21.0% 16.4% IEP (Individualised Education Programme) 2.7% 3.0% 2.3% CSP (Co-ordinated Support Plan) 0.1% 0.2% 0.0% Childs Plan 0.2% 0.3% 0.1% Other ASN 16.8% 18.3% 14.5% Assessed/Declared Disabled 1.6% 1.4% 1.9% Source: Summary Statistics for Schools in Scotland, 2017. Pupils may have more than one type of ASN, therefore the totals for ASN may not equal the sum of individual types of ASN. Gender reassignment Transgender describes people whose gender is not the same as or does not sit comfortably with the sex they were assigned at birth. Gender reassignment means to undergo some sort of medical intervention but it can also mean changing names, pronouns, dressing differently and living in their self-identified gender (from Stonewall). Transgender People are one of the most marginalised protected characteristic groups in Great Britain. Tran's people

	<p>are likely to experience abuse at various points throughout their lives (Scottish Transgender Alliance - Transgender experiences in Scotland 2008). NHS GGC offer guidance on health needs for Trans people and how to address discrimination against Trans people in their briefing paper on Transgender reassignment and Transgender people as well as offering training for NHS staff on the subject of transgender people (NHS GGC Transgender Briefing). Pregnancy and Maternity Pregnancy and Maternity Teen Pregnancy* in East Dunbartonshire 15-19yrs School Level East Dunbartonshire East Locality West Locality 15-19yrs 17.2 22.0 10.8 (Crude rate per 1000 population 2015-17) (NHS GGC)*Includes both deliveries and abortions Race East Dunbartonshire school pupil characteristics 2017 School-Education-Summarystatsforschools Ethnicity East Dunbartonshire (%) East (%) West (%) African 87.0 64.0 23.0 Arab 49.0 28.0 21.0 Asian – Bangladeshi * * 9.0 Asian – Chinese 292.0 208.0 84.0 Asian – Indian 299.0 143.0 156.0 Asian – Other 82.0 56.0 26.0 Asian – Pakistani 325.0 123.0 202.0 Caribbean/Black 19.0 14.0 5.0 White – Gypsy/Traveller * * * White – Irish 48.0 34.0 14.0 White – Other 1,166.0 638.0 528.0 White – Polish 43.0 32.0 11.0 White – Scottish 13,436.0 8,315.0 5,121.0 Mixed 249.0 116.0 133.0 Other 59.0 31.0 28.0 Not known 297.0 157.0 140.0 Religion and Belief In East Dunbartonshire 62.5% of the population stated they belonged to a Christian denomination. In terms of the Christian denominations 35.6% of the population in East Dunbartonshire belonged to the Church of Scotland and 22.3% stated they were Roman Catholic. The 'Other Christian' group accounted for 4.6% of the population. A large percentage of residents reported they had no religion (28.2%) lower than the Scottish average of 36.7%. This can be seen across all Wards with Milngavie showing the highest percentage of residents stating they had no religion (31.5%). 2.43% of the population in Bearsden South reported that they were Muslim, 2.18% reported they were Sikh and 1% reported that they were Hindu, compared to Kirkintilloch East & Twechar which has 0.20%, 0.06% and 0.03% respectively. www.www.eastdunbarton.gov.ukareaprofile Sex In East Dunbartonshire the overall split between those who are female to male of 48/52, compared to Scotland which is 49/51. (www.www.eastdunbarton.gov.ukareaprofile).</p>	
<p>Sex</p>	<p>This section must be read in context with the intersectionality for all protected characteristics. Gender split is monitored when accessing all Sandyford provided services. The ratio of women to men attending all Sandyford services has been 60% to 40% consistently over recent years. (Sandyford Transformational Change programme- 2018). Although those accessing the service who are from East Dunbartonshire 75% were women and 25% men. Some services are delivered specifically to men (Steve Retson project for gay and bisexual men, vasectomy counselling and procedures) or women (complex gyn services, termination of pregnancy assessment service). In East Dunbartonshire those children who are looked after by the local authority, as of 31st July 2017, 87 were male with 75 being female (54% / 46% split), 12% being under 5yrs, 14.6% over 16yrs, 4.3% from a minority ethnic background and 14.6% known to have a disability. Children and Social Work Statistics - Scot Gov</p>	<p>Sources are quoted within the body of the text.</p>
<p>Gender Reassignment</p>	<p>This section must be read in context with the intersectionality for all protected characteristics. These policies and protocol will be fully inclusive to all. Partnership working, inclusive of the Third Sector is highlighted in various themes within the policies and protocol and should also impact positively on Transgender people as major research and policy direction around Tran's people is largely shaped by the Third Sector. LGBT Youth Scotland supported the review and development of the policies and the protocol. LGBT Youth Scotland have also issued supporting guidance for schools in Scotland. www.lgbtyouth.org.uk/supporting-transgender-young-people There is no reliable information on the number of transgender people in Scotland. GIRES estimates that in the UK, the</p>	<p>Sources are quoted within the body of the text.</p>

	<p>number of people aged over 15 presenting for treatment for gender dysphoria is thought to be 3 in 100,000. In the UK, in a now slightly dated study, (Wilson et al 2015) estimated the prevalence of gender dysphoria in Scotland by sending a questionnaire to general practitioners asking them about numbers of patients with gender dysphoria (31). This study produced a prevalence estimate of 8.18 per 100,000 in people aged over 15 years. We know that NHS and third sector services for transgender people in Scotland have noticed an increase in demand over several years that they are finding challenging to manage. There are no firm estimates of the number of trans people living in Scotland, or predictions of how the number of trans people seeking medical help with their transition may change in future, which makes planning services difficult. SCOTPHNC Gender Identity Services. NHS GGC also provides gender a identity service at Sandyford. In line with the General Duty of the Equality Act 2010, EDC and the HSCP (NHS GGC) have policies in place that will seek to ensure that any actual or perceived discrimination, harassment or victimisation in this area is eliminated. EDC and the HSCP will also seek to advance equality of opportunity and foster good relations between people who consider themselves as transsexuals and those who do not. (EDC equality-and-human-rights policy)</p>	
Race	<p>This section must be read in context with the intersectionality for all protected characteristics. As described above the demographic / area profiles recognise that 4.2% of the population of East Dunbartonshire is from a minority ethnic (BME) background (compared to Glasgow City with 11.6% of the pop). This is made up of mixed or multiple ethnic groups which stated they are from a, Asian, Asian Scottish or Asian British, African, Caribbean or Black and other ethnic groups. The policies and protocols will be made available in other languages and formats as requested, EDC, the HSCP and ED CPP understand BME people are more likely to require communication support to navigate into, through and out of services. A community, where there is a lack of data is the Gypsy and Travellers. According to a desktop survey carried out in 2015 to assist with informing the development of Local Housing Strategies estimated that there is one site in East Dunbartonshire, with five Gypsy and Traveller households. Scotland's Census 2011 indicated there are 27 persons living in East Dunbartonshire from the Gypsy / Traveller community (There are no figures for 2017/2018, so we are unaware of recent population figures). Desktop Survey - East Dun 2015 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>	Sources are quoted within the body of the text.
Disability	<p>This section must be read in context with the intersectionality for all protected characteristics. East Dunbartonshire: Additional support needs, 2017 ASN Type East Dunbartonshire East West Any ASN 19.2% 21.0% 16.4% IEP (Individualised Education Programme) 2.7% 3.0% 2.3% CSP (Co-ordinated Support Plan) 0.1% 0.2% 0.0% Childs Plan 0.2% 0.3% 0.1% Other ASN 16.8% 18.3% 14.5% Assessed/Declared Disabled 1.6% 1.4% 1.9% Source: Summary Statistics for Schools in Scotland, 2017 Pupils may have more than one type of ASN, therefore the totals for ASN may not equal the sum of individual types of ASN. The Lesbian, Gay, Bisexual and Transgender (LGBT) Health and Inclusion Project LGBT Identities and Learning Disabilities (2015) project found that participants reported that there is a lack of support for people with learning disabilities to access support around sex and relationships in general. LGBT 2015 Inclusion project. The RSHPE policies will also be made available in an age and stage appropriate format.</p>	Sources are quoted within the body of the text.
Sexual Orientation	This section must be read in context with the intersectionality	Sources are quoted within

	<p>for all protected characteristics. In the East Dunbartonshire school survey nine in ten (89%, 2,478 pupils) said they were only attracted to the opposite sex, 7% (203 pupils) said they were mostly attracted to one sex or equally attracted to both sexes, 1% (28 pupils) said they were only attracted to the same sex and 3% (83 pupils) said they were unsure of their sexuality. Gender: Boys were more likely than girls to say they were only attracted to the opposite sex (92%, 1,312 boys; 86%, 1,162 girls). ED schools HWB survey - 2014-15 We are also aware of the potential for discrimination and homophobic bullying at school and LAC, Staff should be anti-discriminatory and sensitive, based on the RSHPE policy. As previously discussed LGBT Youth Scotland have supported the review and the development of the policies and protocol.</p>	the body of the text.
Religion and Belief	<p>This section must be read in context with the intersectionality for all protected characteristics. In East Dunbartonshire 62.5% of the population stated they belonged to a Christian denomination. In terms of the Christian denominations 35.6% of the population in East Dunbartonshire belonged to the Church of Scotland and 22.3% stated they were Roman Catholic. The 'Other Christian' group accounted for 4.6% of the population. A large percentage of residents reported they had no religion (28.2%) lower than the Scottish average of 36.7%. This can be seen across all Wards with Milngavie showing the highest percentage of residents stating they had no religion (31.5%). 2.43% of the population in Bearsden South reported that they were Muslim, 2.18% reported they were Sikh and 1% reported that they were Hindu, compared to Kirkintilloch East & Twechar which has 0.20%, 0.06% and 0.03% respectively. www.eastdunbarton.gov.ukareaprofile</p>	Sources are quoted within the body of the text.
Age	<p>This section must be read in context with the intersectionality for all protected characteristics. Although the overall teenage conception rate has been falling in every area in Scotland, Glasgow has some of the highest rates in western Europe, however at a local HSP level. For those aged under 20 in 2015 East Dunbartonshire has the lowest rate in Scotland at 15.3 per 1000 (Teenage pregnancy rates per 1000 2013-15 extracted from SMR01/SMR02). Currently the number of young people who are attending local sexual health services in the NHS GGC area is decreasing every year from 2011 to 2015. As well as a decline in absolute numbers, the proportion of young people estimated to be sexually active who attend sexual health services has also decreased over the same period of time. Age related data showed a year on year decline in young people attending services. Consultations with young people suggested that the service is not open at the right times and is not easily accessible in some locations. (Sandyford service Transformational Eqia) Between 2010 and 2014, there was a decline in the proportion of 15-year old girls that report having had sex (from 35% to 27%). Of those 15-year olds that report having had sexual intercourse, 24% report first intercourse at 13 years or younger, with boys more likely than girls to report this (34% versus 16%, respectively). Over half (58%) used a condom the last time they had sexual intercourse (with or without birth control pills), but this represents a decrease from 72% in 2010. Thirteen percent (13%) reported using birth control pills without a condom. One third (29%) used neither a condom nor birth control pills at last intercourse, an increase from 19% in 2010. In 2014, only 16% used both a condom and birth control pills at last intercourse. www.cahru.health behaviour in school age children - Sep 2015. Again as discussed before, the RSHPE should be age / stage appropriate.</p>	Sources are quoted within the body of the text.
Pregnancy and Maternity	<p>This section must be read in context with the intersectionality for all protected characteristics. East Dunbartonshire Council and East Dunbartonshire HSCP has in place policies that advise on Pregnancy and Maternity, pregnancy is the condition of being pregnant or expecting a baby. Maternity</p>	Sources are quoted within the body of the text.

	<p>refers to the period after the birth, and is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavourably because she is breastfeeding. It is known that there were 1036 births in East Dunbartonshire during 2017. This is an increase of 9.0% from the 951 births in 2016. Of these 1036 births in 2017, 474 (45.8%) were female and 562 (54.2%) were male. www.nrscotland.gov.uk/east-dunbartonshire-births Included in the policies and protocol is guidance for schools to support young pregnant women and young parents to remain in education. Pregnancy and Maternity Teen Pregnancy* in East Dunbartonshire 15-19yrs School Level East Dunbartonshire East Locality West Locality 15-19yrs 17.2 22.0 10.8 (Crude rate per 1000 population 2015-17) (NHS GGC)*Includes both deliveries and abortions</p>	
Marriage and Civil Partnership	<p>This section must be read in context with the intersectionality for all protected characteristics. These policies and protocol are aimed at children and young people and vulnerable young people aged 16-21 yrs. Residents of East Dunbartonshire have the same rights in law as anyone else to marry, enter into a civil partnership or live together. Providing the person is over 16 years and has a general understanding of what it means to get married, he or she has the legal capacity to consent to marriage. No one else's consent is ever required. The District Registrar can refuse to authorise a marriage taking place if he or she believes one of the parties does not have the mental capacity to consent, but the level of learning disability has to be very high before the District Registrar will do so. (MyGov.Scot Getting Married) In 2017, 249 marriages were registered in East Dunbartonshire. This is a 7.3% increase from 232 in 2016. In comparison, the number of marriages registered in Scotland overall decreased by 2.7%. In 2017 there were 3 civil partnerships registered in East Dunbartonshire. 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. www.eastdunbarton.gov.ukareaprofile</p>	Sources are quoted within the body of the text.
Social and Economic Status	<p>This section must be read in context with the intersectionality for all protected characteristics. In 2014, the percentage of children in East Dunbartonshire as a whole who are in a low income family was 10.6%. East Dunbartonshire Household Survey. The Scottish Index of Multiple Deprivation (SIMD) identified that there are five datazones within the 20% most deprived in Scotland. Two are in Hillhead (Kirkintilloch), 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. Another community who could be identified as being marginalised is carers, and 8.4% of East Dunbartonshire school pupils (age range 11-18 / S1 to S6 roll) reported that they looked after or cared for a household family member. In terms of the level of care, 35.4% looked after them 'every day'; 33.8% 'a couple of times a week'; and 30.8% looked after them 'once in a while'. (GCPH - Young Carers in East Dunbartonshire) Since the carers act came into statute, 51 young carers have been recorded. Education staff in East Dunbartonshire took part in multi-agency awareness raising sessions across the authority in preparation for The Carers Act (Scotland) 2016 and Carerslink continues to work closely on a strategic level with education and other stakeholders in schools to raise awareness and to focus on identification of young carers and provision of a Young Carers Statement. This work will have a significant impact on supporting young carers and meeting their entitlement, according to the act. EDC how good is our service - Quart 4 - 2017</p>	Sources are quoted within the body of the text.

Other marginalised groups (homeless, addictions, asylum seekers/refugees, travellers, ex-offenders)	See above.	Sources are quoted within the body of the text.	
C. Do you expect the policy to have any positive impact on people with protected characteristics?			
	Highly Likely	Probable	Possible
General	That the policies and protocol will have a positive impact on the young people of East Dunbartonshire, if the policies and protocol recognises the interconnectedness of all protected characteristics and their specific needs.	Opportunity to promote and improve accessibility to all services for individuals and communities.	That the policies and protocol can provide the opportunity to review the equality impact on individuals and communities and to engage and involve young people and partners to help implement change and shape future policy.
Sex	That the policies and protocol will have a positive impact on the young people of East Dunbartonshire, if the policies and protocol recognises the interconnectedness of all protected characteristics and their specific needs.	Opportunity to promote and improve accessibility to services for young people and communities and non-binary individuals.	That the policies and protocol can provide the opportunity to review the equality impact on individuals and communities and to engage and involve young people and partners to help implement change and shape future policy.
Gender Reassignment	That the policies and protocol will have a positive impact on the young people of East Dunbartonshire, if the policies and protocol recognises the interconnectedness of all protected characteristics and their specific needs.	Opportunity to promote and improve accessibility to specialist gender identity services for young people and to access support services for their parents and family members.	That the policies and protocol can provide the opportunity to review the equality impact on individuals and communities and to engage and involve young people and partners to help implement change and shape future policy.
Race	That the policies and protocol will have a positive impact on the young people of East Dunbartonshire who are from black and local ethnic minority communities if the policies and protocol recognises the interconnectedness of all protected characteristics and their specific needs	Opportunity to promote and improve accessibility to information and services for young people from black and local ethnic minority communities.	That the policies and protocol can provide the opportunity to review the equality impact on individuals and communities and to engage and involve young people and partners to help implement change and shape future policy.
Disability	That the policies and protocol will have a positive impact on the young people of East Dunbartonshire who have disabilities and their communities if the policies and protocol recognises the interconnectedness of all protected characteristics and their specific needs.	Opportunity to promote and improve accessibility to information and services for young people with disabilities and their communities.	That the policies and protocol can provide the opportunity to review the equality impact on individuals and communities and to engage and involve young people and partners to help implement change and shape future policy
Sexual Orientation	That the policies and protocol will have a positive impact for young people from East Dunbartonshire who are LGB and their communities if the plan recognises the interconnectedness of all	Opportunity to promote and improve accessibility to information and services for young LGB individuals and their communities.	That the policies and protocol can provide the opportunity to review the equality impact on individuals and communities and to engage and involve young people and partners

	protected characteristics and their specific needs.		to help implement change and shape future policy.
Religion and Belief	That the policies and protocol 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.	Opportunity to promote and improve accessibility to services for young people and individuals with religious, beliefs and no belief and their communities.	That the policies and protocol can provide the opportunity to review the equality impact on individuals and communities and to engage and involve young people and partners to help implement change and shape future policy.
Age	That the policies and protocol will have a positive impact for young people and vulnerable young people and individuals of all age groups if the plan recognises the interconnectedness of all protected characteristics and their specific needs.	Opportunity to promote and improve accessibility to services for young people and individuals of all age groups and their communities.	That the policies and protocol can provide the opportunity to review the equality impact on individuals and communities and to engage and involve young people and partners to help implement change and shape future policy.
Marriage and Civil Partnership	None	None	That the policies and protocol can provide the opportunity to review the equality impact on individuals and communities and to engage and involve young people and partners to help implement change and shape future policy.
Pregnancy and Maternity	That the policies and protocol will have a positive impact for young people, individuals and families who are 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 young people, individuals and families who are accessing information, pregnancy and maternity services and their communities. This can also give Education and CPP partners the opportunity to better link with HSCP children and families teams in their delivery of information, pregnancy and maternity programmes that will support better health and wellbeing of young women during and after pregnancy.	That the policies and protocol can provide opportunities to review an equality impact on individuals and communities to improve the service delivery for young people, individuals and families accessing pregnancy and maternity services and their communities.
Social and Economic Status	That the policies and protocol clearly recognised the connection between education attainment, poor health and social and economic status. Its key aims are to improve these inequalities in society through their delivery and approaches.	Opportunity to promote and improve accessibility to services for individuals from a social and economic status and their communities.	That the policies and protocol can provide opportunities to review an equality impact on local service provision to improve the service delivery for young people, individuals and families from a social and economic status and their communities.
Other marginalised groups (homeless, addictions, asylum seekers/refugees, travellers, ex-offenders)	That the policies and protocol will have a positive impact on individuals and communities from marginalised groups if the plan recognises the interconnectedness of all	Opportunity to promote and improve accessibility to services for young people and individuals from a marginalised group and their communities.	That the policies and protocol can provide the opportunity to review the equality impact on individuals and communities from marginalised groups

	protected characteristics and their specific needs.		and to engage and involve young people and partners to help implement change and shape future policy.
D. Do you expect the policy to have any negative impact on people with protected characteristics?			
	Highly Likely	Probable	Possible
General	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 young people, their families and communities to examine and develop options and innovations to shape future policy.
Sex	None	None	That any changes to policy and protocols can provide opportunities to consult, engage and involve non binary young people and their families and their communities and CPP practitioners to examine and develop options and innovations to shape future policy and protocols. Also to note that there is little to no research on non-binary young people that can reflect their views.
Gender Reassignment	None	None	That any changes to policy and protocols can provide opportunities to consult, engage and involve young Trans people and their families and their communities and CPP practitioners to examine and develop options and innovations to shape future policy and protocols. Also to note that there is little to no research on non-binary young people that can reflect their views.
Race	None	None	That any changes to policy and protocols can provide opportunities to consult, engage and involve young people who are from black and minority ethnic background and their families and CPP practitioners to examine and develop options and innovations to shape future policy and protocols.
Disability	None	That in general there could be a failure to examine and reflect on local planning, policy and protocols that could lead to negative impacts on young people	That any changes to policy and protocols can provide opportunities to consult, engage and involve young people with disabilities, their carers, their families and

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

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