Equality, Human Rights and Fairer Scotland Duty Impact Assessment

Stage 1 Proportionality and Relevance

What Integration Joint Board (IJB) report or Partnership decision does this proportionality and relevance assessment relate to:

Dementia Implementation Plan 2023 to 2026 – 'Our Dementia Plan'

Relevant protected characteristics materially impacted, or potentially impacted, by proposals (employees, clients, customers, people using services) indicate all that apply

Age	Disability Learning Disability, Learning Difficulty, Mental Health, Physical Neurodiversity	Gender	Gender Reassignment	Marriage and Civil Partnership	Pregnancy and Maternity	Race	Religion and Belief (including non-belief)	Sexual Orientation
X	X	X	X	X		X	X	X

Equality and Human Rights Measurement Framework – Reference those identified in Stage 1 (remove those that do not apply)

Education	Work	Living Standards	Health	Justice and Personal Security	Participation
Lifelong learning	Employment Earnings	Poverty Housing Social Care	Social Care Health outcomes Access to health care Mental health Reproductive and sexual health* Palliative and end of life care*	Hate crime, homicides and sexual/domestic abuse	Political and civic participation and representation Access to services Privacy and surveillance Social and community cohesion* Family Life*

*Supplementary indicators

Main Impacts	Are these impacts positive or negative or a combination of both	Are the impacts significant or insignificant?
The SBHSCP Dementia Implementation Plan will replace the previous approach of adopting the National Dementia Strategy supported by a local delivery plan and focus on outcomes of the new strategic framework aligned with local priorities This will enable the coproduction of community based person centred responses and services which meet the needs of people living with dementia and their Carers. Responses which will be used as evidence in achieving the local Commitments and associated measurable outcomes based on the Borders Dementia Working Group priorities.	Positive No negative impacts identified at this time	Significant

Is the proposal considered strategic under the Fairer Scotland Duty?	Yes
E&HRIA to be undertaken and submitted with the report – Yes **The dementia implementation plan is expected to have a positive impact on people by ensuring they get access to right care in the right place at the right time. The implementation plan is based on 4 key priority areas and if proportional and relevant stage 2 and 3 are completed.** **The priority areas are:** **Prevention and early intervention** **Community focused and responsive services** **Person Centred services for people living with dementia and their carers** **Evidence Based care, services and support**	**Proportionality & Relevance Assessment undertaken by:** **Christine Proudfoot** **Date: 20/03/2023** **Revised 29/9/2023**

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Stage 2 Empowering People - Capturing their Views

Scottish Borders
Health and Social Care
PARTNERSHIP

Dementia Strategy 2023 to 2026 – Our Plan

The SBHSCP Dementia Strategy will replace the previous approach of adopting the National Dementia Strategy supported by a local implementation plan.

Equality Human Rights and Fairer Scotland Impact Assessment Team

Role	Name	Job title	Date of IA Training
E&HR Service Specialist	Wendy Henderson	Equality and Diversity Lead	
HSCP Joint Executive Team	Sarah Horan	Director of Nursing	
Responsible Officer	Christine Proudfoot	Dementia Nurse Consultant	15 June 2023
Third/Independent Sector Rep	Jenny Smith	Chief Officer, Borders Care Voice	
Service User	Margaret Simpson MBE	Chair of Ability Borders/Service User Representative	

Scottish Borders
Health and Social Care
PARTNERSHIP

Evidence Gathering (will also influence and support consultation/engagement/community empowerment events)

Evidence Type	Source	What does the evidence tell you about the protected characteristics affected?
What equalities information is routinely collected from people currently using the service or affected by the policy?	Post Diagnostic Support, (PDS) Referral Data	The only protected characteristics routinely collected in the person being referred are age and gender. There is no data collated in terms of Disability, Gender Reassignment, Marriage and Civil Partnership, Race, Religion and Belief or Sexual Orientation
Data on populations in need	Dementia and equality – NHS Scotland 2015 https://www.healthscotland.scot/media/1183/efa-dementia-and-equality-briefing_june15_english.pdf From business intelligence NDTi  We Have Listened - final report 02.11.20 Dementia and equality - meeting the challenge in Scotland (healthscotland.scot) (2016) Public Health Data	In Scotland, it is estimated that approximately 9% of the population over the age of 65 years have a diagnosis of dementia. A small percentage (0.2%) under age 65 National policy supports timely diagnosis of dementia in order to facilitate access to treatment, information and support for people with dementia and their families. An individualised care approach that recognises all aspects of people's identity, such as race, religion and sexual identity, is essential to encourage early help-seeking among different population groups. Nationally and locally no accurate data available on diagnosis rates and number of people living with dementia in the Borders Data on the prevalence of dementia also shows variations by personal characteristics such as:

	Dementia - Health topics - Public Health Scotland See Me | End Mental Health Stigma and Discrimination | End Mental Health Stigma and Discrimination (seemescotland.org)	• gender - 67% of people with dementia are women, most likely because women live longer than men • Age - dementia risk increases with age. Estimated prevalence rates increase from 0.1% of people under the age of 64 years to 15.9% of people aged over 80 years • Learning disability - dementia rates are higher amongst people with a learning disability and onset is often younger. Up to 75% of people with Down's syndrome over 50 years of age develop dementia. For people with other causes of learning disability the prevalence of dementia is estimated to be greater than 18% in those aged 65 years or over, approximately three times higher than in the general population. • ethnicity - the estimated prevalence rates for dementia in the black and ethnic minority communities are similar to the rest of the population with the exception of early on-set (presenting before 65 years) and vascular dementia which have been found to be more prevalent. Employers have a duty of care to their employees when it comes to both physical and mental health. Under Section 6 of the Equality Act 2010, employers are required to explore and put in place reasonable adjustments which can enable employees to do their job and support their mental health needs. Although the see me campaign does not specifically include dementia as mental health, the principles and resources could be adopted as a health and Social care partnership.
Data on relevant protected characteristic	Race Black and minority ethnic (BME) communities and dementia - SCIE	More than 25,000 older black and minority ethnic (BME) people live with dementia in the UK, in part due to vascular risk factors such as hypertension often found in African-Caribbean and South Asian UK populations. In other ethnic groups such as Irish and Jewish, there is a demographically-older population so with the link between age and dementia, prevalence is likely to be higher. Chinese community, negative perceptions of dementia resulted from poorly-translated terms which give dementia the meaning of 'lost intelligence disease'.

	Black, Asian and minority ethnic communities and dementia research | Alzheimer's Society (alzheimers.org.uk)	• 92 per cent of over 65 year olds in the UK are classified as white British • 3 per cent of people with dementia are from BAME communities – around 25,000 people. This number is expected to double by 2026 with the steepest increase expected in South Asian communities. • Research suggests BAME communities often face delays in dementia diagnosis and barriers in accessing services (source - Alzheimer's Society) The data is suggesting that the above communities are at higher risk of developing vascular dementia and potential language barrier to accessing services. There is no known specific data collected locally or nationally on the following protected characteristics in relation to dementia: Age, Disability, Gender, Gender Reassignment, Marriage and Civil Partnership, Race, Religion and Belief and Sexual Orientation Therefore require a recommendation these are collected as part of national PDS via Wendy Henderson. National Learning disability data obtained from Dr Siresina: Estimates of the prevalence of dementia in people with learning disabilities vary, in part because there has not always been good recognition, assessment and diagnosis. Analysis of the data from a range of studies suggested: -age-related dementia of all types is more common at earlier ages in people with learning disabilities (non Downs) than in the rest of the population (about 13% in the 60 to 65 year old age group compared with 1% in the general population) -across all over-60 age groups the prevalence was estimated at 2 to 3 times greater in people with learning disabilities (non Downs Syndrome) and occur around 10years earlier Strydom et al 2007 -people with Down's syndrome are at particular risk of early onset Alzheimer's disease

	‘Concerning’ links between former international rugby players and neurodegeneration revealed - Alzheimer's Research UK (alzheimersresearchuk.org) https://www.dementiauk.org/news/dementia-care-in-gypsy-roma-and-travelling-communities/	Prevalence rates (Prasher 1997) Age 40 - 49 = 9.4% Age 50 - 59 = 36.1% Age 60 - 69 = 54.5% Median Survival (diagnosis to death 4 years) Recommendation in stage 3 that local information is obtained and collected in PDS They found that for former professional rugby players, the risk of neurodegenerative diseases is higher in a number of areas. They are over 2.67 times more likely to develop dementia, over 3 times to develop Parkinson's, and over 15 times more likely to develop MND. **Recommendation to increase awareness of dementia linked with head trauma through contact sport and rugby communities to increase community events that enable people to live well with dementia** We must also continue to build education and awareness among health and social care professionals, by highlighting the health inequalities facing diverse communities. If we are to meet the individual needs of families with dementia, delivering effective person-centred care is paramount such as providing culturally appropriate dementia resources and ensuring that we are supporting families to stay in the accommodation of their choice as their diagnosis progresses. As dementia diagnoses continue to rise, we face a steep challenge in tackling the health inequalities that leave families with dementia in underserved communities isolated without the care and support they so urgently need.

	https://publichealthscotland.scot/publications/improving-access-for-gypsytravellers-to-the-nhs-and-health-and-social-care-in-scotland/improving- https://www.spectrumnews.org/news/autism-diagnosis-often-followed-identification-conditions/ https://www.bps.org.uk/research-digest/increased-risk-dementia-adults-adhd	**Recommendation: Gypsy traveller communities are included in service provision and links with SBC link worker** Gypsy/Travellers are a defined ethnic group protected by equality legislation – the Equality Act 2010 protects people who are recognised as a distinct ethnic group from being discriminated against on the grounds of ethnicity. Many Gypsy/Travellers live in houses; they see travelling and a nomadic identity as an important part of their traditional and contemporary culture. This does not mean they must live in caravans to be defined as a Gypsy/Traveller – only about 14% live permanently in this way. Gypsy/Travellers have higher mortality rates, morbidity and co-morbidity rates, some Gypsy/Travellers have low literacy skills. **Recommendation - Adapt and/or develop services to meet the needs of Gypsy/Travellers. In particular, ensure continuity of care and improving access to services when community members do not have a permanent address and/or may be travelling** More than 10% of people diagnosed with autism from age 40 to 60 develop a dementia condition such as Alzheimer's disease within 15 years Those diagnosed with adult ADHD were 2.77 times more likely than those without it to go on to be diagnosed with a form of dementia.
Data on service uptake/access	From Post Diagnostic Support / Mental health Older Adult Service, (MHOAS)	Accurate data on those who receive or have received PDS but not in relation to the following protected characteristics: Age, Disability, Gender, Gender Reassignment, Marriage and Civil Partnership, Race, Religion and Belief and Sexual Orientation local evidence regarding the update of SDS or lack of in terms of certain protected characteristics to be obtained **Consider when and how this data should be collected at first contact, from referral and included in initial assessment or reassessment.**

		Recommendation that this information is obtained in stage 3
Data on socio economic disadvantage	Scottish Borders Council or South of Scotland Enterprise. SIMD_2020_Scottish _Borders_Summary_	The most-deprived Data zone in Scottish Borders is S01012287, Central Langlee in Galashiels with an Overall Multiple Deprivation rank of 264. • The least-deprived Data zone in Scottish Borders is S01012259, the Caledonian Road/ Springhill Road residential area in Peebles with an Overall Multiple Deprivation rank of 6,917. • Scottish Borders' most-deprived neighbourhoods are already known-about and have changed little, or even become slightly worse, since the 2016 Scottish Index of Multiple Deprivation. The 3 Scottish Borders Data zones that are amongst the most-deprived 10% in Scotland are in Langlee and Burnfoot, same as 2016. • A further 6 Data zones are within the 20% most-deprived in Scotland; these are also in Langlee and Burnfoot but also in other parts of Hawick and in Bannerfield in Selkirk. • At the other end of the deprivation scale, the three Data zones that fall into the least-deprived 10% in Scotland are in Peebles and Melrose. **Recommendation - awareness of these localities to improve health and recognition of deprivation could identify that work with the public health improvement team with focused services for people living with dementia and their carers in the most vulnerable deprived neighborhoods (Bannerfield, Langlee and Burnfoot)**
Research/literature evidence	NICE guidelines for Dementia National dementia strategy dementia-scotland-everyones-story.pdf (www.gov.scot) (2023)	These are all available and updated, although not specific to protected characteristics, similarly to local data only age and gender is captured. In the 4th Dementia Strategy there is an enhanced focus on equalities issues, working with others to help to minimise the structural barriers to participation, diagnosis, treatment, support and care, regardless of ethnicity, race, sex, gender reassignment, sexual orientation and additional disability or neurodivergence. The national strategy includes a focus on economic disadvantage and the specific issues for remote island and rural communities. This mirrors the SBHSCP approach

Existing experiences of service information	Feedback from Care opinion and patient experience team	Feedback on services is captured via care opinion and the patient experience team for NHS Borders – which only routinely captures data on disability
Evidence of unmet need	Younger onset dementia	Limited services or data for younger onset dementia locally **<u>This will be a recommendation in stage 3</u>**
Good practice guidelines	LGBT-https://www.lgbthealth.org.uk/wp-content/uploads/2021/06/LGBT-Dementia-Toolkit-2020.pdf	LGBTQAI+ and Race engaged in research undertaken by NDTi but no specific mention of dementia. Around 5-7% of the population are LGBT (about 1 in 16) of the people are likely to be LGBT. However, in many health and care settings, LGBT people's identities are often hidden, and this is perhaps even more likely in dementia care, where people may become less able to communicate what is important to them. Older LGBT people are more likely to feel lonely and experience social isolation . Dementia itself also increases isolation, so LGBT people with dementia may be even more lonely and excluded. Many have lived during times when to be LGBT was much less accepted, sometimes dangerous and sometimes illegal They may have experienced prejudice, abuse, violence and discrimination. They also may have had very positive experiences. Their experiences may be as different, for example, as the experience of life as a gay man before sex between men was legal; or as a trans person who lost their job and their children after transitioning, or as a lesbian who has been on every Pride march since 1969 **Therefore recommendations to ensure services are inclusive and provide care relevant to this population.** **Age – younger onset dementia (under the age of 65 years)** **Race and ethnicity – black or minority ethnic (BME)** **Learning disabilities** Lesbian, gay, bisexual and transgender (LGBT) Disability – sensory impairment Four recommendations that are included in local strategy which include:

	SIGN – equality impact assessment https://www.sign.ac.uk/media/2135/2023-11-14-eqia-dementia-v1.pdf SIGN guidance- https://www.sign.ac.uk/our-guidelines/dementia	• Continue to raise awareness • Ensure robust services and pathways • Ensure appropriate knowledge and skills • Research Tranistioning is also known as gender reassignment. Some trans people take hormones and some also have surgery to bring their physical bodies in line with their gender identity. Transitioning can also include someone changing their name, or expressing themselves in their preferred gender (clothes, hair etc.). Recommendations: 1. To encourage individualised care, ensuring that beliefs, cultural values, and/or co-morbidities, need to be considered when reviewing the evidence and forming recommendations with respect to the benefits/harms of a treatment, and the acceptability of the treatment to the patient. 2. Consider the specific needs of people who are LGBTQ+ with dementia at the first Guideline Development Group meeting. 3. During consultation, ensure the draft guideline is circulated to LGBTQ/minority groups/organisations to seek feedback. 4. Include a recommendation for research stemming from the lack of evidence in postdiagnostic support for minority groups and those with protected characteristics Key themes related to protected characteristics: For people with dementia: • Living with change and striving for continuity • Acceptance or avoidance • Coping, participation, sense of agency and identity • Relationships, connectedness and hope • Loss, isolation and loneliness • Frustration and confusion • Stigma

		For people with young-onset dementia: • Delays to diagnosis or misattribution of symptoms • Biographical disruption, finding acceptance • Uncertainty, adaptation and coping • Reduced participation and social isolation • Losses, including loss of self identity • Shock, anger, sadness, frustration and anxiety • Stigma and exclusion For people with dementia living in nursing homes: • Boredom and monotony • Loss of identity • Maintaining freedom and choice • Meaningful relationships • Mobility and independence For carers: • Role changes • Financial worries • Crisis, acceptance, adaptation • Personal satisfaction and hope • Stress, loss, guilt, obligation • Social isolation • Frustration around formal support For lesbian, gay, bisexual, trans, queer (or sometimes questioning), and others (LGBTQ+): • Double stigma, an added challenge • Anticipated and experienced homophobia/discrimination • Safety and concealment • Recognition of same-sex partnerships For people from ethnic minority groups: • Deficits in knowledge of professionals and community members • Lack of awareness of services • Stigma, denial and concealment • Lack of trust • Cultural appropriateness of services

	Safe Later Lives - Older people and domestic abuse.pdf (safelives.org.uk) Pathfinder+Toolkit_Final.pdf (squarespace.com) The-Unseen-Experiences-of-blind-and-partially-sighted-victims-of-DA.PDF (safelives.org.uk)	For people with dementia and their carers during the COVID-19 pandemic: • Separation and loss • Confusion, despair and abandonment • Stress and exhaustion Specific training for professionals on the incidences of abuse within a caring relationship, and/or where dementia or other mental/physical disabilities are present. When there are additional health issues present within an abusive relationship, it may lead to professionals not suspecting domestic abuse due to the perceived vulnerability of the perpetrator. “because they have to look at whether it’s in the public interest to remove people from houses or relationships where they have a diagnosis of dementia or Alzheimer’s, even though that perpetrator may have always been abusive.” The caring dynamic can also present difficulties when the individual being cared for becomes the perpetrator, perhaps due to medical issues that can exacerbate aggression such as dementia. In these situations, the victim may feel a lot of guilt connected to any disclosure of the abuse. The survivor will experience additional barriers to leaving the abusive relationship due dementia. Barriers to domestic abuse support: The perpetrator is elderly or has health issues of their own. In some cases, the perpetrator has dementia or memory loss, or conditions which are known to make them violent. The perpetrator may be viewed as vulnerable and not capable of serious harm. A criminal justice response may be seen as inappropriate, and could result in an inadequate or unsuitable response by professionals.

		Professionals talking to a visually impaired person's carer rather than to the visually impaired person themselves can increase the risk of and exacerbate abuse. Lack of accessibility and confidentiality are major barriers to visually impaired victims seeking help Disabled people are three times more likely to experience abuse in their lifetime At least 1in12 visually impaired people in the UK are estimated to be victims or survivors of domestic abuse, translating to 188,000 likely victims or survivors We must develop best practice tools on how to work with victims and survivors with a visual impairment, including toolkits for practitioners and clear referral pathways.
Other – please specify	Carers	**Carers have access to support from Borders Carer Centre and Alzheimer Scotland but unknown what characteristics are recorded or if any unmet need identified – <u>This is a gap and will be a recommendation in stage 3</u>**
Risks Identified	Non engagement with relevant protected characteristics in the design and delivery of dementia services in the Scottish Borders	Recommendation: to continue to engage with all protected characteristics in ongoing review and delivery of local dementia strategy
Additional evidence required		

Consultation/Engagement/Community Empowerment Events

Community Empowerment Event 1 – Physical Disability Forum

Date	Venue	Number of People in attendance by category*	Protected Characteristics Represented
6/12/23	Physical Disability Forum Office, St Boswells	10	Physical Disability

***Attendance by category – including but not limited to: People using the service, people not using the service - currently, unpaid carers, paid carers, key stakeholders (organisation and job title)**

Views Expressed	Officer Response/recommendations
Choice required for either face to face/virtual/telephone consultation to improve interaction and connection during assessment/consultation as often assumed not face to face is better for us to reduce travel burden.	• Ensure that people with a physical disability and possible or confirmed dementia are offered choice of appointment and any physical disability identified at point of referral.

Accessibility of dementia cafes is a environmental audit required **Community** - Care in a village/community is ideal instead of location specific services with informal/public support for those living with dementia and physical disability **Person Centred** - Under age 70 and involved with adult services but they are not focused on my memory problems but my trauma and psychological experience **Stigma** – communities should have access to dementia friends session to raise awareness and provide educational opportunities **Services** - Raise awareness of local initiatives and services available – Herbert Protocol, Purple Alert, SDS	• Identify a community to conduct an environmental audit regarding accessibility of dementia cafes by Alzheimer Scotland. • Enable communities to be more dementia friendly to enable people to live at home for as long as possible. • Services to be more person centered and seek specialist memory review in addition to other support required. • Alzheimer Scotland to advertise and make Dementia Friends training more accessible for communities • Consider how services/initiatives are accessible in a timely way to those in need of support

Community Consultation Event 2 – RNIB stakeholder engagement event

Date	Venue	Number of People in attendance by category*	Protected Characteristics Represented
16/01/24	Virtual	2	Sensory disability – Sight loss

***Attendance by category – including but not limited to: People using the service, people not using the service - currently, unpaid carers, paid carers, key stakeholders (organisation and job title)**

Views Expressed	Officer Response
Concerned about developing memory problems Lack of trust with GP Not all professionals aware of impact of sight loss Carer for family member with dementia Unsure where or how to access information (electronic or written)	• Communication of information that is timely and understandable to people with sight loss • Education of workforce on sight loss and person centered adaptations to service delivery • Co design and develop services that are accessible and people have confidence in service's

Community Consultation Event 3 –Neurodiversity stakeholder engagement event

Date	Venue	Number of People in attendance by category*	Protected Characteristics Represented
19/01/24	Focus Centre, Galashiels	6 and 1 carer	Neurodiversity

***Attendance by category – including but not limited to: People using the service, people not using the service - currently, unpaid carers, paid carers, key stakeholders (organisation and job title)**

Views Expressed	Officer Response
When main carer becomes a carer for another family member with dementia– feeling of loss and isolation and concern and worry for carer. Concern about developing dementia in addition to Autism – how will I know I am developing dementia and will the staff know how to support me and be aware of my triggers. In relation to transgender and autism, how will staff know my gender and support my individual identity when I forget? Eating habits – will these overtions be understood and respected Communication of key information needs to be understanding and age appropriate and the language used should not be disrespectful	• Work with Borders Carer Centre to identify what specific support is required for an existing carer of a neurodivergent young person who is now caring for an older adult with dementia. • Explore if there are specific resources for those that are neurodivergent that are worried about their memory or if become a carer for someone with dementia • Person Centred care that is respectful and recognises gender/transgender in relation to autism and sensory profiles. • Education for staff about Key facts of being neurodivergent and resources to be developed by the BANGs group to inform care and practice • co-produce neurodivergent friendly dementia information

Community Consultation Event 4 – RNID stakeholder engagement

Date	Venue	Number of People in attendance by category*	Protected Characteristics Represented
08/02/24	questionnaire	19	Sensory disability - Hearing loss

***Attendance by category – including but not limited to: People using the service, people not using the service - currently, unpaid carers, paid carers, key stakeholders (organisation and job title)**

Views Expressed	Officer Response
Diagnosis – most would seek a diagnosis although 3 would delay until 'a real problem' due to stigma and fear of the future. **Sensory loss** – concerned by current reduced ability to comprehend and understand information in addition to a diagnosis through equipment from sensory services.	• Reduce stigma to encourage earlier diagnosis • Early Identification of sensory loss by services so that additional support and information can be provided. • Person specific supports to be offered in communities that are meaningful to reduce isolation. • Identify a local solicitor to trial making POA more accessible to people who have no family or local support.

Services/support – would require peer support, accessible supports, reminders of appointments, opportunity of face to face and recognition of isolation due to no local family support **Legal** – POA should be provided to people with no family	

Community Consultation Event 5 – GP cluster leads stakeholder engagement

Date	Venue	Number of People in attendance by category*	Protected Characteristics Represented
15/01/24	By email	2	Age, isolation

***Attendance by category – including but not limited to: People using the service, people not using the service - currently, unpaid carers, paid carers, key stakeholders (organisation and job title)**

Views Expressed	Officer Response
A person under age of 65 worried about their memory attends on average every 6 months to GP for a cognitive assessment. no awareness of patients with particular protected characteristics in relation to accessing a diagnosis. When a patient forgets their appointment – home visits are provided People living alone are going 'undetected' and those with family compensate for deficiencies in memory.	• Identify a health centre to be more aware of and record protected characteristics routinely. • Identify a health centre to consider face to face/home appointments If people are isolated or have limited family community support. • Consideration of an alternative model that allows self-referral and not through GP to a dementia specialist service.

people with high intelligence are wait longer before seeking a diagnosis Following PDS, people do not know where to go if there is a change and come back to GP which results in a delay in reassessment.	

Community Consultation Event 6 – Melrose Rugby Club engagement

Date	Venue	Number of People in attendance by category*	Protected Characteristics Represented
20/11/23	virtually	1	Head trauma through sport (rugby)

***Attendance by category – including but not limited to: People using the service, people not using the service - currently, unpaid carers, paid carers, key stakeholders (organisation and job title)**

Views Expressed	Officer Response
Community – General Manager has recognition of being more engaged with wider community **Awareness** – aware of link of head trauma and dementia	• Support Melrose Rugby Club to be more dementia friendly and establish community events that are enabling and provide sense of belonging

Community Consultation Event 7 – Authentic Voice engagement event

Date	Venue	Number of People in attendance by category*	Protected Characteristics Represented
21/02/2024	virtually	3	Domestic Abuse and head trauma

***Attendance by category – including but not limited to: People using the service, people not using the service - currently, unpaid carers, paid carers, key stakeholders (organisation and job title)**

Views Expressed	Officer Response
Stigma – if abuse by a perpetrator is disclosed and the victim has memory problems there are barriers to accessing a diagnosis eg reduced access to children or finances, “not fit”, “gas lighting” and make abuse worse. **Media** – clear message linking head trauma with dementia and link to domestic abuse.	• Identify a service to adopt sensitive routine enquiry for safe and confidential conversations to identify appropriate response and co-produce with Authentic Voice. • Co-produce educational programmes for staff related to trauma and dementia.

Education – do staff know how to respond to current or previous abuse disclosed and trauma. staff need to know what domestic abuse is to be able to respond. **Safety** – requirement to feel safe to make a disclosure	• Identify a service with posters in toilets/information to identify to people that the service is trauma informed to enable a trusting relationship. • Organisations to review or develop a domestic abuse policy with clear referral pathways which includes education for staff.

Community Consultation Event 8 – Age (under 65)

Date	Venue	Number of People in attendance by category*	Protected Characteristics Represented
12/02/2024	Firholm, Peebles	1	Age - Early Onset Dementia

***Attendance by category – including but not limited to: People using the service, people not using the service - currently, unpaid carers, paid carers, key stakeholders (organisation and job title)**

Views Expressed	Officer Response
Diagnosis – concerned about memory and was advised being 'worried well'. Diagnosed age 55 following PET scan. Overwhelmed by information that was not relevant. **Age** – employed at time of diagnosis, retired and moved to Borders and referred to an older adult service although 'I'm not old'. **Stigma** – although open to dementia diagnosis, concerned how others treat me as 'you don't look like you have dementia'.	• All services to 'listen' to concerns and timely advice, support and treatment. • services should be specific to the service provided not due to age, eg MHOAS • Work with NHS/BSC to be inclusive and avoid stigma to support employment • Timely access to practical support with benefits allocation and review process • Recognition of formal unpaid Carers and support to self-identify and seek independent support.

Support – to live well I require benefit assessment and I have weekly support as get overwhelmed with daily tasks, eg house work, swimming	

Community Consultation Event 9 – Ukraine Community

Date	Venue	Number of People in attendance by category*	Protected Characteristics Represented
21/02/2024	e-form	4	Race – Ukraine community

***Attendance by category – including but not limited to: People using the service, people not using the service - currently, unpaid carers, paid carers, key stakeholders (organisation and job title)**

Views Expressed	Officer Response
Diagnosis – would contact GP if worried about memory problems Carer stress – recognition of carer stress Treatment – access to treatment and services Needs – safety and effective communication of information for person and family	• Health centres to be aware of language barriers and ensure information is clear and understood • ensure access to carer services that meets needs of those with another language • MHOAS provide make risks and benefits clear and understandable

Equality, Human Rights and Fairer Scotland Duty Impact Assessment

Stage 3

Analysis of findings and recommendations

Dementia Strategy 2023 to 2026 – Our Plan

The SBHSCP Dementia Strategy will replace the previous approach of adopting the National Dementia Strategy supported by a local implementation plan.

Through engagement with key stakeholders that represent protected characteristics, key groups and individuals have provided a detailed and response to inform key recommendations for a local dementia strategy.

Section 1: Equality Act 2010 – Relevant Protected Characteristics as identified in Stage 1 or during Stage 2

Protected Characteristic	Equality Duty	What impact and or difference will the proposal have	Measures to evaluate/mitigating actions
Age	Eliminating discrimination, harassment, victimisation, or any other prohibited conduct	People aged between 50 and 64 will have access to cognitive assessment	Current data sets will be amended to included people aged between 50 and 64. This data will be reported on in all future reports
	Advancing equality of opportunity	People will be cared for by needs not age	Services will be coproduced with people aged between 50 and 64 to ensure that these meet their needs
	Fostering good relations by reducing prejudice and promoting understanding	People aged <65 will feel listened to with timely support without prejudice	User feedback
Disability	Eliminating discrimination, harassment, victimisation, or any other prohibited conduct	Ensure that people with a physical disability and possible or confirmed dementia are offered choice of appointment	User feedback Explore resources for people that are neurodivergent about dementia
		Ensure that physical disability is identified at point of referral.	
	Advancing equality of opportunity	Alzheimer Scotland to Identify a community to conduct an environmental audit regarding accessibility of dementia cafes.	Reported accessibility improvements to local dementia cafes
		Increased support for people with a disability to carer support	Work with Borders Carer Centre to identify what specific support is required for an existing carer of a neurodivergent young person who is now caring for an older adult with dementia.

		Identify a local solicitor to trial making Power of Attorney more accessible to people who have no family or local support.	Ability to report an increase in the number of disabled people who have a Power of Attorney locally
	Fostering good relations by reducing prejudice and promoting understanding	Increased number of people who have completed dementia friends education.	Alzheimer Scotland to advertise and make Dementia Friends training more accessible for communities.
		Education for staff about neurodivergent to be co-produced.	Communication of information that is timely and understandable to people with sight and hearing loss.
		Sight and hearing loss, physical disability and neurodivergent people included in local educational programmes.	Education of workforce on sight loss and person centered adaptations to service delivery.
		People report improved confidence in services.	Co design and develop services that are accessible, and people have confidence in services.
Gender Reassignment	Eliminating discrimination, harassment, victimisation, or any other prohibited conduct	None identified at this time	Involvement events with the Trans Community to be organised, the outcome of which will be reported in future reports and used to influence and inform the implementation plan.
	Advancing equality of opportunity	None identified at this time	See above
	Fostering good relations by reducing prejudice and promoting understanding	None identified at this time	See above

Marriage and Civil Partnership	Eliminating discrimination, harassment, victimisation, or any other prohibited conduct	None identified at this time	Involvement events to be organised, the outcome of which will be reported in future reports and used to influence and inform the implementation plan.
	Advancing equality of opportunity	None identified at this time	See above
	Fostering good relations by reducing prejudice and promoting understanding	None identified at this time	See above
Race	Eliminating discrimination, harassment, victimisation, or any other prohibited conduct	Services will be aware of language barriers and ensure information is presents in an accessible format.	Communities whose first language is not English involved in evaluating effectiveness of communications developed.
		Mental Health Older Adults Service ensure that risks of and benefits to treatment are communicated in an accessible format which is both clear and understandable.	Communities whose first language is not English involved in evaluating effectiveness of communications developed.
	Advancing equality of opportunity	Ensure access to carer services that meets needs of those with another language	Increase in number of people whose first language is not English to carer services
	Fostering good relations by reducing prejudice and promoting understanding	The provision of information in an accessible format will lead to an increase in confidence people using the service and those delivering the service.	Number of referrals for diagnosis and engagement with community based services. This will require amendments to the current data set.
Religion & Belief including non-belief	Eliminating discrimination, harassment, victimisation, or any other prohibited conduct	None identified at this time	Involvement events to be organised, the outcome of which will be reported in future reports and used to influence and inform the implementation plan.
	Advancing equality of opportunity	None identified at this time	See above

	Fostering good relations by reducing prejudice and promoting understanding	None identified at this time	See above
Sex (Gender)	Eliminating discrimination, harassment, victimisation, or any other prohibited conduct	Review or develop a domestic abuse policy with clear referral pathways which includes education for staff.	Domestic abuse policy developed and implemented
	Advancing equality of opportunity	Identify a service with posters in toilets/information to identify to people that the service is trauma informed to enable a trusting relationship.	Increased posters in a service with improved disclosure of abuse
		Improved community engagement related to head trauma in rugby communities	Support Melrose Rugby Club to be dementia friendly and establish community events that are enabling and provide sense of belonging and reduce stigma related to rugby and head trauma
	Fostering good relations by reducing prejudice and promoting understanding	Co-produce educational programmes for staff related to trauma and dementia.	Educational programmes include trauma identification and pathway produced
Sexual Orientation	Eliminating discrimination, harassment, victimisation, or any other prohibited conduct	None identified at this time	Involvement events with LGBTQAI+ local networks to be organised, the outcome of which will be reported in future reports and used to influence and inform the implementation plan.
	Advancing equality of opportunity	None Identified at this time	Raise awareness of LGBTQAI+ and national toolkit through educational programmes
	Fostering good relations by reducing prejudice and promoting understanding	None Identified at this time	Raise awareness of LGBTQAI+ and national toolkit through educational programmes

Section 2: Equality and Human Rights Measurement Framework

Domain	Indicator	Enhancing or Infringing	Impact and or difference will the proposal have	Measures to evaluate/mitigating actions
Education	Lifelong learning	Enhancing:	Ability to access user and carer educational opportunities will increase	Scoping of what is available locally and nationally to be undertaken before the coproduction of local promotion materials designed to encourage attendance in events. Baseline figure of current attendance to be established to enable updates in future reports.
Work	Employment Earnings	Enhancing:	Working with employment agencies and local employers to raise awareness of the requirement to make reasonable adjustments to support people continue in employment.	Number of awareness sessions delivered. Number of organisations achieving Dementia Friendly Award Number of people still in employment supported to remain in employment post diagnosis
Living Standards	Poverty Housing Social Care	Enhancing:	Identify and recognise living standards and ability to enhance where possible for people living with dementia	Engagement with housing strategy and align with strategic framework
Health	Social Care Health outcomes Access to health care Mental health	Enhancing:	Recognition of reduced access to residential and care at home in some areas. Recognition that some services may work differently due to financial pressures in health care currently.	Improving communication and engagement with local communities by understanding and managing expectations

	Reproductive and sexual health* Palliative and end of life care*			
Justice and Personal Security	Hate crime, homicides and sexual/domestic abuse	Enhancing:	Protection and safeguarding of those who are affected by any type of abuse from others through application of local guidance	Application of adult support and protection guidelines
Participation	Political and civic participation and representation Access to services Privacy and surveillance Social and community cohesion* Family Life*	Enhancing:	Make all choices to live well and independently whilst acknowledging and respect individual choice based on capacity and personal interests with meaningful community connections.	User feedback

Section 3: Fairer Scotland Duty

Identify changes to the strategic programme/proposal/decision to be made to	Services to identify recognise and manage/mitigate risks by providing opportunities to live well with dementia and their carers.

reduce negative impacts on equality of outcome and or improving health inequalities	This local dementia strategy has detailed many opportunities in sections 1 and 2 and are incorporated into the recommendations in section 5 that will reduce any negative impacts on equality of outcome and or improving health inequalities. *More detail required here – I have attached the Fairer Scotland guidance to support you with this.*
Identify the opportunities the strategic programme/proposal/decision provides to reduce or further reduce inequalities of outcome and or improving health inequalities	Through enhancing access to all services that are meaningful, understandable and respect all relevant protected characteristics this will further reduce inequalities for accessing health and social care through recognition and impact of poverty and socio economic factors. For example: Recognition of deprivation through the public health improvement team with focused services for people living with dementia and their carers in the most vulnerable deprived neighbourhoods (Bannerfield, Langlee and Burnfoot) *More detail required here – I have attached the Fairer Scotland guidance to support you with this. In the main we need to reference the impact of poverty/socio economic factors*

Section 4: Are there any negative impacts with no identified mitigating actions? If yes, please detail these below:

None identified at this time

Section 5: Equality, Human Rights & Fairer Scotland Duty Impact Assessment Recommendations

What recommendations were identified during the impact assessment process:

	Recommendation	Recommendation owned by:	Date recommendation will be implemented by	Review Date
1	All services record 9 protected characteristics as detailed in the Equality Act 2010 at point of referral to reduce inequality. Initially identify an area/service to trial recognised template to capture	Dementia Strategy group coordinated by: Christine Proudfoot Dementia Nurse Consultant Scottish Borders HSCP	July 2025	July 2027
2	Explore a system to collate and analyse Post Diagnostic Support Referrals by protected characteristic to be established and implemented including early onset data in line with national dementia delivery plan	Dementia Strategy group coordinated by: Christine Proudfoot Dementia Nurse Consultant Scottish Borders HSCP	July 2025	July 2027
3	LGBT Health and Wellbeing Dementia Tool to be embedded across Dementia Services in the Scottish Borders: https://www.lgbthealth.org.uk/wp-content/uploads/2021/06/LGBT-Dementia-Toolkit-2020.pdf	Dementia Strategy group coordinated by: Christine Proudfoot Dementia Nurse Consultant Scottish Borders HSCP	July 2025	July 2027
4	Increase awareness of dementia linked with head trauma through contact sport and rugby communities to increase community events that enable people to live well with dementia	Dementia Strategy group coordinated by: Christine Proudfoot Dementia Nurse Consultant Scottish Borders HSCP	July 2025	July 2027
5	People aged between 50 and 64 will have access to cognitive assessment and cared for by needs not age	Dementia Strategy group coordinated by: Christine Proudfoot Dementia Nurse Consultant Scottish Borders HSCP	July 2025	July 2027
6	People aged between 50 and 64 <65 continue to have access to employment opportunities	Dementia Strategy group coordinated by: Christine Proudfoot Dementia Nurse Consultant Scottish Borders HSCP	July 2025	July 2027
7	People aged between 50 and 64 will feel listened to with timely support without prejudice	Dementia Strategy group coordinated by: Christine Proudfoot	July 2025	July 2027

		Dementia Nurse Consultant Scottish Borders HSCP		
8	Ensure physically disabled people with a possible or confirmed dementia are offered choice of appointment and any physical disability identified at point of referral	Dementia Strategy group coordinated by: Christine Proudfoot Dementia Nurse Consultant Scottish Borders HSCP	July 2025	July 2027
9	Involvement events with Gypsy Travellers, asylum seekers and LGBTQAI+ communities to be arranged. Outcomes of which will be reported in future reports and used to influence and inform the implementation plan.	Dementia Strategy group coordinated by: Christine Proudfoot Dementia Nurse Consultant Scottish Borders HSCP	July 2025	July 2027
10	Alzheimer Scotland to advertise and make Dementia Friends training more accessible for communities.	Lisa Moodie Alzheimer Scotland	July 2025	July 2027
11	Alzheimer Scotland to Identify a community to conduct an environmental audit regarding accessibility of dementia cafes.	Lisa Moodie Alzheimer Scotland	July 2025	July 2027
12	Work with Borders Carer Centre to identify what specific support is required for an existing carer of a neurodivergent young person who is now caring for an older adult with dementia.	Dementia Strategy group coordinated by: Christine Proudfoot Dementia Nurse Consultant Scottish Borders HSCP	July 2025	July 2027
13	Identify a local solicitor to trial making Power of Attorney more accessible to people who have no family or local support.	Dementia Strategy group coordinated by: Christine Proudfoot Dementia Nurse Consultant Scottish Borders HSCP	July 2025	July 2027
14	Communication of information that is timely and understandable to people with sight and hearing loss.	Dementia Strategy group coordinated by: Christine Proudfoot Dementia Nurse Consultant Scottish Borders HSCP	July 2025	July 2027

15	Co design and develop services that are accessible, and people have confidence in services.	Dementia Strategy group coordinated by: Christine Proudfoot Dementia Nurse Consultant Scottish Borders HSCP	July 2025	July 2027
16	Mental Health Older Adults Service ensure that risks of and benefits to treatment are communicated in an accessible format which is both clear and understandable.	Dementia Strategy group coordinated by: Christine Proudfoot Dementia Nurse Consultant Scottish Borders HSCP	July 2025	July 2027
17	Co-produce a joint domestic abuse policy with Authentic Voice with clear referral pathways which includes education for staff and including sensitive routine enquiry.	Dementia Strategy group coordinated by: Christine Proudfoot Dementia Nurse Consultant Scottish Borders HSCP	July 2025	July 2027
18	Identify a service with posters in toilets/information to identify to people that the service is trauma informed to enable a trusting relationship with improved disclosure of abuse	Dementia Strategy group coordinated by: Christine Proudfoot Dementia Nurse Consultant Scottish Borders HSCP	July 2025	July 2027

Section 6: Monitoring Impact – Internal Verification of Outcomes

How will you monitor the impact this proposal affects different groups, including people with protected characteristics?

Monthly local dementia strategy group Analysis of available data locally and nationally Consider more access to user feedback Continuous engagement with representatives from Health, social care, voluntary sectors, thirds sectors, users of services and carers to inform on-going service delivery.

Section 7: Procured, Tendered or Commissioned Services (SSPSED)

Is any part of this policy/service to be carried out wholly or partly by contactors and if so, how will equality, human rights including children's rights and the Fairer Scotland duties be addressed?

All future commissioning services will be informed and influenced by the findings of this EHRIA.

Section 8: Communication Plan (SSPSED)

Please provide a summary of the communication plan which details how the information about this policy/service to young people, those with a visual or hearing sensory impairment, difficulty with reading or numbers, learning difficulties or English as a second language will be communicated.

Consideration of an easy read version and SWAY approach to delivering information in a visual and interactive way. This can also be played electronically in any language.

Signed Off By:

Sarah Horan

Date: