

West Dunbartonshire Health and Social Care Partnership



Engagement and Participation Strategy

Glossary

Community Engagement and Development Officer (CEDO) – The person whose job is responsible for undertaking engagement work on behalf of the Health and Social Care Partnership (HSCP). It is their role to represent community voices during decision-making processes.

Community Representative– A volunteer role taken by a person in a local community who is interested in becoming more involved in local decision-making processes. They would sit on HSCP steering groups and go out into their communities to give information and updates on policies. They would also collate a shared response from their community and feed it back to the decision-making board.

Co-production/co-produced – This means everyone (HSCP, third sector, external partners, and communities) working together on an issue to reach a collective outcome.

Discrimination – This means treating someone poorly because they belong to or look like they belong to an identity group i.e. disabled, LGBTQ+ (Lesbian, Gay, Bisexual, Transgender, Queer), race, religion.

Health and Social Care Partnership – The West Dunbartonshire Council and the NHS Greater Glasgow and Clyde Health Board work together to plan all the health and social care services in the area.

HSCP Board – The Board responsible for the strategic planning of the HSCP. Other areas refer to this board as the ‘Integration Joint Board.’

Intersectionality – This is an acknowledgement that everyone has multiple layers to their identity and may face added discrimination because they belong to more than one identity group i.e. identifying as Black, disabled and a woman. These groups can experience specific types of discrimination, and this is why it is important to examine the person as a whole, rather than one identity type.

Legal duty or 'duty' – The legal responsibility on an organisation to get something done.

Stakeholder – Individuals or groups that have an interest in the decisions or activities of the Health and Social Care Partnership i.e. charities, health services, service users, etc.

Seldom Heard Voices – These are groups of people who use health and social care services, but their voices are underrepresented during the decision-making process.

Self-advocacy/self-advocate – Describes speaking up for yourself or your community about issues that matter to you.

Tokenistic – Refers to a symbolic effort that is only surface level to appease people.

Trauma Informed – Trauma-informed care uses the knowledge about the impacts of trauma to understand how this can negatively affect someone and inform the most successful choice of recovery.

Third Sector Partner/Organisation - A not-for-profit organisation.

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Foreword

When planning health and social care services the voices of those with lived experience are crucial. People who have directly experienced a situation bring unique insights, their perspectives providing a depth and authenticity which cannot be replicated.

West Dunbartonshire Health and Social Care Partnership (HSCP) are committed to including those with lived experience ensuring that policies, programmes and decision are relevant and effective, helping to address real world challenges faced by individuals and communities.

Our strategy [Improving Lives Together 20234 - 2026](#) focuses on our commitment to listening to these voices, so we can create solutions that prioritise our values of respect, compassion, empathy, care and honesty.

The Participation and Engagement Strategy is designed to help us all challenge assumptions and biases and amplify the voices of those with lived experience empowering individuals to advocate for change. This more inclusive approach, fosters a sense of ownership and helps us all to develop more effective outcomes with our service users, delivering our shared mission of improving lives with the people of West Dunbartonshire.

Beth Culshaw

Beth Culshaw

Chief Officer

Health and Social Care Partnership



Introduction

The Participation and Engagement Strategy 2024-2027 aims to build active, inclusive, and strong community relationships between the Health and Social Care Partnership (HSCP) and the residents of West Dunbartonshire. We want our local communities to help us shape and influence our decision making to create services and policies that put the community at the heart of our work. This strategy outlines how all HSCP staff engage with our residents and cements our goals for what we want to achieve over the next three years.

Our work is underpinned by the [Improving Lives Together: Strategic Plan 2023-26](#) that prioritised creating environments for communities to become self-advocates on issues that matter to them and using their voices to make decisions together. There are some examples of where we have done this well like our newest [Carers Strategy 2024-26](#) and the [Champion's Board](#) who have shown how engaging with communities can be used to create positive change. In the successful delivery of this strategy, West Dunbartonshire HSCP aims to create consistency in our engagement methods and challenge existing issues head on.

The COVID-19 pandemic impacted our ability to engage with the local community, and ultimately affected the ways we communicated. Along with the lessons learned from the pandemic; we set our goals to maintain strong engagement with the community going forward. We recognise certain challenges faced by residents across West Dunbartonshire may affect participation, including accessibility issues; an [aging population; and areas of high social deprivation](#). This strategy will outline how we plan to overcome these barriers together to make positive change in the West Dunbartonshire area.

What is Community Engagement?

In its simplest form, community engagement is the involvement of people in decision-making processes about issues that matter to them¹. This means the HSCP and the local communities working together to tackle challenges and coming to a compromise on solutions. Community engagement is a valuable tool for creating tangible change and helps the HSCP identify what services or policy changes are needed in an area based on feedback. It is the responsibility of the Community Engagement and Development Officer (CEDO) to represent the community voices that they have gathered and use their opinions to help the HSCP come to a co-produced decision.

There are lots of ways communities can be engaged with, and each approach comes with its own merits and challenges. There are four frequently used methods that you might have been involved with in the past, which are:



¹ Attree, P et al. (2010) 'The experience of community engagement for individuals: a rapid review of evidence.' *Health and Social Care in the Community*. 19 (3), pp. 250-260.

We use the engagement topic to decide what method we are going to use to engage with the local community. For example, if we were looking to get direct experiences of cancer patients using services, it would be best to choose a method that allows for in-depth discussion, such as a consultation session in an environment which best suits the needs of the participants at that time. However, if we were looking to get a large public view on satisfaction of the HSCP, we would use a survey to reach as many people as possible. After we collect feedback, it is then analysed and put into a report which is presented to the appropriate team to use for constant evaluation or to the HSCP Board who oversee the governance of the HSCP. The Board can use the report based on its evidence to make decisions or compromises about service design and policy implementation.

Community Engagement offers many benefits to both communities and organisations that go beyond sharing feedback, like:



We are already building on the good engagement practices we see within the HSCP which include:

[Care At Home redesign](#)

[Children and families redesign](#)

[Carer's Strategy 2024-2026](#)

[Champion's Board](#)

These projects are a good structure for the participation and engagement strategy to be built upon as they have demonstrated how to involve communities to create positive change. We want to evolve from our [last strategy](#) and use our learning from the last three years to focus on things like:



Defining Our Communities

The definition of a community refers to a group of people that share common characteristics with each other². When the term 'community' is used in this strategy, it is acknowledging three specific sub-groups which are:



Groups of people who all live in the same geographical area (i.e. West Dunbartonshire covers Clydebank, Dumbarton, and Alexandria)



Groups of people who share a common identity characteristic (i.e. identify as disabled, LGBTQ+, etc.)



Groups of people who are brought together by a shared passion (i.e. climate activists, unions, etc.)

² Hogg, C.N.L (2007) 'Patient and public involvement: what next for the NHS?' *Health Expectations*. 10, pp.129-139

Intersectionality

Some people might find they belong to multiple community groups and would struggle to identify with a singular experience, for example, someone could be a person of colour, disabled and bisexual. Intersectionality recognises that people have multiple labels that they can identify with and acknowledges that each identity can add to the possibility of being discriminated against³. We feel it is important for our participation and engagement strategy to use an intersectional lens to hear the multiple impacts people can face, so we can better our services to suit our community's needs. In a practical context, this means we listen and analyse feedback looking at someone's whole experiences and past, rather than focusing on one specific characteristic.

All the communities in West Dunbartonshire are important to help the HSCP make change and sometimes someone can belong to multiple communities at once. We know from the community feedback that we received during the summer engagement sessions that people appreciate their circumstances being looked at as a whole, rather than focusing on one issue at a time. They want their needs to be at the centre of planning, developing and monitoring decisions and examining their circumstances from an empathetic perspective to recognise how issues in their life affect them. This is referred to as a 'person-centred' approach and to do this well, the HSCP needs to work with all its stakeholders to continue its movement towards person-centred working.

³ Hankivsky, O (2014) 'Intersectionality 101'. *Institute for Intersectionality Research and Policy*. 7, pp. 1-36.

Stakeholder definition

Our communities are at the heart of this strategy; however, it is also fitting to recognise our stakeholders who are crucial to making this strategy a success. These stakeholders include and is not limited to:



It's important that the HSCP uses all the voices of its stakeholders to help create positive change. We have a wealth of knowledge from our staff, communities, and valued partners who can, by working together, support the HSCP to make informed decisions that create change. We want to move away from silo working and work towards a collaboration with our partners, ensuring that all interests are represented at the decision table. We know that this is important to our communities from their feedback, and we have used this to help shape what goals we want to achieve throughout the next three years.

What Matters to Our Communities?

Throughout the summer of 2024, the Community Engagement and Development Officer (CEDO) held several focus group sessions with the communities of West Dunbartonshire to hear their feedback on what meaningful engagement looks to them. There were two public sessions held on the 7th and 14th of August and four targeted sessions with partner organisations and their members, including new Scots' women's group Moments of Freedom (supported by Outside the Box), Alternatives, Improving Lives and Carers of West Dunbartonshire. Other partner organisations were contacted to participate but were unable to due to recesses that take place over the summer holidays. Opportunities were also given for people to feedback electronically via email, which there was one response given.

Each session included a presentation given by the CEDO on the current state of the strategy and offered detail into the suggested goals for the timeline. People could then offer critique through the pre-set open-ended questions that the CEDO had designed in advance. The three main questions were:

1. What do you like about the strategy?
2. How can the strategy be improved?
3. Is there anything missed in the strategy?

What did the communities like about the strategy?

- People were excited for a change of pace from the HSCP
- The strategy helped create transparency
- Engagement was being built into projects

Communication with the HSCP

Throughout the sessions, our communities told us that communication with the HSCP can be difficult:

- 'There is never any update given when a service changes because of staffing issues'
- 'When I was seeking an ADHD diagnosis... I was told that there was no medical evidence for me to receive a diagnosis despite compiling a 4-page report by a private specialist who recommended a full assessment.'
- 'When I was looking for respite, my key worker went off on sick leave and when I finally got someone on the phone, they told me they couldn't do anything because they were the only person who did respite in the office.'

Transparency

The community members shared that they felt it was hard to understand how the HSCP works or who is responsible for decisions:

- 'The biggest issue for me is understanding and separating West Dunbartonshire Council staff from the HSCP... you're passed from person to person.'
- 'I've done previous engagement work on the Autism Strategy before... it ended up collapsing and we were never told directly that it wasn't going ahead'
- 'The HSCP sometimes isn't honest. It's okay to not have the resources but just be honest and tell us that.'

Involvement

All the communities we spoke to made it clear they wanted to be involved in decisions that influence their lives:

- 'I like the idea of our voices being heard and how everyone can share their opinion to build stronger policies'
- 'The HSCP should spend a day in my shoes and then tell me they won't change anything'
- 'There is still a lot of stigma in the recovery community and people will not engage until they feel ready to. Services are built for when you are sober, and many can't get sober until they access the services'

Using the feedback we received from our communities, our staff members and our key partners, the goals for this strategy were created and shaped to serve the people who live and work in West Dunbartonshire.

Goals

Using the feedback gathered during the engagement sessions and considering the best practice examples already mentioned, there are areas of improvement that the HSCP use as a structure to outline the strategy goals. We want to support our communities to be more involved in decision-making, including everyone to 'have a seat' at the discussion table and become more transparent in our processes and the way we work. The goals we set for the next three years were chosen with our communities to suit their needs and help create a strong foundation for all future engagement work within West Dunbartonshire. Although ambitious, these goals outline a strong relationship between the HSCP and its communities and cements the importance of participation in everyday HSCP working.



Intertwining our goals to link into each success ensures we can use their collective outcomes to drive positive change. Working together with our communities, the goals demonstrate what matters to the people of West Dunbartonshire and outlines how the HSCP aims to achieve these outcomes. They indicate an exciting movement into recognising the everyday good work our staff undertake whilst also constantly developing and evolving our approaches to continue to adapt to our community's needs.

Including Seldom Heard Voices

Our communities told us it was important that we hear the experiences of everyone who lives in West Dunbartonshire, and we know that people from seldom heard communities can have barriers that impact their participation. It is our duty as the HSCP to support these groups to engage and ensure we tackle the barriers that can stop people from participating. We want to continue to use the direct experiences of our communities to help us shape decisions that support community wants and needs. Some of the ways we are going to do this are:

recognising areas of improvement
with our communities and staff



- Supporting our staff to feel confident when engaging with communities and how to tackle accessibility barriers
- Use community experience to help the HSCP find solutions

identifying and supporting the
developing community navigators



- We want to find people who are already known and trusted in their communities and help their development with training
- Increase the number community representatives on decision-making panels

Supporting the Development of Our Communities

Our communities have told us that they are eager to get involved and participate but they want their contributions to be meaningful and not tokenistic. It is therefore important that the HSCP helps strengthen the communities of West Dunbartonshire and offer tools and knowledge to successfully advocate for their own wants and needs. Some of the ways we want to achieve this is by:



- Listening to our communities needs and using targeted engagement to support their growth
- Utilising best practice guidance and using these materials to help create staff training



- Return to the communities who engaged with us and detail how decisions were made
- Examining how the HSCP shares information and designing a more efficient and straightforward method

By using the person-centred approach, the HSCP recognises that the best people to help us make decisions are the people who live and work in West Dunbartonshire. We want to use collaborative learning and working with the experts who understand the needs of our communities and use their feedback to inform how decisions are made. Our communities don't necessarily lack a voice, rather the structures that create HSCPs are

complicated and can be difficult to navigate. Recognising and tackling these barriers to participation means the HSCP can become easier to engage with, and communities can have their voices represented in issues that matter to them.

Strengthening Our Community Relationships

The ongoing COVID-19 pandemic has impacted how people in their local communities trust the HSCP and we recognise this can hinder coming together to talk about issues that matter to you. We know that the relationships with our stakeholders, particularly our communities, staff and partners, creates the skeleton for HSCP services to thrive. Our communities told us it was important to them that the HSCP used all its resources to help make decisions and this means nurturing relationships. Some of the ways we want to achieve this is by:



- Supporting outreach work within our communities
- Nurturing strong relationships with our third sector and partner organisations
- Increase our partner organisation representation on decision-making panels

Building relationships with our communities and partners helps keep us accountable to the people who live and work in West Dunbartonshire. The more we can involve our partners who are instrumental for creating change, like communities, staff and third sector organisations, the better chance we have of a successful transition to new ways of working. Although it may take time to achieve, nurturing important relationships will support the HSCP to make the best choices for our communities by using the direct feedback of the experts to motivate change.

Trauma Informed Practice

During the summer engagement sessions, our communities told us very personal stories about finding services difficult to access. One issue that arose consistently was people feeling they had to repeat their stories over and over to professionals and this was traumatic for several reasons:

- When people are looking to access support, they are being referred to a door that is closed to them.
- Having to explain their life story and experiences multiple times risks re-traumatisation, feeling unsafe and can harm relationships before they begin.
- There's a missing gap in the bridge for support between services and referrals.

These experiences can impact staff too, particularly as staff want to be the best at their job and complicated systems can hinder that. Some of the ways staff can be impacted is:

- Frustration at having to decipher referrals that can use service specific language and acronyms as there isn't one centralised system.
- Staff may have to ask the same questions multiple times due to missing information in someone's history, case notes or repetition in forms leading to feelings of disempowerment.
- Staff can feel this hinders their success at their job and can create job dissatisfaction.

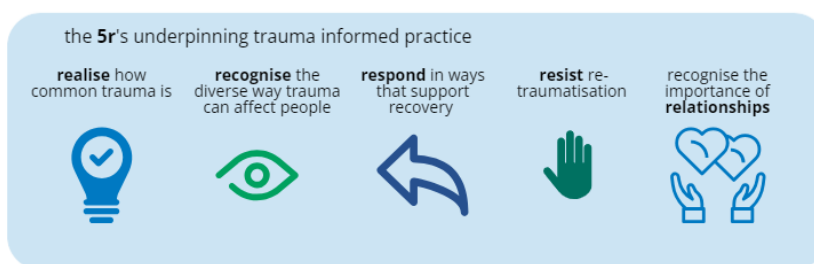
Using this knowledge, the HSCP is actively working towards introducing trauma informed practice into its services. The Programme Lead for Trauma Informed Practice is undertaking work to create a Trauma Informed Strategy that will create the framework for the HSCP to follow. It's important that in the meantime the participation and engagement

strategy follows the [national roadmap](#) to ensure we support everyone who lives and works in West Dunbartonshire to feel safe and supported.

What is Trauma Informed Practice?

Trauma can affect us all at any time. Our approach to services includes working in Trauma Informed ways. The HSCP is committed to embedding Trauma Informed Practice by implementing key trauma informed practices into everyday work.

The 5 R's underpin Trauma Informed Practice are:



Trauma Informed Organisation also apply Trauma Informed Practice principles:



What to Expect from our Consultation Sessions?

Whether we are over a screen or face to face, we want to help make everyone comfortable when we run engagement sessions. There will be, at times, topics we are looking to get public views on that are deeply personal for individuals or their communities to share. It is therefore crucial that we create a safe environment where everyone can be involved in having their voice heard.

Our face to face consultations will usually be run by splitting the session into two halves; an information session and focus groups. The information section is where we explain to the communities about the topic of the day and offer participants the chance to ask questions. After a comfort break, we then would split into manageable groups with a facilitator who will ask pre-made questions and a scribe would write down answers verbatim. Some people don't feel comfortable speaking publicly, so we provide them with writing tools to share their comments or ask questions.

We have created a set of ground rules that are used for each session to ensure the wellbeing of our communities and staff, which include:

- We speak and treat everyone with respect and dignity
- Be curious and ask questions
- Everyone can participate
- Personal experiences that are shared stay inside the room
- Help us find a path for change

We believe it is important that everyone has their say and that can mean people disagree with each other's opinion. We want to highlight that although we want to create a space where everyone is heard, there are exceptions that cannot be allowed during sessions. We will not accept hate speech in any format against individuals, their communities, or staff when sessions are being run. Constructive criticism is welcomed and sought, but this needs to be done in a polite manner. There will be a three-

strike policy where an individual will be given the opportunity to adjust their behaviour before being asked to leave.

Accessibility Measures

We recognise that there are accessibility barriers that can stop seldom heard voices from joining in discussions and we want to tackle these issues head on. Some common* barriers people can face are:

- Economic hardships (for example, a session being held face to face and a person cannot afford transport to get there)
- Inaccessible venues (for example, not wheelchair friendly)
- Materials only being made in English
- Being blind, Deaf or Hard of Hearing and not having access to interpreters or accessible documents (for example, documents in braille or image descriptors on pictures)
- Not having access to the internet or technology and engagement sessions only being held online
- Attitudes and stereotypes about different protected characteristics and how this affects an individual or groups of people

*Please note this list is not exhaustive

All our sessions shall be planned with advance notice to acknowledge any accessibility barriers participants may face by asking people when they sign up if they have any accessibility needs that we can accommodate. Staff will be required to recognise accessibility needs when creating any materials for sessions, including removing jargonistic language or acronyms. Any speakers who join sessions as guests will also be asked to consider accessibility barriers and content will be screened in advance to avoid any issues during sessions.

Principles of Engagement

The Scottish Community Development Centre who created the National Standards for Good Community Engagement outlined 7 best-practice principles that can be used to demonstrate what good community engagement looks like. The Standards are used by all the HSCP Boards across Scotland and help ensure engagement is completed to a high-quality that results in the greatest impact for change. It acts as a challenge to compare our approaches to, and ensures we acknowledge and overcome barriers to participation, like making sure our engagement sessions are accessible to anyone that joins.

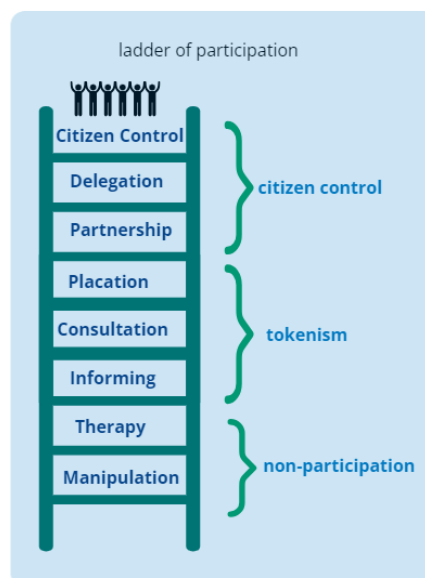


(Scottish Community Development Centre, 2024)

These standards will be embedded in our work by continuously monitoring our engagement approaches and adapting our practice when we identify barriers that can be solved. We acknowledge that the transition period of engagement will take time to become standard practice, both amongst our communities and for our staff. However, we believe that taking our time to get our approach right from the start is best option to create a long-term sustainable relationship between our communities and the HSCP.

Ladder of Participation

We want to use the principles of engagement to empower our communities and create a strong partnership between the HSCP and its residents. We recognise that engagement had been difficult in West Dunbartonshire due to the lack of a Community Engagement and Development Officer's role not being fulfilled and the impacts of COVID. We want to work on creating more consistent engagement and we are using this strategy as an opportunity to improve how we work.



Using Arnstein's⁴ ladder of participation, our goal is to achieve the 'degrees of citizens' power' section at the top of the ladder. There are projects within the HSCP that are already achieving this, and we want to use the example they have set to make a consistent effort across the HSCP. Crucially, the HSCP wants to move into a partnership with the

⁴ Arnstein, S. (1969) 'A Ladder of Citizen Participation.' Journal of the American Planning Association, Vol 34 (4) pp. 216-224

people who live and work in West Dunbartonshire who can help use collaboratively make decisions and help us share power amongst the people.

We want to involve our residents in sharing the decision-making power to help the HSCP become more accountable to the people it is serving. One way we wish to achieve this is by recognising residents who could become community representatives in their own area and be a spokesperson for their community on issues that matter to them. In a practical example, this means having more community representation on decision-making boards like internal steering groups and the HSCP Board. Our delivery plan details what actions we will take to continue working collaboratively with our communities, staff and partners.

Knowing Your Rights

All residents of West Dunbartonshire are given rights by law that protect their involvement in local democracy and enshrine their participation in issues that matter to them. Below are the relevant laws that underpin this strategy. All further information on the legislation mentioned in this strategy can be found via their titled hyperlink.

Carers (Scotland) Act (2016)

This act was created to improve support for unpaid carers across Scotland by recognising the crucial work they undertake and offering them more support. It places a legal duty on local authorities, health boards and HSCPs to involve carers in decisions that affect them and seek out their views on all services that support them. In West Dunbartonshire, the [Carer's Strategy 2024-2026](#) underpins all engagement work and will continue to be used to outline how best to engage with unpaid carers in the community.

Children and Young People (Scotland) Act (2014)

This act sets out the legal framework for child welfare across Scotland, specifically that children and young people's views should be taken into account during decision making processes on issues that matter to them. It works in tandem with the United Nations Conventions of Rights of a Child Incorporation Act (2024) that enshrines young people's rights whilst this act outlines the legal framework for support.

Community Empowerment (Scotland) Act (2015)

This act places a duty on public bodies like the NHS Health Board, the Council and the HSCP to improve the quality of lives for people who live in disadvantages areas. This refers to anyone who lives in an area where their life aspirations are less because of poverty, health, housing, inequality or working prospects. The act aims to make the balance of power between communities and the public sector more equal and introduces more rights for communities by strengthening their voices in decision-making processes.

Community Justice (Scotland) Act (2016)

This act established an independent national body, Community Justice Scotland, to oversee community justice in local authorities whilst also outlining requirements for local and national outcomes.

Data Protection Act (2018)

Also known as the General Data Protection Regulation (GDPR), this act outlines how your personal information is used by any organisation. The rules surrounding GDPR are strict, and all data collected needs to be used fairly and the person needs to understand why it is being recorded. Any data collected for engagement purposes will be held according to GDPR guidance and you can request to see what data we hold on you via a [Freedom of Information \(FOI\)](#) request or ask for your data to be permanently deleted at any time.

Equality Act (2010)

This act sets out legal protections for people who fall under protected characteristics from being discriminated against in society. It is a compilation of several other anti-discrimination laws that were in existence which were brought together to create more protections for people. The protected characteristics include age, disability, gender, marriage and civil partnership, pregnancy and maternity, race, religion/belief, sex, and sexual orientation. We use the Equality Act legislation when conducting Equality Impact Assessments which can be viewed [here](#).

Human Rights Act (1998)

The act outlines a set of fundamental human rights that everyone who lives in the UK is entitled to by law. It uses the [European Convention on Human Rights \(ECHR\)](#) as the basis for the law and sets out 13 main articles that define a person's rights, including right to life, right to a fair trial and the right to an education. In Scotland, there is also legislation going through Parliament for a new Human Rights Bill to be introduced by May 2026. This will also be incorporated, and the strategy will be updated upon its publication.

Patient Rights (Scotland) 2011

This act outlines the Scottish Government's plans to create a high-quality NHS that enshrines the rights of its patients. The act created the [Patient Advice and Support Service](#) (PASS) which provides free and confidential support for patients.

Planning with People Guidance 2024

The Planning with People Guidance is a national guideline outlined by the Scottish Government for all Health and Social Care Partnerships to follow for consistency in engagement. It applies to all services and highlights examples of best practice from across Scotland. Most notably, a major change from this guidance is the introduction of [Health Improvement Scotland's \(HIS\)](#) involvement in local engagement for major redesigns of health services. HSCPs must inform HIS of any proposed redesign for health services and demonstrate the appropriate measures have been undertaken to engage the local community in its development.

Public Bodies (Joint Working) Act (2014)

This act places the duty on the Integrated Joint Board and the local authority to create a Strategic Plan for the services and budgets under their control. The West Dunbartonshire ['Improving Lives Together' Strategic Plan 2023-2026](#) is a key document that works in tandem with the participation and engagement strategy and is used as another layer of monitoring.

United Nations Conventions on the Rights of A Child (Incorporation) (Scotland) Act (2024)

This act incorporates the UNCRC into Scottish Law which outlines the civil, political, economic, social, and cultural rights of all children and young people in Scotland. Similarly to the Human Rights Bill, the Act includes 54 articles that enshrine how all adults, from parents to local authorities, must work together to ensure all children and young people receive these rights. Some of the articles include freedom of expression, a right to be safe from violence and the right to be heard. Alongside the [Human Rights Act \(1998\)](#), we will be using this bill to enshrine the rights of all children and young people of West Dunbartonshire and ensuring their voices are heard on issues that matter to them.

NHS Reform (Scotland) Act 2005

Under this act, NHS Health Boards have a legal duty to ensure public involvement and equal opportunities within healthcare settings. The Scottish Health Council (SHS) was established in 2005 to involve NHS patient participation as a result of this act.

Governance and Monitoring

The Engagement and Participation Steering Group was established by the HSCP Board to support the creation of this strategy and now with its successful publication, it will evolve into monitoring the success of the strategy by:

- Reporting and reviewing progress
- Identifying any engagement barriers and working together to find solutions
- Collaboratively working with partners to engage communities across West Dunbartonshire

The group is chaired by the Head of Service for Strategy and Transformation and is answerable to the [HSCP Board](#) via evaluation reporting. Our members include:

- HSCP Service representatives
- Third sector organisations
- Our Trade Union colleagues
- West Dunbartonshire Council colleagues

As the participation and engagement strategy and delivery plan outlines, there is planned increase of community representation on decision-making panels by finding representatives and support their development to join the group. The Board will be kept informed with a report annually to detail what engagement work has been undertaken and demonstrate the growth and development of the strategy.

Thank You

The HSCP would like to thank key organisations and staff members for their contribution to this document and dedication of their time. It is with their feedback, guidance and input that this strategy was made and reflects the wants and needs of West Dunbartonshire successfully. Specifically, thanks must go to:

- Our communities who gave their time to give feedback on the strategy
- Carers of West Dunbartonshire members who gave their time to give feedback
- Improving Lives members who gave their time to give feedback
- Alternatives members who gave their time to give feedback
- Moments of Freedom members who gave their time to give feedback
- The Participation and Engagement Strategy Steering Group, including our internal staff and external partners, who gave their time, guidance and input on the strategy
- The Short Life Working Group who dedicated their time and expertise to support the development of the strategy
- The Health Improvement Team, who created all the graphics

This strategy could not have been successful without this input and heartfelt thanks is offered to everyone who shaped the contents of this document through their expertise and knowledge.

Introduction

The West Dunbartonshire Health and Social Care Partnership (HSCP) outlined its dedication to community engagement and participation in the [Strategic Plan 2023-2026](#). Work has been undertaken to recognise best practice amongst our staff, identify how our engagement can improve and pull together the rich knowledge resources that exist in West Dunbartonshire to create change.

Using the feedback from our community members and key stakeholders, three areas were identified as a priority to achieve meaningful engagement and will be under review and evaluation:

1. Including Seldom Heard Voices

- We want to acknowledge the barriers that staff and communities face when engaging with each other and ensure necessary steps are taken to tackle these issues.
- We want to use a variety of experiences to make our services accessible for everyone who lives in West Dunbartonshire.

2. Supporting the Development of Our Communities

- Communities want their contribution to be meaningful and impactful.
- The HSCP wants to become more transparent.

3. Strengthening Our Community Relationships

- The pandemic has affected the trust between the HSCP and its communities.
- The HSCP wants to nurture its relationships for all its stakeholders.



West Dunbartonshire Health & Social Care Partnership

The goals enshrine staff expertise, community lived experience and vital partner work to ensure that community engagement and participation within West Dunbartonshire is collaborative and successful. The Delivery Plan cements co-production and peer learning at the heart of its actions and demonstrates what success will look like in a local context. This work supports the delivery of the [Strategic Delivery Plan](#) by using the national health and wellbeing outcomes and indicators as a structure for what success will look like and as the priorities for the HSCP and communities evolve, responding when appropriate to reflect the ever-changing landscape of West Dunbartonshire.

Task Description	Actions	Responsible Officer	Year 1 2025	Year 2 2026	Year 3 2027	Responsible for Updates	What will success look like?
Including Seldom Heard Voices							
Embed National Standards for Community Engagement throughout HSCP to ensure best practice	Establish HSCP engagement baseline including approaches and active partnerships	Community Engagement and Development Officer (CEDO), Operational Development Officer (ODO), HSCP Heads of Service, HSCP Staff, Empowered DIG	By Mar 2025			CEDO	Increased staff awareness around community engagement practice and its benefits
	Establish staff skills baseline and confidence levels throughout staff teams via workshop engagement sessions		By June 2025	June 2026 [Review]	June 2027 [Review]	CEDO, HSCP Staff	Staff feel supported and have the tools to improve their knowledge and practice
Compile appropriate support materials and roll-out	Co-produce/curate a comprehensive	CEDO, Third sector organisations,	By Aug 2025			CEDO	Knowledge of Participation Handbook is increased

awareness/training in maximising contribution of lived experience in HSCP service delivery	suite of engagement materials supporting engagement sessions with seldom heard voices	External Support Agencies, HSCP staff, HSCP Heads of Service, Empowered DIG				
	Identify best practice activity and create positive case studies around the use of lived experience			March 2026		Positive case study materials published widely across HSCP and WD Evidence of outgoing engagement routinely collected and shared
	Engage with staff teams to provide an ongoing programme of upskilling including individual team inputs, cross-			June 2026	June 2027 [Review]	CEDO, HSCP Staff Staff report increased confidence Level of community engagement activity increases

	function training sessions and contributions to staff intranet					CEDO, HSCP Staff, ODO, Policy Assistant	
Increase community representation on decision-making panels, maximising lived experience as a tool for change	Identify existing engagement mechanisms and engage with service leads to identify potential additions	CEDO, HSCP service leads, Third Sector Organisations, WDCVS, HSCP Managers, HSCP Staff, WD communities, HSCP Quality Assurance Team	By Jan 2025			CEDO	Lived experience better understood and valued within HSCP
	Develop or procure training for community representatives		By August 2025			CEDO, SMT, Procurement Team	Training materials created/procured, and pilot tested
	Recruit and train community representatives and embed						Representatives feel confident in their roles Representatives feel their voices are heard and

	within appropriate HSCP decision-making structures			Mar 2026		CEDO, SMT, IJB	contributions are considered
	Develop a representation network to increase breadth of community representation as non-voting HSCP Board members				Mar 2027	CEDO	HSCP Board places are appropriately filled Network is created and continues to offer peer support for community representatives
Supporting the Development of Our Communities							
Create transparency between the HSCP and its communities	Demonstrate use of community feedback during decision-making	CEDO, Heads of Service, HSCP Board, HSCP Staff	–	Mar 2026	Mar 2027	CEDO, HSCP staff, SMT	Evidence of consistent consideration of community feedback, including 'You Said, We Did' mechanisms

	Develop and embed effective feedback processes across all HSCP services				Mar 2027	CEDO, HSPC staff, SMT	
Using information to support self-advocating communities	Review and co-design improvements to the HSCP website to ensure clarity and accessibility of information	CEDO, HSCP staff, Third Sector Orgs, WD communities	–	Mar 2026	Mar 2027	CEDO, ODO, Policy Assistant	<p>Users feel websites are easier to traverse and information is simpler to find</p> <p>Using built-in website feedback to monitor suggestions and change</p>
Strengthen Community Relationships							
Support community-led solutions	Design and deliver a programme of community outreach activity,	CEDO, WD communities, Third sector orgs, HSCP services, WDCVS	Mar 2025			CEDO, CVS, HSCP services	HSCP is more visible within the local authority area

	gathering and using feedback to stimulate change						
Use partner expertise to support positive growth	Engage with third sector organisations to share information and best practice and co-produce effective community engagement arrangements	CEDO, Heads of Service, HSCP managers, WDCVS, Third Sector Orgs, Empowerment DIG		Mar 2026	Mar 2027	CEDO	Relationships between third sector organisations are nurtured and strengthened
	Increase partner representatives that sit on HSCP decision-making panels			Mar 2026	Mar 2027	CEDO, SMT, IJB	HSCP Board places are appropriately filled

Equality Impact Assessment record layout for information

Owner:	Cols Young
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Resource:	WDHSCP	Service/Establishment:	Joint
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	First Name	Surname	Job Title
Head Officer:	Margaret-Jane	Cardno	Head of Strategy and Transformation

	Include job titles/organisation
Members:	Emily Aitken (Trauma Informed Practice Lead) WDHSCP, Ailsa Dinwoodie (The Promise Lead) WDHSCP, Ilse Sanchez Posso (Violence Against Women and Girls Lead) WDHSCP, Lauren McLaughlin (Health Improvement Lead) WDHSCP. Jenni McNab (Communication and Engagement Manager) Carers of West Dunbartonshire, Cols Young (Community Engagement and Development Officer) WDHSCP.

Please note: the word policy is used as shorthand for strategy policy function or financial decision	
Policy Title:	Engagement and Participation Strategy

The aim, objective, purpose and intended outcome of policy
The strategy aims to build active, inclusive, and strong community relationships between the Health and Social Care Partnership (HSCP) and the residents of West Dunbartonshire. The HSCP wants the local communities to help shape and influence how decisions are made and put the community needs at the heart of service design. The engagement strategy outlines the goals to be achieved in its three-year timeline, including tackling accessibility barriers that hinder seldom heard communities from participating in local democracy matters.

Service/Partners/Stakeholders/service users involved in the development and/or implementation of policy
West Dunbartonshire HSCP Health Improvement Team West Dunbartonshire HSCP Strategy and Transformation Team West Dunbartonshire HSCP Children's Health, Care and Justice Team West Dunbartonshire HSCP Mental Health, Addictions and Learning Disabilities Team West Dunbartonshire Council for Voluntary Service (CVS) Service users

West Dunbartonshire Residents
 West Dunbartonshire Council colleagues
 Carers of West Dunbartonshire
 Scottish Recovery Consortium
 Improving Lives
 Outside the Box
 Mental Health Network for Greater Glasgow and Clyde (MHNGGC)
 Y Sort It
 Citizens Right Project
 Clydebank Asbestos Project
 NHS Trade Union Representatives (BAOT and Unite the Union)

Does the proposals involve the procurement of any goods or services?	N/A
If yes, please confirm that you have contacted our procurement services to discuss your requirements	N/A

SCREENING

You must indicate if there is any relevance to the four areas

Duty to eliminate discrimination (E), advance equal opportunities (A) or foster good relations (F)	Yes
Relevance to Human Rights (HR)	Yes
Relevance to Health Impacts (H)	Yes
Relevance to Social Economic Impacts (SE)	Yes

Who will be affected by this policy?

All residents of the West Dunbartonshire area.

Who will be/has been involved in the consultation process?

As part of a three-week consultation process, the policy was brought to key stakeholders and their members to discuss their views on its effectiveness. Targeted focus groups were held with member groups from Carers of West Dunbartonshire,

Alternatives, Moments of Freedom (Outside the Box) and Improving Lives who all host meetings in the West Dunbartonshire area. Two public consultations were also undertaken and publicised through social media offering opportunity for wider public feedback in both the Clydebank and Dumbarton area. All participants were given information and the opportunity to ask questions about the strategy and then asked their opinions of what they liked about the strategy, what could be improved and any areas the strategy missed. Furthermore, roundtable discussions were held monthly beginning in April of 2024 with HSCP staff and key stakeholders (CVS, Third Sector Organisations, Trade Union Reps etc.) who offered feedback and guidance for the strategy's development and progression.

Please outline any particular need/barriers which equality groups may have in relation to this policy list evidence you are using to support this and whether there is any negative impact on particular groups

	Needs	Evidence	Impact
Age	<p>The Strategic Needs Assessment (2022) and National Records Scotland (2022) have reported a 6.9% population decrease in West Dunbartonshire (WD), and an increase in its older generation. According to the predicted estimates, the WD population is due to continue its decline in population by 7.4% by 2028 and only saw 852 births in 2022. WD life expectancies for both men and women fall below the national average for Scotland, with WD experiencing a significant impact by the COVID-19 pandemic. Nationally, 29% of people over the age of 75 experience feelings of loneliness on a weekly basis. Within WD, 57% of emergency admissions to hospital were for people over</p>	<p>WDHSCP Strategic Needs Assessment for Adults and Older People (2022)</p> <p>WDHSCP Strategic Needs Assessment (2022)</p> <p>Census Data 2022 (keep an eye)</p> <p>National Records Scotland Population Estimates (2022)</p>	<p>The strategy aims to create an inclusive approach to engagement by removing accessibility barriers that may hinder marginalised voices from participation in local democracy matters. Regarding young and older people, this includes ensuring multiple formats of advertisement and hosting sessions in locations that are accessible to communities. The strategy has a goal set for its three-year timeline to involve more community voices within decision making processes by identifying and upskilling community navigators of marginalised communities. This will have a positive impact on the young and older population of WD as they</p>

	<p>the age of 65 and this age bracket is the highest resource consumption group of acute in-patient non elective services. WD also sees higher delays for discharge for over 75s with incapacity than any local authority area in Scotland.</p> <p>Although the Scottish Government implemented the Fairer Scotland for Older People framework in 2019 that intends to tackle age discrimination, nationally older people are reporting difficulty engaging with their local services. With the shift to digital platforming post-lockdown, older people are experiencing exclusion from the services that are relevant to them as they can lack digital literacy skills and confident to use online services. This makes engagement difficult for older people to share their experiences of how services suit their needs as West Dunbartonshire has moved many of its services to solely online.</p> <p>West Dunbartonshire has not currently published health outcomes of its younger population, but this can be garnered from national data. One in four children live in poverty in Scotland, and these young people are less likely to</p>	<p>NHS Greater Glasgow and Clyde (NHSGGC) Health and Wellbeing Survey (2022-023)</p> <p>Scottish Government (2019) A Fairer Scotland for Older People: A framework for action</p> <p>Age UK (2023) Applying for a Blue Badge and other council services if people are not online</p> <p>Scottish Sports Futures (2022) Trauma and Poverty: Post COVID-19 challenges affecting vulnerable</p>	<p>will have direct representation of their wants and needs on decision-making panels.</p>
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	<p>be physically fit, higher rates of depression and anxiety and experience social stigmatisation. The COVID-19 pandemic worsened this issue and widened the attainment gap during the lockdown, with a higher percentage of younger people now reporting PTSD and trauma from the lockdown itself. Despite Scotland being the first country to enshrine the United Nations Conventions on Rights of a Child in 2024, the COVID-19 pandemic highlighted that young people were unable to be involved in decision-making processes that mattered to them. This issue, coupled with the traumatic experiences faced over lockdown, may result in young people being hesitant to engage due to their needs being unable to be listened to during the COVID-19 pandemic.</p>	<p>young people in Scotland.</p> <p>Scottish Government (2024) UNCRC (Incorporation)(Scotland) Act</p>	
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	Needs	Evidence	Impact
Disability	<p>The Scottish Census (2011) statistics show that West Dunbartonshire has a higher population of disabled people within the area at 26% compared to the national average of 24%. According to the Scottish Learning Disability Observatory, West</p>	<p>Scotland Census (2011)</p> <p>West Dunbartonshire in Numbers (2020)</p> <p>NHSGGC Health and Wellbeing Survey (2022-2023)</p>	<p>The strategy aims to create an inclusive approach to engagement by removing accessibility barriers and enshrining marginalised voices in its practice. Regarding</p>

	<p>Dunbartonshire also has a higher average of learning-disabled people within its population than the Scottish average at 6.2%. Learning disabled people experience some of the poorest health outcomes of any equalities group. It should also be noted, as it was by the Equality and Human Rights Commission (EHRC) and the Glasgow Disability Alliance, that disabled women are more likely to experience poverty, violence, and unstable employment in comparison to disabled men and non-disabled counterparts. Adding in the COVID-19 pandemic to these pre-existing issues, disabled women experienced more negative impacts of the COVID-19 pandemic including poor access to healthcare, social isolation and overwhelmingly shouldering the responsibility of unpaid care demands in the home.</p> <p>Following the Social Model of Disability's definition, disabled people face physiological and psychological barriers in their daily lives. This is due to society being built for the needs of abled-bodied</p>	<p>Scottish Health Survey (2022)</p> <p>Scottish Household Survey (2019)</p> <p>Scottish Learning Disability Observatory (2020)</p> <p>'The Double Whammy of being a disabled woman within the UK' Equality and Human Rights Commission (2018)</p> <p>'Triple Whammy' Disabled Womens Lived Experiences of COVID-19. Voices, Priorities and Actions for Change. Glasgow Disability Alliance (2022)</p> <p>Mike Oliver (2013) The Social Model of Disability: 30 Years On</p>	<p>disabled people, the strategy outlines accessibility measures that all HSCP staff should follow when looking to engage with disabled communities, including recognising accessibility barriers and removing them prior to engagement sessions i.e. offering a step free access into a venue, including multiple format documents for materials etc. It aims to enshrine these practices in the Engagement Standards policy that will subsequently be worked on upon this strategy's release.</p>
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	<p>people and it is the barriers that disabled people in society rather than impairments. Barriers can be found in every aspect of a disabled person's life – for example, as stated in the GDA Triple Whammy Report, disabled people are more likely to live and experience extreme negative impacts of poverty. It is due to these societal barriers that disabled people can struggle to engage and have their voices heard.</p>		
	Needs	Evidence	Impact
Gender Reassign	<p>There is no local data that records the trans community of West Dunbartonshire. The Scottish 2022 Census found that approximately 20,000 people who live in Scotland identify as trans, which is 0.44% of the total population of Scotland. The Census does not provide a definitive number of trans people who live in West Dunbartonshire but have identified that it is approximately 0.33% of the total WD population. Using the most recent population count of 87,790 provided by the National Records for Scotland, WD has approximately 272 trans people living in its boundaries. Almost half of respondents of the Scottish census who answered as identifying as trans selected 'non-binary',</p>	<p>Scottish Census (2022) Sexual Orientation and Trans Status or History</p> <p>National Records for Scotland (2022) Mid-2021 Population Estimates by Council Area in Scotland.</p> <p>Crown Office and Procurator Fiscal Service (2024) Hate Crime in Scotland 2023-24</p> <p>Stonewall (2023) LGBT in Scotland (Health) 2018</p>	<p>The strategy aims to create an inclusive approach to engagement by removing accessibility barriers that may hinder marginalised voices from participating in local democracy matters therefore having a positive impact. Regarding the trans community, the strategy seeks to enshrine lived experience to shape positive change by identifying third sector organisations who are running</p>

	<p>with one in six respondents identified as a trans-man or trans-woman or did not provide further detail. Half of the trans respondents were aged between 16-24.</p> <p>Transgender hate crime has continued to rise since 2012 throughout Scotland, but it should be noted that hate crime is significantly underreported. Stonewall has also reported that two in five trans people in Scotland have reported avoiding healthcare due to fears of discrimination and three in five have experiences of healthcare staff lacking understanding of trans healthcare needs. These barriers could potentially withhold trans people from engaging with institutions like HSCPs due to fear and stigmatisation.</p>		<p>support services for communities. These partners will bring invaluable evidence and guidance on the landscape of WD and how best to build and grow a relationship with the trans community.</p>
Marriage & Civil Partnership	<p>There were 203 marriages, and 3 civil partnerships registered in West Dunbartonshire in 2023.</p>	<p>National Records of Scotland (2024) Marriage and Civil Partnership – Time Series Data</p>	<p>The strategy applies to any resident who lives in the West Dunbartonshire area regardless of their marital or civil partnership status. There is no national or local data to suggest an equalities impact based on engagement and therefore the impact of this strategy on this equalities group will be neutral.</p>

<p>Pregnancy & Maternity</p>	<p>In 2022, there were 852 births in West Dunbartonshire, according to the National Records of Scotland. West Dunbartonshire had the second highest rate of teenage pregnancy in Scotland. WD had the second highest percentage in Scotland of pregnant people who continued to smoke throughout their pregnancy. National data shows that Black pregnant people are 3 times more likely to die during their labour. The maternal death rate has continued to grow. Women who lived in deprived areas continue to have the highest rate of maternity mortality. Mental health related issues accounted for 40% of the maternity deaths between six weeks to a year postpartum. Scotland is also seeing the average age of pregnant people increase as 59% of live births were of a person over the age of 30 in 2021. There is also a strong association with pregnancy terminations and areas of high deprivation within Scotland, with the average rate of terminations approximately 13.1 per every 1,000 in 2021.</p>	<p>National Records of Scotland (2023)</p> <p>West Dunbartonshire Council Profile Public Health Scotland (2024)</p> <p>Teenage Pregnancies</p> <p>NHSGGC (2012) Healthy Mum, Healthy Babies</p> <p>Scottish Public Health Observatory (2023) Pregnancy, births and deaths: Stillbirth, neonatal, infant and maternal deaths</p> <p>MBRRACE-UK (2023) Perinatal Morality Surveillance: Report for Births in 2022</p>	<p>The strategy is aiming to support the positive change of health and social care services by including voices of lived experience people to shape policy design. Pregnant people have been considered in the strategy by acknowledging accessibility barriers that may stop communities from getting involved in local democracy. This includes hosting sessions in multiple formats (i.e. not solely face to face engagement) and building in community outreach work to link pregnant people to support services. Pregnant people will continue to be considered, involved and instrumental to further change by informing the Engagement Standards project and representing pregnant people's voices in decision-making panels.</p>
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	Engagement barriers that can be faced by this group can be issues like face-to-face sessions taking place during key childcare hours (school pick up and drop off times). Pregnant people living in deprivation may not be able to afford transport or have to choose between heating their home or eating that day.		
	Needs	Evidence	Impact
Race	Using the 2022 Census Data, 3.3% of the West Dunbartonshire population identifies as Black and Minority Ethnic. Nationally, Scotland is becoming more ethnically diverse, with its largest ethnic minority group being from Pakistan. Minority ethnic groups recorded better health than the overall Scottish population, but it should be noted that their population age was younger. Out of the ethnicity categories, according to Allik et al (2023), South Asian men within Scotland are more likely to experience poor health and mortality from specific diseases than other ethnicity groups. The Romani/Traveller communities of Scotland experience the worst overall health outcomes by any ethnicity group. The	<p>Scottish Census (2022)</p> <p>Scottish Government (2015) Gypsy/Travellers in Scotland: A Comprehensive Analysis of the 2011 Census</p> <p>National Records of Scotland (2019) Analysis of Equality Results from the 2011 Census, including Ethnicity, Religion and Disability</p> <p>Self-Directed Support Scotland (2020) My Support, My Choice: Black and Minority Ethnic</p>	Based on the highlighted health inequalities presented by the evidence, the strategy needs to involve multiple ethnic communities in its work to be successful. It aims to do this by identifying community representatives and supporting their development to join decision-making panels within the HSCP, therefore creating a positive impact. It will create an Engagement Standard that will use the voices of lived experience people to shape its work by using their expertise to create the policy. It will also be linking in with key third sector organisations who are supporting ethnic communities daily to

	<p>Romani/Traveller communities were more likely to have lower literacy and comprehension skills of English compared to the general Scottish population. A report from SDS Scotland in 2019 highlighted that Black and Minority Ethnic people experienced more issues accessing SDS. Engagement barriers can be as simple as materials not being made available in multiple languages or more complex as cultural differences towards health that may not translate for practices in Scotland. An example of this can be Asian cultures requiring strict rules during a postpartum period that Scottish culture does not practice.</p>	<p>experiences of Self-Directed Support (SDS) and Social Care Scottish Government (2016) Race Equality Framework for Scotland 2016-2030</p>	<p>use their expertise and guidance to support more inclusive decision making.</p>
<p>Religion & Belief</p>	<p>Overall, Scotland's religious identities reduced between the 2001, 2011 and 2022 Census. In the West Dunbartonshire area according to the 2022 Census, 24,906 people identified as Catholic, 17,269 people identified as Church of Scotland, 2,401 people identified as 'Other Christian, 685 people identified as Muslim, 148 people identified as Buddhist, 100 people identified as Hindi, 31 people</p>	<p>Scottish Census (2011)</p> <p>Scottish Census (2022)</p> <p>West Dunbartonshire Council (2020)</p> <p>West Dunbartonshire in Numbers</p> <p>Scottish Health Survey (2012)</p>	<p>Based on the health inequalities highlighted in the evidence, the strategy needs to involve multi-cultural experiences that include different faith-based and agnostic groups. As there is a lack of national or local data to discuss the specific experiences of people</p>

	<p>identified as Jewish, 101 people identified as Sikh, 268 people identified as Pagan and 37,012 people identified as not religious. National data suggests that Hindi communities are the most likely to report good health in comparison to other religious identities. Roman Catholics reported having lower mental wellbeing and score significantly lower on the GHQ12 scale than any other religious identity. Buddhists and Hindus had the lowest rates for obesity than other religious identities. Muslims had a higher prevalence of having diabetes than the Scottish national average. Those who identified with Christian faiths were more likely to drink harmful level in comparison to Muslims, Hindus and Buddhists. Roman Catholics and those who did not identify with a faith were more likely to be smokers than any other religious identity and were significantly higher than the Scottish National Average.</p> <p>Different religious groups may have opposing views to the HSCP on healthcare, and this could hinder their want or ability to be engaged. For example, some religions do not allow blood transfusions and people could feel concerns about judgement for following that religious</p>	<p>Topic Report: Equality Groups</p> <p>Scottish Government (2013) Scottish Government Equality Outcomes: Religion and Belief Evidence Review</p>	<p>who identify with a faith in healthcare settings, there is an opportunity to recognise this gap when approaching inclusive engagement. The strategy aims to involve all residents of the West Dunbartonshire community regardless of faith and would therefore have a neutral impact on the local faith-based groups. It will, however, be able to widen the inclusivity of faith-based groups and their needs when accessing health and social care services, therefore creating a positive impact. This will be achieved by identifying community navigators and support their training to sit on decision-making panels. This will help bring lived experienced voices into policy creation and tackle accessibility barriers that may hinder a person who identifies as religious from being involved in local</p>
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	practice. English may not be a person's first language when approaching engagement and that barrier can stop them from participating.		democracy matters. For example, some devout religious people may object to an opposite gender healthcare worker conducting their care due to the teachings of their religion.
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	Needs	Evidence	Impact
Sex	In 2021, there were more women (52.2%) than men (47.8%) living in the West Dunbartonshire (WD) area. Life expectancy remains higher for women in WD however both are significantly under the national Scottish life expectancy age. West Dunbartonshire has experienced the joint lowest percentage increase of life expectancy for both men and women out of any local authority area in Scotland. 21.1% of jobs held in West Dunbartonshire are within the Healthcare sector, and according to NHS data, 78% of all healthcare jobs within Scotland are held by women. Carers UK found in 2024 that women are statistically more likely to shoulder the responsibility of unpaid care	National Records of Scotland (2022) West Dunbartonshire Council Area Profile NHS Scotland National Data (2022) Scotland Workforce Data Carers UK (2024) Women and Unpaid Care in Scotland. Glasgow Disability Alliance (2022) 'Triple Whammy' Disabled Women's Lived Experience of COVID-19. Voices, Priorities and Actions for Change. Scottish Government	The strategy aims to create a standard that ensures there is choices of engagement therefore creating a positive impact. This means that there is multiple formats of feeding back experiences and all feedback can be anonymous to protect identities. The need for strong community navigators, particularly in men and boy's mental health circles and for domestic violence support for women and girls, will be crucial in beginning to tackle some of the structural inequalities that Scotland sees within its population. The strategy could potentially have a positive effect on men and women within West Dunbartonshire

	<p>with 59% of carers being women. More than the majority (71%) of these unpaid carers were also working over 35 hours a week. 55% of respondents from the same report advised they were struggling with their own physical health due to the pressures of being unpaid carer. Disabled women are more likely to experience domestic violence and the burden of unpaid care within the household. Women are also statistically more likely to experience domestic and sexual violence and more likely to live in poverty. Nationally, two thirds of alcoholic related deaths were men and alcohol-related hospital admissions were 2.3 times higher for men. The morality rate for suicide is 2.9 times higher for men in Scotland compared to women which has been a consistent recorded gap since the 1990s. Men are also more reported to experience addiction issues within Scotland in comparison to women. West Dunbartonshire experiences significantly higher drug related hospital stays than the Scottish average and has also seen a 333% in drug</p>	<p>(2023) Minister for Men's Health FOI Request</p> <p>Scottish Health Survey (2021)</p> <p>Scottish Government (2023) National Mission on Drugs: annual monitoring report 2022-23</p> <p>National Records for Scotland (2024) Drug-related deaths in 2023</p> <p>Kwon et al (2023) Understanding Men's Engagement and Disengagement when Seeking Support in Mental Health</p>	<p>as it looks to enshrine lived experience in its practice to help support positive change.</p>
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	<p>related deaths in 2023 since 2019.</p> <p>There is concern that traditional masculinity ideals hinder men from engaging with healthcare services, particularly mental health support networks. Women, although more likely to engage, may experience barriers such as domestic violence situations that stop them from leaving the house or speaking to perceived authority figures.</p>		
Sexual Orientation	<p>Using the 2022 Census data, 1.5% of the West Dunbartonshire population identifies themselves as 'Lesbian, Gay, Bisexual, Transgender, Queer' or other (LGBTQ+). Using national data provided by LGBT Youth Scotland and Stonewall Scotland, there is a high rate of anxiety, depression and suicidal thoughts amongst the LGBT community. Stonewall Scotland found that LGBT people felt healthcare had irrelevant information or experienced gaps in care due to their sexual orientation. There was also reporting of LGBT people feeling like they had been outed by healthcare staff without their consent.</p> <p>These issues contribute to feelings of stigmatisation and stress when an LGBT person</p>	<p>Scottish Census (2022) Council Area by Sex and Sexual Orientation</p> <p>LGBT Youth Scotland (2022) Life in Scotland for LGBT Young People</p> <p>Stonewall Scotland (2019) It's Time to Talk about LGBT Mental Health in Scotland</p>	<p>The engagement strategy looks to enshrine lived experience into its practice by co-producing work with communities and partners therefore creating a positive impact. It aims to identify key community navigators who can be trusted figures in a community to highlight issues that can be faced by LGBT people. It will therefore have a positive impact by offering direct representation to support positive change for health and social care services.</p>

	is looking to traverse healthcare settings. It may cause barriers to engagement due to feelings that their identity may be discriminated against or outed without their consent.		
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	Needs	Evidence	Impact
Human Rights	The United Nations Article 21 codifies the right for participation in governance, public affairs and access to services. The West Dunbartonshire Health and Social Care Partnership (WDHSCP) also has a legal duty to ensure participation and engagement with its communities which WDHSCP dedicated itself to in its Strategic Plan.	United Nations (1948) Universal Declaration of Human Rights Scottish Government (2024) Planning with People Guidance West Dunbartonshire Health and Social Care Partnership (2022) Strategic Plan 2023-2026	The strategy aims to uphold Article 21 and commits to the legal duty of engagement and by its implementation, it will be contributing to upholding Human Rights within West Dunbartonshire and therefore will have a positive impact.
Health	Barriers to engagement can have an impact on health outcomes, specifically when issues cannot be identified and rectified. West Dunbartonshire has a lower life expectancy than the national average and experiences poorer health outcomes. Healthcare services available within the	West Dunbartonshire in Numbers (2020) West Dunbartonshire Health and Social Care Partnership	The strategy supporting engagement within West Dunbartonshire will help identify areas of improvement and feedback lived experience of using and accessing services. It aims to tackle health inequalities by

	area may not be extensive enough to tackle the health inequalities experienced by West Dunbartonshire communities.	(2022) Strategic Plan 2023-2026 NHSGGC Health and Wellbeing Survey (2022-2023)	widening participation to create positive change and therefore would have a positive impact for West Dunbartonshire communities.
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	Needs	Evidence	Impact
Social & Economic Impact	West Dunbartonshire has some of the most socially deprived areas of Scotland which has a direct outcome on health equalities – including alcohol and drug addiction rates, life expectancy and aspirations.	The Scottish Index of Multiple Deprivation (SIMD) West Dunbartonshire Health and Social Care Partnership (2022) Strategic Plan 2023-2026	Improving health outcomes via community involvement and engagement will support a positive social and economic impact. When undertaken successfully, community engagement leads to services that are proactive and planned for the needs of the community. Communities feel more trusting to governing bodies and as a result, can participate wider in their communities through social and economic means. Health inequalities act as a root cause of socio-economic issues; therefore, the strategy will have a positive impact as it aims to use

			engagement to tackle these issues.
Cross Cutting	To improve equalities, uphold human rights and tackle barriers to engagement, community planning partners must work collaboratively to avoid policy siloes, maximising resources, skills and capacity.	<p>West Dunbartonshire Health and Social Care Partnership (2022) Strategic Plan 2023-2026</p> <p>West Dunbartonshire Health and Social Care Partnership (2022) Carers Strategy 2024-2026</p> <p>Scottish Government (2024) Planning with People Guidance</p>	The strategy implements a multi-agency approach. as it has an impact across all levels of society and all public, private and third sector have a role to play in widening engagement and tackling barriers to participation. By taking this multi-agency approach, it is recognised that we cannot work in isolation, and therefore, the impact on this area is positive.

Policy has a negative impact on an equality group, but is still to be implemented, please provide justification for this
N/A
Will the impact of the policy be monitored and reported on an ongoing basis?
The strategy will be reviewed every three years. Using this strategy, the Community Engagement and Development Officer will devise an action plan which will be monitored and reported back to the IJB every 6 months.
What is your recommendation for this policy?
Introduce

Please provide a meaningful summary of how you have reached the recommendation

By examining the impact evidence given in this document, the strategy will consistently have positive impacts on equalities groups and support positive change in working practices for the HSCP. There are no negative impacts to consider at this time and therefore the recommendation to implement is justified based on the content of this document.