Swindon Borough Council and NHS Swindon
Diversity Impact Assessment for Commissioning a Drug Treatment & Recovery Service

1 What's it about? Refer to equality duties

What's it there for? What's it set up to deliver? What's the proposed change? What do you want to achieve?

Swindon's population has been growing steadily for the past twenty years; the town situated close to the M4 has continued to attract industry and commerce to the town that in turn has attracted a labour force from across the UK. The male and females population by age peaks form ages 25 – 50. This is reflected in the drug treatment population demographic.

Swindon has a changing population, in the last five years or so the school age BME population has almost doubled. The changing nature of our population will present new challenges for the drug treatment service.

The Glasgow formula estimates that Swindon has around 1300 Opiate and Crack Users (OCU's) of which almost two thirds are in the treatment system. The retention in treatment of those starting a new journey is good and with planned exits are moving in the right direction.

The % growth of planned treatment exits is way above the 'cluster' and national average. The non-OCU cohort is lower than the national average but improving steadily. Most significantly the representations are very low.

The biggest challenge for a newly commissioned treatment service is the improvement of successful completions of drug users that are also within the Criminal Justice cohort.

This DIA is to support the re tendering (due to expiry of current contract) of current tier 2 & tier 3 drug treatment service and in line with the National Drug Treatment Strategy 2010 commission a Drug Treatment and Recovery Service adopting a 'whole systems approach. The outcomes of this DIA will inform and be built into the service specification.

Current Model of Delivery

The current model of delivery is based around the NTA 'Models of Care'. This sets out a national framework for the commissioning of adult treatment for drug misuse and incorporated treatment effectiveness into service delivery.

The expectation was that this framework would be available in every part of England to meet the needs of local and diverse populations. Models of Care (MoC) is an integrated system developed around a four-tier model of drug treatment commissioning and provision. It encompassed a care pathway approach to 'route' service users through the tiers, to provide appropriate assessment and care planning and to care co-ordinate or manage the processes through treatments.

Treatment retention and completion incorporated a single measurement that provided an indication of the effectiveness of the local treatment system to minimise early drop out, as part of on-going work to performance manage improvements in treatment effectiveness. This structure measured the percentage of drug users discharged during the financial year who were retained in treatment for 12 weeks or more, focusing on the effectiveness of the local treatment system in engaging drug users and minimising early drop out. This model has been adapted slightly over the past 9 months to move to the recovery model set out in 2010 National Strategy.

Current Contract Structure

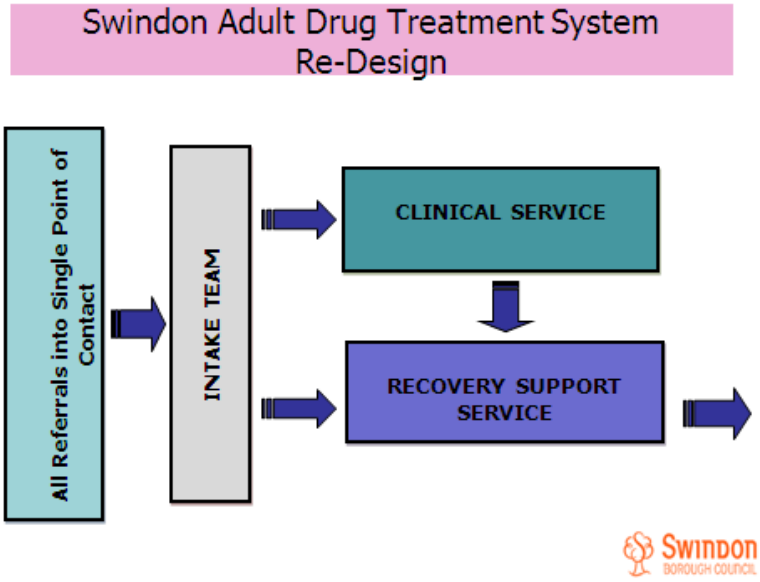
The current contract structure commissions tier 3 and tier 2 services using two provider agencies.

Tier 3 is provided by an NHS provider while the Tier 2 service is provided by a local third sector provider. Tier 4 services are currently commissioned by the DAAT by way of preferred provider agreements. Certain components of the treatment system sit outside the current contract structure and are purchased directly by the DAAT or by the PCT by way of locally enhanced services contracts.

Swindon Adult Drug Treatment System Re -Design

To achieve the aims and objectives set out in the 2010 National Strategy a service redesign has been undertaken with a view to creating a Whole Systems Approach to delivering a drug treatment and recovery system.

Problems with the current system had been clearly identified by all partner organisations, Needs Assessment and current performance measures. The DAAT consulted on the re-design and have agreed to commission on the following structure:



Incorporating the One Swindon Principals into the Swindon Drug Treatment and Recovery System

What is One Swindon?
One Swindon sets out the commitment to a new partnership. Our ambitions go beyond delivering services in Swindon. Our focus is about how we together create good places to live and help local people achieve aspirations for training and work, good health, positive relationships, feeling safe and a sustainable environment. This can only be achieved by public services working together with local people. In recognition of this, One Swindon builds upon the strong partnership working established by the Swindon Strategic Partnership. Working together with businesses, voluntary and community sector organisations, and above all local people, we will deliver on an agreed, shared focus over the next four years.
One Swindon is an invitation to everyone to look beyond public services as the agencies responsible for stepping in, enforcing, removing, directing, funding, delivering, prioritising, deciding and providing. Whilst we will always have a role around public protection, public health, community safety and safeguarding the most vulnerable, we want to move forward with a new focus. We want to be listening, enabling, encouraging, celebrating and supporting, particularly in terms of people growing their independence and more people successfully making a positive

contribution.
We want public services to work more closely together and we will do this by looking at joining up teams and services, creating more opportunities for voluntary and community sector delivery, creating more effective routes for local people to determine what key services they want to receive at a local level, and testing out different ways of working together.
One Swindon will find ways of working that enable local people to make a positive contribution. Thousands of local people give their time, energy and effort on a regular basis in support of their neighbours, community, club or interest group. Many of us could do this and more. Community networks and relationships are fundamental to making positive things happen. Wherever possible we want to ensure that the way we work adds to this valuable community activity. One Swindon is also about really appreciating what is important to people at a local level as well as looking at what we need to provide for the Borough as a whole.

Principles of Delivering the Swindon Drug Treatment and Recovery System.

The principles of delivering the Swindon Drug Treatment and Recovery Service are broad principles that apply to all the component parts of the Swindon Drug Treatment and Recovery Service.

Recovery will underpin the Swindon drug and alcohol treatment system

The Authority supports the UKDPC definition of recovery:

"Recovery is a process, characterised by voluntarily sustained control over substance use, which maximises health and wellbeing and participation in the rights, roles and responsibilities of society".

Controlled abstinence, social inclusion and employment are viewed as central to recovery for the majority of drug and alcohol users. Key features of a recovery system include short treatment episodes and a vibrant recovery community offering a significant degree of self-help.

It is vital that the system as a whole and individual workers understand the principles of recovery. The term promotes a powerful message for both substance misuse workers and service users alike. The focus of service and worker delivery will be to support and coordinate a holistic package of care that aims to enable the development of individualised plans for positive change. The Contractor will deliver a treatment system where pathways are available to cover both abstinence and non-abstinence based recovery journeys, ensuring that all interventions are underpinned by harm reduction.

Care coordination is essential to ensuring the provision of effective treatment regardless of Contractor and sector. The Contractor will provide effective and consistent care coordination to ensure service users benefit from the spectrum of specialist and non-specialist interventions available in Swindon. Interventions will be dynamic and, in most cases, time-limited to encourage movement through the treatment system.

The Contractor will adhere to the principles of personalisation, supporting service users to be active participants in the selection and delivery of services that meet their individual needs. The Contractor will treat all service users adhering to the principles of dignity, privacy, choice, safety, realising potential, equality and diversity.

Mainstream services offer a variety of interventions to support service users' recovery, including employment, housing and social integration. The Contractor will proactively and constructively work with non-drug and alcohol specialist services such as Job Centre Plus, Work Programme Providers, Registered Social Landlords and others in order to maximise outcomes for service users.

Additional drug and alcohol specialist services may be commissioned within and outside of this contract. The Contractor will work proactively and constructively with commissioners and any new Contractors to ensure pathways are robust and any new services become fully integrated within the treatment system.

The Contractor will work with the other commissioned Contractors to ensure that community provision is a seamless part of the Swindon treatment system and that the service user's experience and perception is that of an integrated service model.

Care coordination across the criminal justice system is essential and the Contractor will actively participate in partnership case management forums including the 'SWITCH' Integrated Offender Management Forum, Multi Agency Risk Assessment Conferences (for victims of domestic violence and abuse), Multi agency children in need and child protection procedures, Adult and Children's safeguarding Boards as requested, Multi Agency Public Protection Arrangement panels (for the most serious violent and sex offenders), High Crime Causing Users (for prolific drug using offenders), Local Case Management Forums (for low level offenders), Sex Worker Case Management Forum, Domestic Violence Offender Management Group, See the Adult, See the Child protocol., Hidden Harm and others.

The integration of drug services for both community and criminal justice service users is of the utmost importance to the commissioners. The Contractor will deliver an efficient and effective integrated system that meets the needs of individuals, their families and their communities.

The Contractor will ensure the effective throughput of service users within the treatment system. Integrated care pathways will be developed at the start of the contract and will be reviewed in line with local clinical governance arrangements and national guidelines (particularly the 'Full Strang Report') in liaison with the commissioners within the first 12 months.

Working across all points within the criminal justice system, the Contractor will bring together existing drug schemes, such as Arrest Referral, Conditional Cautioning, Court Referral, Drug Rehabilitation Requirements (DRR), Alcohol Treatment Requirements (ATR), Prolific and Priority Offender (PPO) Outreach, and prison resettlement services, as well as any new initiatives that emerge.

The Contractor will ensure that substance misusing offenders receive effective treatment with the specific objective of reducing their offending and reducing the harm that alcohol and drugs causes to individuals, their families and their communities, contributing towards breaking the link between drugs and crime in Swindon.

Clinical governance is of the utmost importance to the commissioners. The Contractor will have in place robust clinical governance mechanisms, including an identified clinical lead, to ensure that the quality and safety of its services is of a high standard that is continually improving.

The Contractor will have written policies and procedures relevant to the operation of the service in place at the start of the contract. Staff should be made aware of these and familiar with the content. Policies will include, but not be limited to:

. Service Audit
. Risk Assessment
. Clinical Assessment
. Care Planning
. Community Detoxification
. Supervised Consumption
. Prescribing
. Management Supervision and Clinical Supervision
. Planned and Unplanned Discharge
. Serious Untoward Incidents
. Safeguarding vulnerable adults and children
. Health and Safety
. Lone Working

. Record Keeping and Information Sharing

. Referral and Transfer in/between services

. Service User Involvement

. Training and Continuous Professional Development

The Contractor will carry out a thorough care planned review (clinical, social, and psychological) of existing community and criminal justice service users. This will be complete within the first 12 months of the contract. Consent will be sought from new service users and re-sought from all existing service users in order to facilitate information sharing within the Swindon Treatment and Recovery System and with NDTMS. This will include consent to transfer all files pertaining to an individual service user's treatment to any future service Contractor as required by the commissioners.

The Contractor will fully support the primary care role including the development of recovery-focused shared care services. The Contractor will ensure effective throughput of service users from criminal justice and specialist services to primary care.

The Contractor will ensure that a dedicated performance management function is established for the duration of the contract. The Contractor will ensure effective reporting as required by the commissioners and stakeholders, and will support the development of both output and outcome monitoring for the Swindon Treatment and Recovery System.

Performance reports and all non-personalised, aggregated data will be available to commissioners for contract review meetings, needs assessment analysis and audit purposes.

The Contractor will ensure attendance at all commissioner-led meetings including monthly contract review meetings, Health and Treatment Group, and the Performance Delivery Group.

The Contractor will work to develop robust and effective information sharing protocols with partner agencies that will promote effective multi-agency working. Where there are children in contact with patients in treatment and/or living with them, information will be shared routinely with the Children's Social care referral and Assessment Team. It is possible that patients in treatment will be the parent or siblings of families in crisis (referred to as Troubled Families). All relevant data will be shared on service users whose families fall within the definition of Troubled Families (children with poor school attendance and/or exclusions, children and young people involved in anti-social behaviour/offending, parents not in full time work). This information will be shared routinely with the performance team of Swindon Borough Council

The Contractor will work to continually improve the performance and cost efficiency of the treatment system, including working with partners to expand early intervention and preventative initiatives, minimise the risk of relapse and reduce long-term treatment for chronic conditions.

The Contractor will regularly review provision with commissioners to ensure that all interventions meet the needs of service users.

The drug and alcohol arena is subject to changes in policies and good practice. The Contractor will be proactively and constructively responsive to new emergent policies, guidelines and local trends in consultation with commissioners.

What potential is there to meet the equality duties?

Development of this service will support delivery of the Public Sector Equality Duty to advance equality of opportunity.

What equality benefits does it create? (for people, organisation etc…)

For the residents of Swindon who are misusing alcohol the proposed Drug Treatment & Recovery

Services will:

- Increase access to high quality healthcare
- Increase life expectancy
- Enhance physical security
- Enhance standard of living.

What are the barriers to meeting this potential?

Drug Related problems affect people from all social groups. There is no single factor that accounts for the variation in individual risk of becoming drug dependant. Evidence suggests that drug dependence has a wide range of causal factors, some of which interact with each other to increase risk. However, in Swindon people living in the most deprived areas were almost four times more likely to be affected than those living in the least deprived areas.

It has been evidenced that factors associated with a worse outcome for those individuals who misuse drugs or are drug dependant include having less social stability and support for example, those without jobs, families or stable housing, lacking a social network of non-drug users, a family history of drug and/or alcohol dependence, psychiatric comorbidity, multiple previous treatment episodes and history of disengagement from treatment.

Evidence suggests it is important to follow individuals up immediately after detoxification, as they often find the post-detoxification period difficult. They often have to address problems that have occurred as a result of their drug using, and may be struggling to meet the expectations of friends and relatives.

Maintaining contact over the long term with people previously treated by specialist services for drug dependence is an important factor in maintaining abstinence. Low-intensity monitoring over 1–3 years has been shown to reduce the severity of relapses (possibly through earlier referral to specialist services when needed).

Depending on the definition used, as many as 70% of individuals receiving treatment for drug misuse or dependency will have relapsed at the 6-month follow up. At 12 months, less than 30% of people will still be in contact with a specialist service, however evidence suggests this can be increased to 80% if follow up is given by trained staff.

The proposed treatment and recovery service will have the addition of recovery workers and specialist nurses within a clinically managed setting. This means a quality service will be delivered that is congruent with the Building Recovery in Communities national agenda and the National Drug Strategy 2010. For those needing additional support, tier 4 inpatient detoxification and rehab can be spot purchased. For Swindon this means a comprehensive drug treatment system that focuses on the individual.

The proposed services will be for those 18+ years of age but transition from Young Peoples services will be closely monitored.

To overcome these barriers equalities monitoring will be included in the service specification. This will show accessibility of the service, particularly for those identified in this document.

To measure the outcomes of the service, the service specification will include:

- Adherence to National Drug Treatment Monitoring System (National Quality Standard)

- TOPS data which includes monitoring on physical health, psychological health, social functioning, alcohol use and criminal activity (if an issue).
-

2 Who's it for? Refer to equality groups

Who is expected to benefit or use the service (internal/external)?

Current Activity Levels

- Swindon has an estimated 1, 297 Opiate and Crack Users (OCUs)*
- An estimated 470 OCU's are treatment naïve.
- Swindon is in Opiate Cluster C and Non OCU cluster B

Green Report (Quarter 4 to 30th March 2012 Drugs)

Numbers in Effective Treatment	Year to date
OCU	599
Non OCU	62
Total	661
Starting new treatment Journey	198
Retained for 12 weeks or more	164
Exits	178
Planned	94

Swindon Borough Council

Equality information collection on the basis of gender, sexuality, religion, disability, age and ethnicity is currently completed by the treatment agency. This is compared with local population demographics and previous years clients in treatment to monitor any large discrepancies or emerging trends through strategic needs assessments. Local demographic profiles have changed rapidly and we are awaiting the 2011 census results in order to ascertain the various ethnic groups and religions that have a representation in Swindon. In respect to this list we would look to marginalised groups (homeless, street sex workers) and seek to involve them into mainstream treatment, Rather than purely monitoring the new provider will be expected to take action e.g. Contract for street sex workers is central to provision rather than a separate stream. Furthermore research into Khat use in the Swindon Somali community has been conducted and has provided us with information around the level of use, impact on Somali and wider community; an action plan has been agreed.

3 Impact

The Contractor will be aware of and respond to the needs of service users from marginalised groups across all aspects of the treatment system.

Specifically, the Contractor will prior to the commencement of the service, develop action plans (to be reviewed annually with commissioners) on improving treatment access, appropriateness and effectiveness, so the full range of drug treatment services can be accessed by a variety of vulnerable groups such as (but not restricted to):

- Homeless populations
- Sex workers
- Refugees and asylum seekers
- Recreational drug users
- Offenders
- BME and emerging populations
- Traveller populations
- Dual diagnosis service users
- Stimulant users
- Women
- Service users with dependent children
- Victims and perpetrators of domestic violence and abuse
- Older populations (aged 55+ years)
- Treatment naive drug users

Service users in employment and therefore unable to attend during normal opening times

- Lesbian, Gay, Bisexual and Transgender communities

Individual service users will have a range of needs, therefore specific and tailored service components will need to be developed to effectively engage these groups.

The Contractor will ensure that there are adequate arrangements to ensure that these groups are aware of and able to access treatment services. Particular consideration will be given to:

- The establishment of specific group venues
- The use of satellite venues, including primary care settings and home visits
- Opening hours that are not prohibitive to these service user groups
- Engagement of mainstream and non-drug / alcohol-specific services offering support for these service user groups
- Use of translation / interpretation services where required.

The Contractor will outreach to those unable or unwilling to access site-based services. These interventions should be made available to facilitate access to community-based services.

The Contractor will work in partnership with commissioned and non-commissioned Contractors of services supporting sex workers and homeless drug and alcohol users to maximise access and engagement in treatment of these specific vulnerable groups.

Is there any potential or real issue which will stop some groups or people getting involved? (adverse impact)

In the implementation of this service:
We do not believe that there is evidence to suggest a real or potential adverse impact for young people. We do, however recognise that there may be implications for families where there are dependent children, we need to ensure that any service provider is able to successfully take into account and respond to for example, children in care/transition, children who take on caring responsibilities for their alcohol misusing parent, children in chaotic family environments.

Although the responsibility to re-commission the services will be with Swindon Drug and Alcohol Action Team (DAAT), there are reporting lines through the Community Safety Partnership, Public Health and Children's and Adult Commissioning Directorate. There is also the Children's and Young Peoples Substance Misuse Partnership Group which both adult & children's commissioner of specialist substance misuse attend. This partnership meeting focuses on treatment delivery, health, education, promotion, funding, trends, presenting issue as well as areas of transition. Presenting issues from the adult service in regards to children and young people (and vice versa)

will be raised accordingly.

The service provider will be aware of the responsibilities and protocols to proactively identify and appropriately refer vulnerable children. This will be included in the service specification.

The age profile of use and admissions indicates an identifiable age band where potential for use of the service will be most prevalent. This trend data is changing and the service needs to be responsive to a changing age profile. We do not identify any real or adverse impact on this basis.

Setting aside the medical definitions of dependence as a mental and behavioural disorder, we do not have evidence that there is an adverse impact on the basis of disability. We understand that there may be issues surrounding physical impairment, acquired disability or learning disability which could have an implication for use of and access to this service and so will need to undertake research through the provision of the service to fully understand and respond to these needs.

Local data has identified current usage and hospital admissions on the basis of gender and we do not believe there is an adverse impact on this basis. Trends and changes to this profile will be regularly reviewed by a successful provider (including links/relationship to domestic violence).

There is no reliable local data regarding alcohol misuse on the basis of ethnicity or by/within any identifiable racial community in Swindon. In preparing this DIA we acknowledge that Swindon's BME communities may be underestimated in the population profile and consequently significantly under-represented in service use. We will need to re-evaluate our understanding and its implications on release of the Census 2011 data (end of November 2012). However community understanding and on-going health interventions suggest established Somali and Nepalese communities and a growing Goan population (Community estimates are of between 12 and 20,000 Goan people, disproproartionatley male, many in HMOs on Low income and under the age of 60.), Along with historically acknowledged Asian and African Caribbean populations may be under-represented in current service use.

Consequently there is potential for an adverse impact on the basis of race. A successful provider will be required to demonstrate that a service is open and accessible to people from all communities and will need to undertake research through the provision of the service to fully understand and respond to these needs.

We have no local or national evidence to suggest potential adverse impact on the basis of religion. However we believe that the cultural relationship of some faith groups to and with drugs & alcohol may mean that cultural responses and assumptions may affect the use of this service. A successful provider will be required to demonstrate that a service is open and accessible to people from these communities and will need to undertake research through the provision of the service to fully understand and build responses to these needs.

Some national research and local anecdotal evidence identifies higher levels of alcohol and drug use within lesbian and gay communities than the wider population. We are not aware of any research identifying higher levels of misuse or dependence than in the wider population. A successful provider will be required to demonstrate that a service is open and accessible to people from these communities and will need to undertake research through the provision of the service to fully understand and respond to these needs.

Poor stability in the social environment is likely to result in worse outcomes as a result of drug dependence. Consequently it is likely that the service may need to respond more frequently to

Comment [NS1]: Is this reflected in the shape of the proposed service? Will it create an adverse impact for those who are not in that age band? Can we justify that?

Comment [KD2R1]: Yes - this a well researched and documented area which results in tailoring services to where clients wish to seek treatment rather than advice or needle exchange. It should not create unintended consequences for other age groups unless there are capacity issues.

Comment [NS3]: This says that there is a potential adverse impact. Are you going to include in the spec that the provider must make their service accessible to referred users by specific and separate intervention as necessary and that over the course of the contract must make the generic provision more accessible as a consequence?

Comment [KD4]: The provider will be expected to address these on an individual client basis and feedback to the commissioner if there is a larger than expected demand or a re-design of service is needed

Comment [NS5]: Community estimates are of between 12 and 20,000 Goan people, disproproartionatley male, many in HMOs on Low income and under the age of 60.

issues of poverty/homelessness. The service is developed to be a recovery focussed service and so will be required to respond to such issues and involve employment, benefit maximisation and security of housing.

We have no local or national evidence to suggest either adverse or positive impact on the basis of transgender, maternity/pregnancy, marital/civil partnership status or political view. We will remain aware of this lack of information and revise the impact assessment should any research or trend indicate this may present an equality impact

Comment [NS6]: Is our response that we want the competing providers to tell us how they will provide an open and accessible service to these groups specifically – rather than us tell them what they should do? Yes
This is in the specification

What consultation has taken place? How has the consultation influenced the service?

The CSP Joint Commissioning Group (this group includes: PCT, GP's, GWH, Police, Probation, SBC, Fire Service, SWADS, YOT, and U-Turn) was consulted by way of a Power Point Presentation outlining the service redesign. This presentation was also shared with service user groups, current provider staff. On completion of the ITT it was circulated to JCG, Children's Services, Probation, YOT/Uturn, Wiltshire Police, PCT, GP's and National Treatment Agency.

4 So what? Link to business planning process

What changes have you identified?

- A service specification has been developed to ensure a successful provider will establish equality monitoring which can be cross-tabulated and will be used to assess future service developments (by the provider and commissioner). This will be reported annually.
- To ensure the service specification delivers on what has been identified in this DIA, the Change Manager for Equality and Diversity will be invited to attend.
- The equalities monitoring will take place at the Performance Management and Monitoring of Services, which will be held in accordance with the specification.
  - Success will be measured by a variety of tools, including NDTMS and TOPS data which includes monitoring on physical health, psychological health, social functioning, alcohol use and criminal activity (if an issue).
- An implementation plan has been agreed with the tendering process due to be completed in October 2012.
- The successful provider will be expected to provide evidence of how the service has flexed/responded to ensure understanding of and accessible provision to those who require and are eligible to receive its service

For the record	
Name of person leading this DIA Chris Stickler	Date completed 02/11/12
Names of people involved in consideration of impact • John Gilbert • Jennifer Laibach • Frances Mayes	
Name of director signing DIA: John Gilbert	Date signed

Strategic Planning Framework - Diversity Impact Assessments

NHS Swindon

1 What's it about?

refer to equality duties

- What is it there for? What is it set up to deliver? What is the proposed change? What do you want to achieve?
- What potential is there to meet the equality duties?
- What equality benefits does it create?
- What are the barriers to meeting this potential?

2 Who's it for?

refer to equality groups

- Who is expected to benefit or use the service (internal/external)?
- What do you know about them (evidence)?
- Who is missing or may find it difficult to use the service?
- Do you know why?

3 Impact

refer to dimensions and equality groups

- Is there any potential or real issue which will stop some groups or people getting involved? (adverse impact)
- Is that reasonable? Can it be justified or mitigated?
- How will this service be successfully delivered to a diverse group of people? (positive impact)
- Is there any innovative thinking, working or technology that could improve delivery?
- What consultation has taken place? How has the consultation influenced the service?

4 So what?

- What changes have you identified?
- What will you do now and what will be included in future planning?
- When will this be reviewed?
- How will success be measured?
- Who is signing this off/taking responsibility?

Considerations

Our equality duties

1. Eliminate discrimination, harassment and victimisation
2. Advance equality of opportunity
3. Foster good relations

In the areas of age, disability, sex, transgender, marriage/civil partnership, maternity/pregnancy, race, religion/belief, sexual orientation.

Extended by SBC policy to include: financial or economic status, homelessness, political view.

Dimensions of equality

How will the service affect the life chances of different groups?
Consider how the service will impact

1. **Life expectancy**
2. **Physical security:** e.g. freedom from violence and physical and sexual abuse.
3. **Health and well-being:** e.g. access to high quality healthcare.
4. **Education:** e.g. being able to be creative, to acquire skills and qualifications, and having access to training and life-long learning.
5. **Standard of living:** e.g. being able to live with independence and security; and covering nutrition, clothing, housing, warmth, utilities, social services and transport.
6. **Productive and valued activities:** e.g. access to employment, a positive experience in the workplace, work/life balance, being able to care for others.
7. **Individual, family and social life:** e.g. self-development, having independence and equality in relationships and marriage.
8. **Participation, influence and voice:** e.g. participation in decision-making and democratic life.
9. **Identity, expression and self-respect:** e.g. freedom of belief and religion.
10. **Legal security:** e.g. equality and non-discrimination before the law and equal treatment within the criminal justice system.

For up to date information and advice contact equality@swindon.gov.uk or check swindon.gov.uk/dia

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Swindon Borough Council