

Argyll and Bute **HSCP**

Equalities Mainstreaming Progress Report 2021-2025 and Equalities Outcomes 2025-2029



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Introduction

The Argyll and Bute Health and Social Care Partnership (HSCP) brings together health and social care services and was formed in April 2016 by NHS Highland and Argyll and Bute Council. The HSCP is managed by the Integration Joint Board (IJB), which is responsible for improving health and wellbeing for people in Argyll and Bute and delivering services to the local population.

The IJB is committed to integrating equality into all aspects of its work, in line with the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012¹. “Mainstreaming equality” means making sure that all HSCP functions consider equality, ensuring everyone in Argyll and Bute has equal opportunities, regardless of their background. It is a long-term commitment that ensures that equality and diversity is part of cultural change and organisation development and behaviour.

Health inequalities are the systematic, avoidable, and unfair differences in health between groups, including those defined by protected characteristics, socioeconomic status, disadvantage, or geography. These disparities prevent everyone from achieving the highest possible standard of physical and mental health. The HSCP is committed to tackling these inequalities, ensuring equal access, experience, and outcomes for all residents of Argyll and Bute, so everyone can lead healthier lives.

The Equalities Outcomes set the HSCP’s equality goals for a four-year period. Progress is reported every four years, with an interim update every two years. In 2021, the HSCP updated its equalities outcomes for 2021-2025. An [interim progress report](#) was published in 2023, and this report outlines the progress made since then. It also sets out the new equalities outcomes for 2025-2029, with an interim report planned for 2027 to track progress.

¹ [The Equality Act 2010 \(Specific Duties\) \(Scotland\) Regulations 2012](#)

LEGAL CONTEXT

The Equality Act (2010)² combines over 116 separate laws into one single act, providing a legal framework to protect individual rights and promote equality for all. It also introduced the Public Sector Equality Duty, which includes both a general equality duty and specific duties.

The **‘General Equality Duty’**, part of the Equality Act (2010), requires public authorities to consider equality and good relations in their daily business. For Argyll and Bute IJB, this means the legal obligation to pay due regard to the need to;

- ✓ Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- ✓ Advance equality of opportunity between people who share a relevant protected characteristic and those who do not
- ✓ Foster good relations between people who share a protected characteristic and those who do not.

The Equality Act (2010) protects people from discrimination based on nine protected characteristics: age, race, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation. The three aims of the general equality duty applies to all protected characteristics, except marriage and civil partnership, which only relates to the first aim.



2 Equality Act 2010

The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 lists the specific duties which are required to help public bodies meet the general equalities duty. For the IJB, these duties include:

1. Report progress on mainstreaming the equality duty
2. Publish equality outcomes and report progress
3. Assess and review policies and practices
4. Consider award criteria and conditions in relation to public procurement
5. Publish equality information in a manner which is accessible.

As the IJB does not employ staff directly, employee and gender pay gap information is published by the employing organisations—NHS Highland and Argyll & Bute Council—in their respective equality mainstreaming reports.

- [NHS Highland Equality Outcomes and Mainstreaming Report 2021-2025](#)
- [Equality and Diversity | Argyll and Bute Council](#) (due to be published shortly).



PROGRESS WITH 2021-2025 EQUALITIES OUTCOMES

In 2021, the HSCP updated its equality outcomes for 2021 to 2025, building on the previous ones:

1. People from identified groups, such as those with protected characteristics, will have improved access to the resources needed to support their health and wellbeing.
2. People from identified groups, such as those with protected characteristics, will be empowered to have an influence on how services are delivered, including when changes are made to services.
3. People from identified groups, such as those with protected characteristics, will have improved experiences of services.

The following section highlights the progress made so far, with examples provided. However, this is not a complete list of all the work done to advance equality in these areas. Through our review, we have learned valuable lessons that will guide our approach for 2025-2029. This includes improving how we monitor and report progress across the organisation, especially in areas where progress has been slower than anticipated.

1. Outcome 1: People from identified groups, such as those with protected characteristics, will have improved access to the resources needed to support their health and wellbeing.

The HSCP has focused on improving access to health and wellbeing resources for children, young people and families, as well as for adults, including those with protected characteristics. Together, these initiatives have made significant progress in improving access to essential health and wellbeing resources for individuals in Argyll and Bute.

Examples include:

1.1. Child Poverty Action Plan

The Child Poverty Action Plan is one key initiative, which has introduced several programmes aimed at alleviating child poverty in Argyll and Bute. A graphic version of the plan was co-produced with children and young people to make it more accessible, directing individuals to support services related to income, benefits, and the cost of living.

1.2. Planet Youth

Notable initiatives under this plan include the **Flexible Food and Fuel Fund**, which supported 3,218 cases between January 2021 and January 2025, **helping low-income families with a total client gain of nearly £4.8 million.**

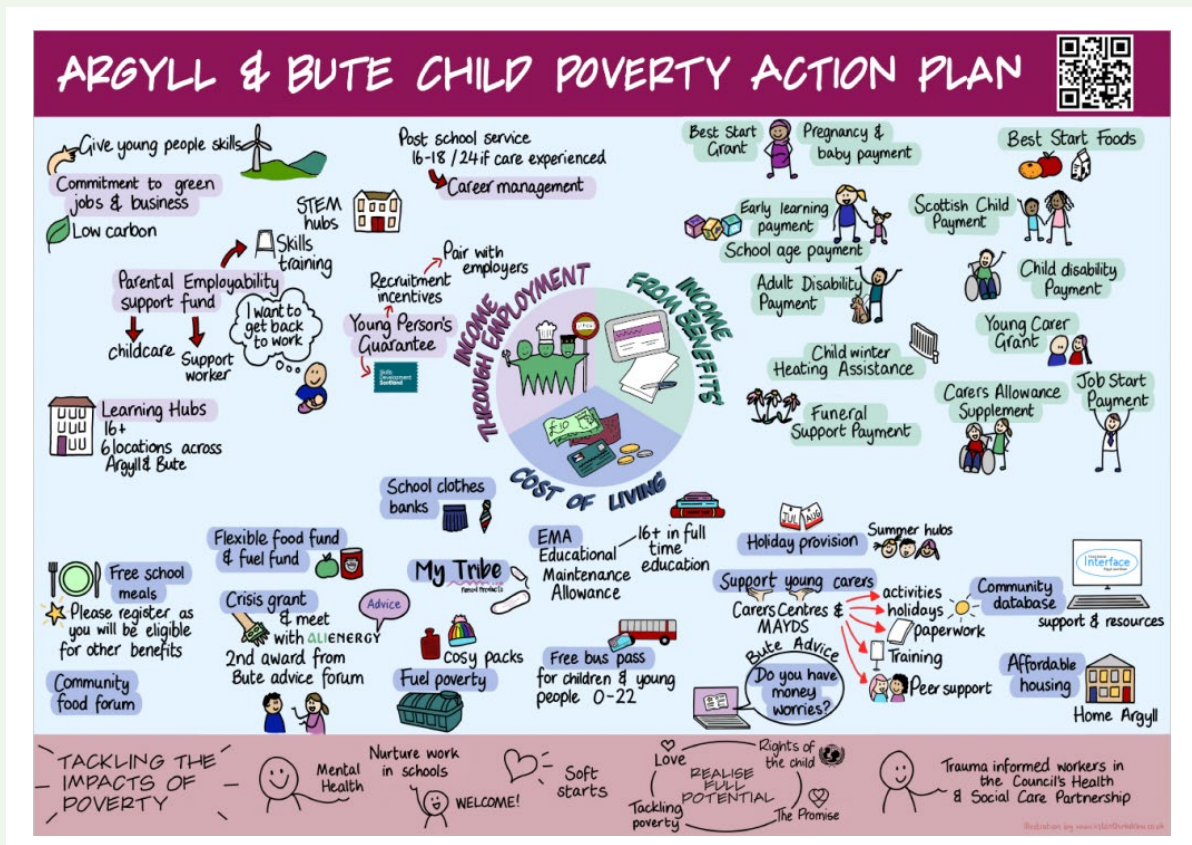
The **Family Nurse Partnership Programme**, launched in April 2024, has supported **young mothers** (aged 21 and under) from pregnancy through to their child's second birthday, providing guidance and connecting them to other services.

The **School Clothing Banks** initiative has helped 72 families in South Kintyre in 2023-2024, with plans to expand.

The **Free Period Products** initiative, launched in 2023-2024, provides free period products at over 250 locations across Argyll and Bute, and awareness of the scheme increased by 65% from 2022 to 2023.

Another significant initiative is [Planet Youth](#), a national pilot in Scotland aimed at reducing risk-taking behaviours among young people and strengthening protective factors. From March 2022 to March 2025, the initiative has focused on five secondary schools in Argyll and Bute, with plans to expand to all ten secondary schools in 2025-2026.

The Planet Youth team conducts a survey every 2 years with S3 and S4 students to gather data on risk and protective factors influencing their behaviour, which helps inform local action plans. For example, the surveys have highlighted a rise in vaping among students over the past three years, prompting the HSCP to collaborate with the Behavioural Change Team at Aberdeen University to develop a comic addressing the harms of vaping aimed at young people. This resource will complement the Secondary Health Drama Programme.



1.3. Secondary Health Drama Programme

The HSCP funded **school-based health drama programme** has been running since 2017, delivered by Raenbow Productions. The programme, called 'You Are Not Alone', uses interactive drama, comedy, and music to explore social issues like peer pressure, social media, stigma, stereotypes, safe relationships, and the sharing of sexually explicit images.

The programme has been delivered to S2 pupils across nine secondary schools in the region, with positive feedback. In 2024, double sessions were provided for both S2 and S3 pupils, in response to feedback to target S2 pupils specifically, since many S3 pupils had already encountered some of the issues addressed. The programme is effective in raising awareness of available support services, introducing pupils to professionals during the sessions, and encouraging young people to seek help when needed.

1.4. School Support Services

A review of **School Support Services** has taken place, which included an online survey for young people in secondary schools and semi-structured interviews with teachers. Representation from schools and services also helped shape the development of the service specification. The School Support Services work closely with secondary schools to provide evidence-based alcohol and drug education, linking students to specialist services, such as school counselling. They work in partnership to ensure young people can access the support tailored to their specific needs, at the right time. The service also provides a listening service and offers advice on alcohol and drug use, using GIRFEC (Getting It Right For Every Child) assessment tools to connect young people with appropriate services.





1.5. Adult Population Screening Programmes

Several initiatives, supported by Scottish Government funding, have been undertaken to address inequalities in the [Adult Population Screening Programmes](#). In 2021, an initiative identified a need for better training for those assisting under-screened groups. In response, the HSCP, in partnership with NHS Highland, developed a [TURAS training module](#) in 2024 to help improve training for these professionals.

Additional interventions include a **Screening Brief Intervention** introduced during smoking cessation appointments between May 2022 and March 2024 to raise awareness about screening services. As well as awareness sessions in 2023 to encourage screening uptake among partner organisations supporting under-served groups, such as those with poor mental health. For 2024-25, **local grants** have been awarded to organisations like Argyll Wellbeing Hub, MECOPP (for Gypsy/Traveller communities), and Jean's Bothy (for people with poor mental health) to further support under-screened populations in accessing screening.

1.6. Community Link Workers

The [Community Link Worker \(CLW\) Programme](#) has been another key achievement in supporting individuals with social issues affecting health and wellbeing, such as debt, relationships, employment, housing, and loneliness. Between 2021 and 2024, NHS Highland commissioned "We Are With You" to provide the service to 12 GP practices, including across Argyll and Bute, focusing on areas with higher socioeconomic deprivation. The most common reasons for referral included mental health and wellbeing, loneliness and isolation, and financial advice. Positive outcomes were reported, with 90% of individuals who exited the service demonstrating improved wellbeing (of 58% of individuals exiting). A new CLW contract has been commissioned with "With You" for 2024–2028, with an expanded remote and rural service.





1.7. Living Well Grants

The [Living Well Strategy \(2019-2024\)](#) promotes self-management for people in Argyll and Bute with long-term conditions or those at risk of developing them. Since 2021, **Living Well Grants** have been awarded to third sector organisations to support community projects aligned with the strategy's goals. In 2024-2025, £23,000 is allocated to projects aimed at improving health and wellbeing in rural island communities, with a focus on connecting people to the right support, supporting self-management, and raising awareness of available community resources.

1.8. Money Counts Training

The [Money Counts Training](#) initiative has helped individuals build confidence around discussing financial issues. It offers basic awareness sessions and promotes the use of the [Worrying about Money](#) referral leaflet, available in multiple languages, to guide people facing financial difficulties, and their support workers, to access local services. From 2023-2024 to 2024-2025, 53 participants took part in the training in Argyll and Bute, which helped increase their knowledge and confidence in discussing financial issues and signposting individuals to appropriate services.

Worrying about money?

Support is available in Argyll & Bute

Step 1: What's the problem?

I suddenly have no money

- Lost job or reduced hours
- Money stopped
- Lost money
- Unexpected expense
- Disaster (e.g. flood or fire)
- Relationship breakdown
- Sanctioned (see option: 3)

See options 1 2 3

My money doesn't stretch far enough

- Deciding between food, fuel, and mobile credit
- Low income
- Zero hours contract
- Statutory Sick Pay too low
- Facing redundancy
- Not sure if eligible for support
- Change of circumstance

See options 1 2

I have debt

- Rent or Council Tax
- Gas and electricity
- Payday loans
- Owe friends or family
- Benefit repayments

See option 3

I am waiting on a benefit payment or advance

- New claim for benefit
- Payment delayed
- Waiting for decision

See options 1 4

Three steps to find options and places to get help

1.9. Mental Health and Suicide Prevention Training

Finally, **Mental Health and Suicide Prevention Training** aims to enhance knowledge around these areas through a variety of [courses](#). These courses help people living or working in the area to provide brief interventions and signpost individuals to appropriate support services.

Courses have been targeted at people who are more likely to encounter individuals experiencing poor mental health or suicidal thoughts. Between September 2024 and March 2025, 221 people have attended training courses in Applied Suicide Intervention Skills Training (ASIST), Scotland's Mental Health First Aid, First Aid for Youth Mental Health, and the Ask, Tell workshops.



2.Outcome 2: People from identified groups, such as those with protected characteristics, will be empowered to have an influence on how services are delivered, including when changes are made to services.

The HSCP is committed to empowering individuals, including those from protected groups, to influence how services are planned and delivered. This helps ensure decisions reflect the real experiences and needs of local communities.

To support this, the HSCP prioritises meaningful engagement to make services more responsive and inclusive. Staff and services follow a clear and consistent approach set out in the [Engagement Framework](#), which is aligned to the Scottish Government's Planning With People guidance.

As part of this process, services also complete an annual engagement tracker, to record planned and required engagement activity, helping to ensure that communities continue to be involved in shaping services.

Examples include:

2.1. Argyll and Bute Joint Strategic Plan (2022-2025) Engagement

The [Argyll and Bute Joint Strategic Plan \(JSP\) \(2022-2025\)](#) strives to ensure that people in the area will lead longer, healthier, and more independent lives. A central focus of the JSP, under the strategic priority of "Choice and Control and Innovation" is ensuring that all decisions are made in consultation with the people of Argyll and Bute, with a strong emphasis on delivering positive outcomes for those with protected characteristics.

In 2022-2023, the HSCP engaged with the local community on how well the JSP was meeting its priorities and commissioning intentions after the first year of implementation. The engagement process included a series of community drop-in events, an online survey, and an online virtual event (although the latter had no participants). Additionally, the Chief Officer published an Online Vlog. These events helped identify what's working well, the challenges and barriers to accessing services, and potential areas for improvement.



2.2. Coll Health and Social Care Needs Assessment

The HSCP has also worked to include local communities in decision-making. The [Coll Health and Social Care Needs Assessment \(HNA\)](#) helped shape a redefined model of service delivery that addresses the needs of remote and island communities, including those with protected characteristics.

The establishment of the Coll Collaborative Working Group in 2022 brought together local community representatives and partners to assess needs and formulate an action plan. The Coll Community Survey in 2022 was a key part of this process, enabling the community to voice its specific concerns and needs regarding health and social care provision. The HNA findings have been used to create an action plan to improve access to services.

2.3. Island Strategy

Community engagement has been a central component in the development of the **Island Strategy** (expected in 2025). In 2024, engagement on the draft strategy involved soliciting feedback from island residents, including those with protected characteristics, about their specific needs for access. This was through an online web page containing the draft document, asset maps, appendices, and a survey.

A webinar was also held, and people were encouraged to submit additional feedback via email. This engagement process was designed to empower island residents to have a voice in shaping the strategy and to ensure their needs are considered in the final version.

2.4. Child Poverty Action Plan

Addressing child poverty has been another key focus, with consultations and co-production to involve children and young people on key issues like children's rights and child poverty in 2024-2025. Feedback from children and young people was collected on the child-friendly '**Plan on a Page**' and other potential initiatives, helping to identify what is working and where gaps exist, and ensure the involvement of children, young people and families in shaping future action.

Additionally, the "**Taking Action on Rural Poverty**" project, running from September 2023 to August 2026. Led by the Poverty Alliance and funded by the Robertson Trust, it collaborates with the Argyll and Bute Child Poverty Action Group to explore new ways of addressing rural poverty in Scotland. The project includes a Lived Experience Panel, whose input is helping shape local solutions to poverty, ensuring those affected have a direct role in influencing services.



2.5. United Nations Convention on the Rights of the Child

The HSCP has worked to ensure that children's rights are embedded in all aspects of service planning and decision making, and services better reflect their needs. The United Nations Convention on the Rights of the Child (UNCRC), which became an [Act](#) in Scotland in 2024, guides this work. In 2024-2025, the HSCP contributed to the development and application of a **UNCRC tracking tool**, to identify and address gaps in children's rights. It has also integrated these considerations into **Equality Impact Assessment (EQIA) and Child Rights and Wellbeing Impact Assessment (CRWIA) processes**.

Furthermore, it is implementing Argyll & Bute Council's Integrated Impact Assessment (IIA) Tool, which brings together EQIAs and CRWIAs to support a more systematic and consistent assessment to identify the potential impacts of proposed decisions – such as policies, programmes, and services – on children and protected characteristic groups, ensuring they are engaged and their views are taken into account.

In addition, in 2024-2025, the HSCP created a **graphic plan** to inform new parents, single parents and early years professionals about children's rights and the resources available to them. All schools in Argyll and Bute are also participating in the **Rights Respecting Schools Programme** in 2025, which educates children and young people about their rights and promotes respect for the rights of others.

2.6. Alcohol and Drug Partnership Engagement

The Alcohol and Drug Partnership (ADP) has also made strides in empowering communities to shape services through a series of engagements in 2023. A review of **School Support Services** was conducted through an online survey with 226 responses from secondary school students, alongside nine semi-structured interviews with teachers (plus one email response). This input helped shape the development of the service specification.



In 2024–2025, a Health Needs Assessment was carried out to gather views on substance use and service needs across Argyll and Bute. An online survey with seven questions was shared through HSCP and Alcohol and Drug Partnership (ADP) networks, with 98 responses received. The same questions were used in nine focus groups involving 94 people with lived experience, including a group of secondary school pupils with lived experience of substance use in the home. These discussions helped identify community concerns and priorities.

As part of the **ADP Strategy Refresh**, 23 stakeholder interviews were conducted between August and November 2024. Input from people with lived experience was gathered through recovery cafés, conferences, and third sector partners. This engagement ensured that people directly affected by substance use had a voice in shaping services and influencing change.

2.7. Women's Health

The HSCP is also focused on women's health, recognising the importance of giving women, including those from protected groups, a voice in shaping health and social care services locally. The findings from two surveys in 2023—the Public Women's Health Survey and the Staff Women's Health Survey—were used to inform a Women's Health Action Plan aimed at addressing the barriers in accessing health services.

A total of 249 responses provided valuable feedback on areas like sexual health, maternity, menopause, and gynaecology. These findings will directly shape improvements in services, ensuring that women's voices are heard and their needs are acted upon.



3. Outcome 3: People from identified groups, such as those with protected characteristics, will have improved experiences of services

The review acknowledges that it can be challenging to evidence progress towards this outcome, although there are ongoing efforts to improve the experiences of people accessing services. Key efforts include staff training, Equality Impact Assessments and the Joint Strategic Plan. Although specific intervention to progress this outcome have been challenging, steps have been taken and examples are given below. To ensure meaningful progress, this outcome will be carried forward into 2025-2029 with a more focused plan for delivery.

3.1. Staff Training

Improving staff knowledge and skills through training is a key way the HSCP supports better experiences of services for all.

Equality and Diversity Training supports inclusive services and workplace culture.

Health Inequalities Training enables staff to recognise how their roles may impact health inequalities and equips them to help tackle inequalities. **Public Health Training** raises awareness of key issues such as mental health, substance use, and suicide prevention, helping staff provide informed support. Together, these training initiatives contribute to more equitable and positive service experiences.

3.2. Equality Impact Assessments

The HSCP has a legal responsibility under the Equality Act 2010 to consider equality in its public functions. One way to ensure this is through **Equality Impact Assessments (EQIA)**, which assess how proposed changes - such as new or revised policies, strategies, procedures, or services - may affect different groups, especially those with protected characteristics. EQIAs identify potential negative impacts on specific groups before decisions are made. This helps to ensure decision-making processes are fair and no group is disadvantaged or excluded. They also help mitigate negative impacts and build upon positive impacts. All completed HSCP EQIAs are published on the [NHS Highland website](#) to demonstrate how equality is considered in our planning and decision-making.



3.3. Joint Strategic Plan

The HSCP also works to ensure that people from identified groups, including those with protected characteristics, have improved experiences of services through service improvement, strategic planning and transformation. [The Argyll and Bute HSCP Joint Strategic Plan 2019-2025](#) aspires that people in the area lead longer, healthier, independent lives. This includes a focus on improving experiences by 1) ensuring that everyone who is part of providing support is trauma informed, and 2) promoting an inequalities sensitive approach, targeting resources where they will have the most impact. Transformation and service redesign are key elements of the Joint Strategic Plan, with annual updates on progress to ensure continuous improvement in services for all groups.

3.4. Routine Feedback Mechanisms

In 2024-2025, the HSCP reviewed existing feedback mechanisms to assess how well they capture the experiences of people, including from protected characteristic groups. This review identified that current mechanisms are not fully inclusive or representative, particularly of older adults, disabled people, and people from ethnic minority backgrounds. In response, the HSCP has developed a plan for more inclusive and representative service feedback.

This includes a mixed-method approach that gathers both data and lived experience. While implementation has been delayed due to challenges with new IT systems, work on a broader complaints and feedback mechanism is actively progressing.

3.5. Medication Assisted Treatment (MAT) Standards

The Medication Assisted Treatment (MAT) Standards, introduced in 2021 by the Drug Deaths Taskforce, aim to improve the treatment experience for individuals with drug-related issues. MAT combines medication with psychological and social support, offering a holistic approach to care. These standards ensure that MAT is safe, effective, accessible, and person-centered, providing individuals with the support they need.

The HSCP is working to ensure that services in the Argyll and Bute area meet these standards. The standards focus on improving access to MAT, helping people stay in treatment, empowering them to make informed choices, and ensuring strong leadership and accountability in their implementation. By viewing individuals as more than their drug use, the standards help reduce inequalities and improve the overall experience for people accessing these services.

NEW EQUALITIES OUTCOMES FOR 2025-2029

As part of our duties under the Equality Act 2010, Argyll and Bute Health and Social Care Partnership (HSCP) has developed new Equality Outcomes for 2025–2029

These outcomes aim to reduce disadvantage and foster inclusion across all aspects of health and social care, particularly for individuals and communities with one or more protected characteristics (age, sex, race, disability, religion or belief, gender reassignment, sexual orientation, pregnancy or maternity, and marriage or civil partnership).

In line with national guidance, the outcomes also incorporate our commitments under the UNCRC and net zero obligations. These highlight our responsibilities to uphold children's rights and to ensure climate action is fair—recognising that groups with protected characteristics are often more vulnerable to environmental change.

The outcomes were shaped not only by policy frameworks but by lived experience, captured through public engagement and local feedback.

Developing the Outcomes

We started by reviewing the 2021–2025 Equality Outcomes and comparing them with NHS Highland and Argyll & Bute Council's strategies. From this, four outcomes were drafted to balance continuity with ambition. While these were aligned with strategic aims, they were initially written in a policy-heavy style. Before finalising them, we tested their clarity and relevance with the public particularly those outside professional or clinical roles.

Following this, the review of progress against the 2021-2025 outcomes highlighted a need to carry forward Outcome 3: "People from identified groups, such as those with protected characteristics, will have improved experiences of services." While this request came after the main engagement phase had closed, we have also reflected on how this intent is captured in the revised outcomes.

Rather than presenting this as a standalone outcome, we have embedded its core purpose ensuring inclusive and equitable service experiences—across all four new outcomes. This includes a strong emphasis on improving access, promoting respectful and inclusive service delivery, and ensuring meaningful participation from people who are often underrepresented in decision-making.

This approach also responds to feedback from our public survey, which highlighted that some previous wording—such as "identified groups"—felt distancing or reinforced a sense of "us and them." By embedding the needs of people with protected characteristics throughout all outcomes and using more inclusive language, we hope to avoid unintentionally creating division while maintaining a clear focus on our legal and moral responsibilities.

Although protected characteristics are not individually listed in the outcome titles, they remain central to the delivery and monitoring of our work. We will continue to meet our duties under the Equality Act 2010 by embedding equality considerations across services and assessing their impact through Equality Impact Assessments (EQIAs), Child Rights and Wellbeing Impact Assessments (CRWIAs), and inclusive engagement.

Engaging the Public

A short public survey was launched in April 2025 to gather feedback on the draft outcomes. It received 157 responses, 116 of which were valid (from people living or working in Argyll & Bute). Notably, **89% of valid respondents reported one or more protected characteristics** (excluding sex and marriage).

Who responded?

- ✓ 43 respondents reported a disability
- ✓ 90 were aged 50 or over
- ✓ 13 identified as LGB+
- ✓ 3 identified as transgender
- ✓ 4 were from an ethnic minority background
- ✓ 2 were pregnant or had recently given birth

These numbers are broadly consistent with local demographics but highlight a need for future targeted engagement with underrepresented groups.

“Sometimes equality talk just makes me feel like I don’t belong anymore.”

What We Learned

Clarity was a key issue.

While **66% found the outcomes clear or very clear, 43% described them as unclear**, very unclear or neutral. Within the 43% who found the outcomes neutral or unclear, we noted the following patterns:

- ✓ 78% were over 50
- ✓ 63% were male
- ✓ 37% had a disability
- ✓ 47% held a religious belief
- ✓ 80% did not work in health or social care

This suggested that language used in the original draft didn’t always resonate—particularly with older men, those outside the sector, and some religious or disabled respondents.

Themes from open-text responses included:

- ✓ Calls for plain English and practical, real-world language
- ✓ Frustration with aspirational statements lacking clear action
- ✓ Strong demand for joined-up, respectful services—especially in rural areas
- ✓ A mix of views on protected characteristics—some felt excluded or confused
- ✓ A desire for fairness and support without a sense of division

How We Responded

Based on what we heard through the survey, we revised the outcomes and actions to be

- ✓ Easier to understand, using plain English and avoiding policy jargon
- ✓ Grounded in real-life action, with practical, achievable steps rather than abstract ambitions
- ✓ More accessible and inclusive, removing language that might create an “us and them” dynamic
- ✓ More thoughtfully aligned with our duties under the UNCRC and our commitment to a fair transition to net zero

Rather than listing protected characteristics directly in the outcome statements, we chose to reflect their importance through the actions—such as improving accessible communication, involving children and young people, and considering the needs of disabled people or those affected by rural isolation. This approach recognises that many people do not realise they have a protected characteristic and avoids reinforcing a sense that equality work is “for other people.”

Importantly, we also recognised that improving clarity isn’t about “over-simplifying” but about opening up the conversation—so that more people see themselves reflected in this work, and so that fairness is understood as something that benefits whole communities, not just specific groups.

Equality Outcomes and Actions (2025–2029)

Outcome 1: Work Towards Fairer Health and Social Care for Everyone

We want to improve access to care for everyone, especially people who face extra barriers or have worse health outcomes than others.

What we’ll do:

- ✓ Provide health and care information in clear, accessible formats that meet different needs (e.g. large print, translations), especially when materials are updated.
- ✓ Use data that includes protected characteristics to check whether our services are reaching everyone fairly and to spot areas for improvement.
- ✓ Identify what might be stopping people from accessing services—such as transport, appointment systems, digital exclusion, or lack of face-to-face options—and take practical steps to reduce those barriers where possible.
- ✓ Carry out Equality Impact Assessments (EQIAs) and Child Rights and Wellbeing Impact Assessments (CRWIAs) when making service changes, so we understand how different groups might be affected.

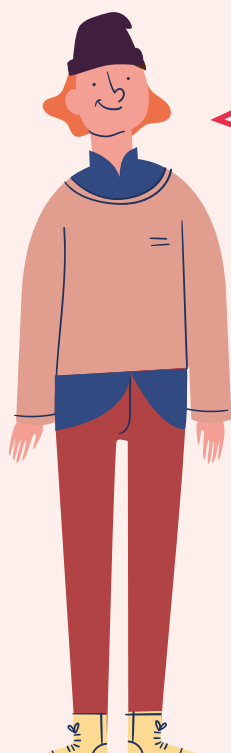
“Just say what you mean in plain English. If I don’t understand it, I’ll ignore it.”

Outcome 2. Involve People and Communities in Shaping Services

We want to work alongside people—especially those often left out of decision-making—to help shape local services.

What we'll do:

- ✓ Use a mix of feedback methods—such as surveys, focus groups, and interviews—so that people can share their views in ways that suit them.
- ✓ Ask about protected characteristics (where relevant) to help us understand who we're reaching—and who we're not.
- ✓ Involve children and young people in decisions that affect them, in line with our UNCRC duties.
- ✓ Be open about what we've heard and show how this has shaped decisions, for example using 'You Said, We Did' updates.
- ✓ Use engagement methods that are accessible and consider the environment, including options that reduce the need for travel.



"We need to stop making it 'us and them'."

"Equality should bring people together, not split us up."

Outcome 3. Build Services That Feel Safe, Inclusive and Respectful

We want everyone—patients and staff—to feel welcome, respected and supported in our services.

What we'll do:

- ✓ Review how our services and spaces work to make sure they feel inclusive and meet different needs.
- ✓ Provide training to support staff in treating everyone with fairness, kindness and respect.
- ✓ Support staff wellbeing and promote a workplace culture that values inclusion, dignity and safety.
- ✓ Reduce our environmental impact in ways that are fair and accessible—for example, using energy more efficiently without creating barriers for service users.

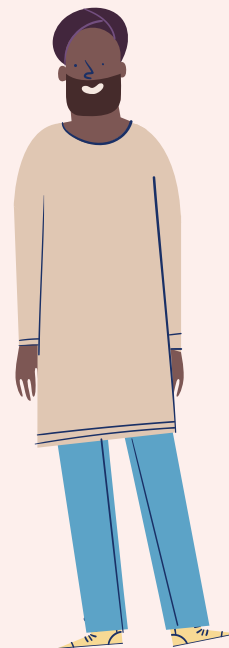
Outcome 4. Work Together to Reduce Inequality

We will work with others to tackle the wider issues that affect people's health, inclusion and access to services.

What we'll do:

- ✓ Use Argyll & Bute Council's Integrated Impact Assessment (IIA) tool to complete Equality Impact Assessments (EQIAs) and Child Rights and Wellbeing Impact Assessments (CRWIAs), helping us understand and address the impact of decisions on different groups.
- ✓ Partner with Argyll & Bute Council and local community and third sector organisations to design more joined-up, inclusive services.
- ✓ Include people with protected characteristics in planning for climate change, recognising they are often most affected by environmental risks.
- ✓ Support fairer local economies by promoting local jobs, community-led services and inclusive employment.

"It all feels a bit vague and corporate."



"I didn't realise I had a protected characteristic until I filled out this survey."



"Sometimes equality talk just makes me feel like I don't belong anymore."



Learning and Future Considerations

This work has taught us that language matters—not just for clarity, but for inclusion and trust. Many people didn't realise they had a protected characteristic and felt equality work was for “others.” A next step will be to improve awareness of how the Equality Act applies to everyone and why these outcomes matter. We plan to develop simple, engaging communications to support this.

We also acknowledge the need for continued engagement with underrepresented groups—such as ethnic minorities, pregnant women, and trans people—whose small numbers in this survey still offered valuable insights. Future efforts will explore more tailored engagement methods.

Finally, the survey responses surfaced some sensitive and complex issues around sex, gender reassignment, and perceptions of fairness. While sex and gender reassignment—both protected characteristics under the Equality Act 2010—are not explicitly referenced in the wording of the outcomes, they remain a core consideration in how we implement and monitor our work.

We are committed to creating inclusive services that uphold legal duties and human rights, and to navigating this space with care, clarity, and respect for the diverse views and lived experiences within our communities. We also acknowledge that this is an evolving area and will remain responsive to forthcoming guidance from the Equality and Human Rights Commission (EHRC).

Next Steps

- ✓ Share the new outcomes across staff and communities
- ✓ Develop materials to explain protected characteristics and their importance
- ✓ Monitor delivery through routine feedback and impact assessments

By continuing to listen and adapt, we aim to build a fairer, more inclusive health and social care system for everyone in Argyll and Bute.

If you need this document in a different format, such as large print or easy read, please get in touch with us to discuss your requirements at:
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