

Equality Impact Assessment Tool: Policy, Strategy and Plans (Please follow the EQIA guidance in completing this form)



1. Name of Strategy, Policy or Plan

Glasgow City IJB Strategic Plan 2019-22

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

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

Glasgow City Health and Social Care Partnership (GCHSCP) have produced a draft Strategic Plan in 2018. A Strategic Plan is a document that sets out our vision and our priorities for health and social care services in Glasgow City. It includes details of what we plan to do to deliver our vision and the difference this will make to people living in the city, how we will achieve our priorities and which of the National Health and Wellbeing Outcomes of the Scottish Government our actions will meet. As the population of Glasgow changes, so too does the health and social care needs of the City. This means that GCHSCP cannot keep delivering services the same way. A Strategic Plan allows us to look at the changing needs of the population of Glasgow City. GCHSCP will then shape our plan around these needs and this helps us identify what our priorities for the next three years should be. GCHSCP has consulted extensively with our partners and stakeholders, including service user and patients, the public, our staff and a variety of organizations GCHSCP works with. The consultation included; pre-consultation engagement/ events to shape the Vision and Priorities and content of the Plan, nine consultation events hosted by GCHSCP or partners; an electronic (or paper alternative) survey; development of a web page to engage and gather views; social media campaign; newsletter bulletins. GCHSCP has listened to what people told us during the consultation period, incorporating a variety of views and feedback into the final version Strategic Plan 2019-22. It is important to be mindful that the Strategic Plan is a strategic document that sets out the vision and future direction of health and social care services in Glasgow, and it includes some detail of the planned activities that will achieve this. This includes how the nine National Health and Wellbeing Outcomes for Health and Social Care will be delivered locally. This EqIA must be read along with the following EqIAs and documents: • Sexual Health Strategic Plan 2017-20 (March 2017) web-link: <https://www.sandyford.org/media/3262/strategic-plan-full-plan.pdf> • Progressing the Human Rights of Children in Scotland: An Action Plan 2018-2021 (Dec 2018) web link: <https://www2.gov.scot/Publications/2018/12/7639> • Fairer Scotland Action Plan: Progress Report 2018 (Dec 2018) Web link: <https://www2.gov.scot/Publications/2018/12/2606> • Programme for Government Delivery Plan for Mental Health (Dec 2018) web link: <https://www2.gov.scot/Publications/2018/12/2656> • Children & Young People's Mental Health Taskforce Delivery Plan (Dec 2018) web link: <https://www2.gov.scot/Publications/2018/12/2270> • A Connected Scotland: Our strategy for tackling social isolation and loneliness and building stronger social connections (Dec 2018) web link: <https://www2.gov.scot/Publications/2018/12/8504> • Patient Rights (Scotland) Bill: <https://www.webarchive.org.uk/wayback/archive/20160404195848/http://www.gov.scot/Topics/People/Equality/18507/EQIASearch/PatientRightsBill> • Public Health (Scotland) Bill: <https://www.webarchive.org.uk/wayback/archive/20160404200210/http://www.gov.scot/Topics/People/Equality/18507/EQIASearch/PublicHealth> This EqIA must be read along with the following GCHSCP EqIAs below: <https://glasgowcity.hscp.scot/equalities-impact-assessments> • EQIA - Primary Care Improvement Plan • EQIA - Glasgow City Health and Social Care Partnership's Carers Support Services Tender • EQIA - Vulnerable Child and Adult Services Glasgow Alliance to End Homelessness • EQIA - Transitional Change Programme to review Overnight Supports including Alternative Support Arrangements to Sleepovers • EQIA - Move of Older People's Mental Health Ward to Stobhill Site • EQIA - Learning Disability Specialist Residential Care Home • EQIA - Speech and Language Therapy Staff for Adults & OP Services • EQIA - Tender for Glasgow Criminal Justice Framework • EQIA - Move of Adult Mental Health Ward at Stobhill Hospital • EQIA - Resource Allocation for Adults • EQIA - Transformational Change Programme Children's Services 2018 - 2021 • EQIA - Framework Tender for Selected Social Care Supports • EQIA - Older People's Transformational Change Programme 2018 - 2021 • EQIA - Tender for Vulnerable Child and Adult Team Glasgow Locality Kinship Care Safeguarding and Support Services • EQIA - Transformational Programme Mental Health Services • EQIA - Review of West Glasgow Minor Injuries Services • EQIA - GCHSCP Participation and Engagement Strategy • EQIA - Review of West Glasgow Minor Injuries Services • EQIA - Tender for Adult Shared Lives Services (Adult Family Placement) Scottish Government Legislations/ Plans/ Strategy which impact on this EqIA: • Equality At 2010 • Human Rights Act 1998 • The Public Bodies(Joint Working) Scotland Act 2014 • The Socio-Economic Duty (Fairer Scotland Duty)2018 contained in Part 1 of the Equality Act 2010 • The Child Poverty (Scotland) Act 2017 • The Social Security (Scotland) Act 2018 • The Carers (Scotland) Act 2016 • A Fairer Scotland for Disabled People Delivery Plan 2018 • The New Scots Refugee Integration Strategy 2018–2022 • The Race Equality Action Plan 2017 . This Equality Impact Assessment will be re-visited once the final strategy is complete and will be used to provide a baseline for final strategy plan.

3. Lead Reviewer

Cowan, Craig

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

Jason Mokrovich (Business Development Manager); Allison Eccles (Head of Business Development); Duncan Goldie (Business Development Manager: Performance); Stephen McGowan (DRS Housing Manager); James Thomson (Commissioning Manager: Older People Services); Pat Coltart (Commissioning Manager: Children and Families and Homelessness); Margaret Walker (Planning Manager); Janet Hayes (Head of Planning)

5. Impact Assessment

A. Does the policy explicitly promote equality of opportunity and anti-discrimination and refer to legislative and policy drivers in relation to Equality

<p>In line with the Equality Act 2010, Glasgow City Health and Social Care Partnership believe that the City's people can flourish, with access to health and social care support when they need it. The Strategic Plan explicitly references the Equality Act (2010) and articulates how any proposed changes in service provision will meet the General Duties requirements: • to eliminate unlawful discrimination, • to advance equality of opportunity, • to promote good relations. The Strategic Plan also references the requirement to ensure that when implementing any changes in pursuit of achieving the strategic priorities outlined in the Plan the HSCP is mindful at all times of its requirement to comply with the Fairer Scotland Duty to do more to tackle the inequalities of outcome caused by socio-economic disadvantage.</p>		
<p>B. What is known about the issues for people with protected characteristics in relation to the services or activities affected by the policy?</p>		
		<p>Source</p>
<p>All</p>	<p>In 2017, the population of Glasgow City was 621,020. This is an increase of 1.0% from 615,070 in 2016. In 2017, it was suggested that there were more females (51.2%) than males (48.8%) living in Glasgow City. Glasgow City is also projected to have the highest population out of the 32 council areas in Scotland in 2026. Over the next 10 years, the population of Glasgow City is projected to increase by 2.0% due to natural change (more births than deaths). Total net migration (net migration within Scotland, from overseas and from the rest of the UK) is projected to result in a population increase of 1.9% over the same period. (https://www.nrscotland.gov.uk/files/statistics/council-area-data-sheets/glasgow-city-council-profile.html) Is Scotland Fairer (2018) EHRC noted that most Scottish Government policy relating to inequality in health outcomes is largely framed through socio-economic inequality. The Scottish Government, with the support of the Convention of Scottish Local Authorities (COSLA), commissioned Sir Harry Burns to undertake a review of targets and indicators in health and social care in September 2016 following a Programme for Government commitment to ensure that the Scottish Government's approach to targets is outcomes-based. The concluding report, published on 15 November 2017, identified key principles of how to use targets and indicators to improve outcomes for people. The process of health and social care integration is monitored by a suite of core indicators, which each Health and Social Care Partnership (HSCP) has to report against in its annual performance report. These allow outcomes to be tracked over time against indicators such as 'premature mortality rate' and 'percentage of adults receiving any care or support who rate it as excellent or good'. These indicators feed into the National Health and Wellbeing Outcomes, which report on the gap in outcomes between the most and least deprived areas of Scotland across a variety of indicators.</p>	<p>Source within text</p>
<p>Sex</p>	<p>Each section must be read within the context of the intersectionality of all the protected characteristic. The Poverty Alliance (2013) qualitative investigation into lone parenthood provides an interesting perspective regarding access to services and gender. Within this, their research suggests that although a large proportion of services are available to single parents, they are typically aimed at mothers, with little consideration of single fathers. Important to note that discrimination and social exclusion are embedded within society to the extent that previous issues relating to poverty, employment and income can all be considered as representative of the structural and cultural discrimination women face on daily basis. Although this may not be as openly evident as within other characteristics, this is only because the current socio-cultural situation has been normalised to simply 'the way things are'. Discrimination and targeted violence against women operates under many guises, with previously discussed issues surrounding employment, low income and education providing a cross section of understandings regarding the impact an individual's sex can have upon their life opportunities and standards of living. It appears that inequality in regards to males and females occurs on several, overlapping levels, that is, on an individual, one on basis, through to embedded cultural norms and perceptions regarding the role of women in society. Clearly, further work is needed to ensure such practices are overcome, with the Equality Act providing the basis for changing socio-cultural norms and trends. Is Scotland Fairer (2018) EHRC report in tackling pay gaps suggested that women continued to earn less than men on average, and the gender pay gap changed very little in recent years.</p>	<p>Source within text</p>
<p>Gender Reassignment</p>	<p>Each section must be read within the context of the intersectionality of all the protected characteristic. Scottish Public Health Network, 2017 reported that from 2014 to 2017, the number of referrals to the three main Scottish Gender Identity Clinics (GICs) (Sandyford, Chalmers and Highland) increased every year for both adults and young people. However, the rate of increase appeared to be slowing for both groups: for adults, the increase of 60.7% in 2014/15 fell to 24.7% in 2015/2016 and 23.2% in 2016/2017. Among children, the increase of 103.2% in 2014/15 fell to 43.0% in 2015/2016 and 21.2% in 2016/2017. Between 2014 and 2017, the mean waiting time for adult GICs fell by 69.2%, from 370.8 days to 114.3 days. The average age at referral decreased between 2014 and 2017: from 29.9 years to 25.8 years for adults, and from 15.0 years to 13.8 years for young people Results from Stonewall Scotland, 2017 survey (sample size 402) conducted with Lesbians, Gay, Bisexual and Transgender (LGBT) young people aged 11–19 in 2016/17 found that: • 96% of transgender young people had deliberately harmed themselves at some point, and 43% had at some point attempted to take their own life. • 58% of lesbian, gay and bisexual young people who were not transgender had self-harmed, and • 24% had attempted to take their own life. The Scottish Transgender Alliance explored the difficulties faced by transgender people in Scotland when accessing services and more specifically, the lack of understanding and appreciation of their 'gender identity' out with specialist services. Although LGBT people can access mainstream services, review of published literature also suggested that perceive discrimination prevent LGBT people to engage with mainstream services, due to fear of stigma and discrimination from service providers and other service users. Most notably, a large proportion of LGBT people highlight the negative experiences with mental health services. Moreover, lesbian and gay asylum seekers face additional barriers as a result of their sexual orientation, for example, obtaining meaningful employment and accessing various services. Stonewalls study into Gay and Bisexual men's health across Scotland (n=633)</p>	<p>Source within text</p>

	<p>presents a number of on-going concerns: •3% of gay and 7% of bisexual men have attempted to take their own life in the last 12 months. •1 in 16 gay and bisexual men deliberately harmed themselves in the last year. •1 in 7 gay and bisexual men aged 16-19 harmed themselves in the last year (compared to 1-10 to 1-15 estimate for the general population). •50% of gay and bisexual men in Scotland have experienced domestic abuse from a partner or family member. •44% of gay men have taken drugs in the last year, in comparison to 4% of men in general. •24% of gay and bisexual men have experienced mental health problems, compared to 15% of the general population.</p>	
<p>Race</p>	<p>Each section must be read within the context of the intersectionality of all the protected characteristic "Understanding Glasgow" report outlined that Glasgow's population has risen in the last ten years after decades of decline. In 2017 the city's population stood at 621,020. Glasgow has the most ethnically diverse population in Scotland. In 2001, 5% of Glasgow's population was from an ethnic minority. This number rose to 12% in 2011. The non-UK born population of Glasgow rose from 6% in 2001 to 12% in 2011. Total net migration into Glasgow has increased as the number of migrants arriving in Glasgow has exceeded the number leaving, principally due to an increase in overseas migrants coming to Glasgow. (https://www.understandingglasgow.com/indicators/population/overview) In "Barriers to Accessing Services for Older People in South Glasgow" report found from studies focusing on Glasgow ethnic minority populations in Glasgow show that there is a low level of awareness of services especially among older people from Black and Minority Ethnic (BME) communities. Studies also suggest that older people do not know how to go about accessing social services due to lack of information. BME communities often rely on third sector organisations or word of mouth to gather information about services. Analysis of census data indicates that 2.7% of Glasgow's ethnic population 'do not speak English well' or at all compared to 1.4% in Scotland as a whole. With Glasgow's diverse population, there is an increasing demand to provide language interpreting services. Availability and access to English language classes is fundamental in equipping migrants, refugee and asylum communities with communication skills needed that may often present as barriers in accessing services which allow them to progress through education and subsequently enter secure employment. Scottish Health Survey 2015 suggested Chinese and Africans are the group to least likely to have a limiting conditions, and Pakistani group most likely to have a limiting condition. The newer EU8 migrants report their health as 'very good' with 96% reporting good health. Self-reporting poor health increased amongst those who have been resident in Scotland for more than ten years as does the reporting of limitations in day to day activities. Because most ethnic groups in Scotland are younger than the 'white Scottish ethnic group', the overall proportion of a group that has 'health problem or disability' or 'poor general health' can be low even when their rates may be high at each age. For example, people from minority ethnic groups generally have lower rates of mortality than the general population, and rates of heart disease and diabetes vary by ethnic group. Similarly, some specific health conditions are more likely to be experience by people from particular ethnic groups, for example, people from African and Caribbean, Middle Eastern, and Asian background are mainly affected by Sickle Cell disease. Greater Glasgow and Clyde Health Board 2016 Black and Minority Ethnic (BME) Health and Wellbeing Study in Glasgow found that across all BME adults, 80% had a positive view of their general health, 86% had a positive view of their physical wellbeing and 90% had a positive view of their mental/emotional wellbeing. Those in the Pakistani group were the least likely to have positive views of each of these. Although BME groups were more likely than those in Glasgow City to have a positive view of each of these, this can largely be attributed to the younger age profile of the BME population (59% of the BME population was aged fewer than 35, compared to 38% of the Glasgow City population). Two in three (65%) BME adults said they definitely felt in control of the decisions affecting their daily life. The Chinese group was the most likely to feel in control, and the African group was the least likely. Overall, men were more likely than women to feel in control of the decisions affecting their life and African women were the least likely to feel in control. Those who did not speak English well were less likely than others to feel in control. More than nine in ten (92%) BME adults overall had a positive perception of their quality of life, which was higher than Glasgow City. The Pakistani group was less likely than other ethnic groups to have a positive perception of their quality of life. Within Scotland, analysis shows that different ethnic groups have very different levels of health across different groups. Because the social determinants of health are unequally distributed across ethnic groups this leads to poor health outcomes and inequalities According to Equal opportunities Committee Report on Gypsy/Travellers and Care, there is a link between living conditions that affect the overall physical wellbeing and mental health. Policy recommendations suggests that addressing the social determinants of health and health outcomes can play an important part in improving the health of the population and thus reducing ethnic health inequalities among different groups of the population. • Ensure that all people can access the health services they need. • Tackle harassment and abuse of people who share particular protected characteristics. Is Scotland Fairer? (2018) EHRC reported that women, young people aged 18–24, disabled people, black people and those in the Other White ethnic group were more likely to be in low-paid work.</p>	<p>Source within text</p>
	<p>Each section must be read within the context of the intersectionality of all the Protected characteristic. Glasgow City Equality evidence matrix suggested that about 12.8% of Glasgow's population is limited to do day to day activities and 7.5% of Glasgow population has physical disability. Scottish Health Survey (SHeS) 2012/2013; National Records of Scotland mid-2013 population estimates that there is an army of people providing care and support to family members or relatives, friends or neighbours who may be affected by disability, physical or mental health issues, frailty, substance misuse or some other conditions. Whilst some carers may qualify for certain allowance, the majority of carers are unpaid and they can vary by age, from very young to elderly people. Official statistics for Scotland (2013) estimate that there are 759,000 carers aged 16+ in Scotland - 17% of the adult population and 29,000 young carers - 4% of the under 16 child population. An estimated 171,000 carers aged 16+ provide care for 35 hours a week or more. The Equality Act 2010 imposes a duty on service providers to make reasonable adjustments to their policies, practices and premises and provide auxiliary aids to improve</p>	<p>Source within text</p>

<p>Disability</p>	<p>accessibility of services for disabled people. People with disabilities have important rights of access to everyday public services. Access to services is not just about installing ramps and widening doorways for wheelchair users - it is about making services easier to use for all people with disabilities, including people who are blind, deaf or have a learning disability. Including services provided by Local Authorities It is recognized that barriers faced by disabled people are</p> <ul style="list-style-type: none"> • Physical access to buildings • Communication issues • Provision of advice and support (People with learning disabilities) <p>Around a third of disabled people experience difficulties related to their impairment in accessing public, commercial and leisure goods and services. Moreover, a quarter of disabled people say that they do not frequently have choice and control over their daily lives Glasgow City Council equality evidence matrix pointed to the use of internet offer considerable benefit for people with disabilities, but they are also likely to face difficulties in obtaining access to internet as a result of their impairments making the use of a computer difficult. Research also suggests that the provision of information and services through the internet might narrow rather than widen choices, because it might lead to the phasing out of traditional ways of providing services preferred by some disabled people. Disabled people are less likely to live in households with access to the internet than non-disabled people. In 2011, 61% of disabled people lived in households with internet access, compared to 86% of non-disabled people. Scottish Sign Language (Scotland) Act aims to promote the use and understanding of BSL and requires Scottish Ministers to publish a national BSL plan, and listed authorities to publish their own BSL plans. According to the 2011 Census highlights that in Scotland, about 0.24% (12,500) reported using British Sign Language (BSL) at home. Scottish Government 2015i(http://www.gov.scot/Resource/0047/00477619.pdf) stated that a number of people will identify as disabled because of a mental health condition. In 2012, disabled people were more at risk of poor mental health than non-disabled people (26.9% compared with 10%). Scope (2014) found that current attitudes towards disabled people said that in general, evidence suggests that the general population respond relatively well towards social inclusion of disabled people, and are well aware and knowledgeable about issues affecting disabled people. However, research commissioned by Scope also reveals that negative attitudes towards disabled people still prevail amongst the British public. For example, research suggests that general attitudes towards people with mental health conditions are likely to be viewed negatively compared to people with physical disability. People with mental health problems are made to feel worthless and remain isolated. A lot is still to be done to improve the general understanding and knowledge surrounding people with disability and to improve the attitudes and equality of people with disability. Findings from research commissioned by Scope: •67% of the British public are not comfortable talking to disabled people. •43% of the British public said they do not know anyone who is disabled. •35% of people tend to think that disabled people are not productive as everyone else. •A high proportion (85%) of the British public believes that disabled people face prejudice. •25% of disabled people have experience attitudes or behavior where people expected less of them because of their disability. Is Scotland Fairer? (2018) EHRCT reported that people with disabilities continued to earn less than non-disabled people, and the disability pay gap widened.</p>	
	<p>Each section must be read within the context of the intersectionality of all the protected characteristic. The Scottish Equality Network highlights the following: •Lesbian, Gay, Bisexual and Transgender (LGBT) people of different ages experience particular forms of prejudice, discrimination and disadvantage including bullying of young LGB&T people in schools. •Older LGBT people face isolation in social care. •Some LGBT from black and minority ethnic groups experience cultural prejudice. •Disabled LGBT people face multiple discrimination and disadvantage than non-disabled people. •LGBT people with certain religious beliefs or religious families face some barriers within their religious communities. Glasgow City Council Equality Evidence Matrix suggested that evidence shows that young LGBT people face hostile environment - in education, at home and in wider society at the stage in their lives when they are particularly in need of support and approbation. Young people are subject to extensive mental health and unwanted and risky sex. Evidence review also shows older LGB people, compared with older heterosexual people, are more concerned about the implications of ageing in relation to cared needs, independence and mobility, health, housing and mental health. In "Life in Scotland for LGBT Young People" (2018) from LGBT Youth informed about their recent report on the lives and experiences of LGBT young people in Scotland. This report shows that while the percentage of LGBT young people who think Scotland is a good place to live has risen over the past decade; they still experience discrimination that negatively affects their health and wellbeing. • 71% of LGBT young people and 82% of transgender young people had experienced bullying in school on the grounds of being LGBT. These figures represent an increase over the past 5 years. • 35% of LGBT young people and 41% of transgender young people said that they had experienced a hate crime or hate incident in the past year. • 84% of LGBT young people experienced at least one mental health problem or associated behavior. Nearly all (96%) transgender young people indicated a mental health problem. Stonewall Scotland commissioned a survey research involving 1,000 LGBT people in Scotland to establish experiences and expectation of accessing key public & local services. The Research found that public service providers are failing to take steps to support their local LGBT community: • 42% of LGBT people lack confidence in Police Scotland's ability to address homophobic and transphobic hate crime in their area. • One in six (16%) LGBT people said they have experienced poor treatment because of their sexual orientation or gender identity when accessing public services because of their sexual orientation or gender identity. • 35% of transgender people have had a negative experience when using parks and open spaces which they felt was related to their gender identity. • 32% of LGBT people who have used housing services have experienced staff making incorrect assumptions about their sexual orientation or gender identity. • 12% of LGBT people have had a negative experience when accessing sport and leisure facilities which they felt to be related to their sexual orientation or gender identity. Equality and Human Rights Commission. 2010 in "How Fair Is Britain?" EHRC indicated that many LGBT people expect to face discrimination when accessing a variety of health and social care services: • One in ten (10 %) LGBT people would expect to face discrimination from their GP. • More than one in five (22%) LGBT people would feel uncomfortable being open about their sexual orientation or gender identity with NHS staff.</p>	<p>Source within text</p>

<p>Sexual Orientation</p>	<p>• A third (33%) of LGBT people would be uncomfortable being open about their sexual orientation or gender identity with adult social care staff. • Two in five (41 %) LGBT people would expect to be discriminated against by staff at a residential home for older people if they were a resident. Research by the EHRC (2010) suggests the LGBT community report higher than average levels of poor mental health. Supported by broader research regarding the impact of harassment and discrimination upon an individual's mental health, it is apparent that this particular social group is at an increased risk of poor mental health outcomes due to their positioning within society. Research by LGBT Youth Scotland focusing upon the mental health of 13-25 year olds presents the following data: •40% of the sample group consider themselves to have mental health problems, a significant increase in comparison to the Scottish average of 25%. •44% have experienced bullying, of which 69% consider themselves to have mental health problems. The research also provides a further insight into the continued discrimination experienced by the LGBT community and perhaps most importantly, the significant effect this has upon their mental health. The high prevalence of mental health issues detailed in the LGBT Youth Scotland survey is repeated in the Transgender Alliances UK wide survey on mental health amongst transgendered people. Within this, 48% state they possess a disability with a further 36% suffering from mental health issues (sample=492) Stonewalls study into Gay and Bisexual men's health across Scotland (n=633) presents a number of on-going concerns: •3% of gay and 7% of bisexual men have attempted to take their own life in the last 12 months. •1 in 16 gay and bisexual men deliberately harmed themselves in the last year. •1 in 7 gay and bisexual men aged 16-19 harmed themselves in the last year (compared to 1-10 to 1-15 estimate for the general population). •50% of gay and bisexual men in Scotland have experienced domestic abuse from a partner or family member. •44% of gay men have taken drugs in the last year, in comparison to 4% of men in general. •24% of gay and bisexual men have experienced mental health problems, compared to 15% of the general population. Taking into consideration the heightened levels of victimization, harassment and bullying faced by the LGBT community in various social settings (e.g. school, professionally and socially), it is perhaps unsurprising that a range of research presents decreased mental health outcomes for this community. Discrimination, bullying and harassment at work were the most the prominent, and high levels of perceived discrimination, bullying and harassment in employment were reported by LGB and, particularly, by transgender people. Reviewed evidence found that those identifiable as lesbian or gay had a 5% less chance of being interviewed and the jobs they have been invited for interview paid 1.9% less (gay men) and 1.2% less (lesbians). Moreover, the degree of discrimination varied with the nature of the job. Additionally, the degree of discrimination varied with the nature of the job. i.e. Gay men were less likely to be interviewed in male-dominated occupations and for jobs in which masculine (feminine) personality traits were highlighted. A similar pattern was found for lesbians. The Scottish Evidence Review and the EHRC Sexual Orientation Research Review found high levels of perceived discrimination, and fear of discrimination (about 40% of respondents in one study). A study by European Union Agency for Fundamental Rights in 2014 found a much higher percentage (31%) of transgender people than LGB people in the UK felt discriminated against at work, and 40% felt being discriminated against when looking for a job. Similarly, about 61% of transgender respondents reported a positive LGBT work atmosphere compared with 17% a mixed atmosphere and 22% a negative atmosphere. Please note that this was the highest for positive atmosphere amongst the European countries. In 2015, 29% of health and social care staff heard colleagues make negative remarks about LGBT people, or use discriminatory language (sample size 421); while 61% of health and social care practitioners with direct responsibility for service users care said they did not consider sexual orientation to be relevant to an individual's health needs (Stonewall Scotland, 2015). A study in 2018 commissioned by a range of partner organisations called "LGBTI Populations and Mental Health Inequality (https://www.lgbthealth.org.uk/wp-content/uploads/2018/08/LGBTI-Populations-and-Mental-Health-Inequality-May-2018.pdf) found a range of ways that LGBT populations faced discrimination in relation to their mental health and experience of services. It reported: LGB people experience greater incidence of depression, anxiety, suicidality and substance misuse • Are twice as likely as to have poor mental health than heterosexual adults • LGBT youth have high levels of poor mental health and wellbeing • That negative social attitudes can make LGBT people feel marginalised and socially isolated • Older LGB people have diminished support networks compared to the general older people population • LGBT people have poor experiences of public services, including the NHS • Trans people face barriers accessing services and often feel they are educating health professionals when seeing them • LGBT people felt that health information provision is not relevant to their sexual orientation or gender identity</p>	
<p>Religion and Belief</p>	<p>Each section must be read within the context of the intersectionality of all the protected characteristic. The Equality and Human Rights Commission (EHRC) highlights the complexity, and cross-cutting relationships between religious prejudice and 'protected characteristics'. Therefore, discussions regarding discrimination or prejudice must consider characteristics such as gender, disability or sexual orientation in conjunction with religion and belief. Beliefs, religious and social norms influence the ability of minority faith groups to interact with public services. Where there is a concentration of particular religious groups, this reinforces the need for religious and cultural sensitivity in the provision of services and initiatives. Glasgow City Council Equality Evidence Matrix found that in 2014, 52% of people in Scotland stated their religion was Christian. In comparison, about 45% of people stated that they had no religion. The remaining 3% of people include Muslim, Hindu, Buddhist, Pagan, Jewish, Sikh and 'Another Religion' responses. In 2016, the religion of 77% of children on child protection registers was unknown, 15% had no religion and 8% had a religion. Scotland's Census (2011) Statistical Release 2A suggested that publications indicate that Scotland has become an increasingly secular society in recent years. The proportion of Scots who do not identify with any religion has increased since the 2000s, from 40% in 1999 to 54% by 2013. In the recent Scottish Household Survey, 47% of people reported having no religion. Males were more likely to state they had 'No religion' than females. Key statistics from the 2011 Census shows that there has been a sizeable increase in the number of people having or belonging to no religion in Glasgow. According to the 2011 census, the church of Scotland (Presbyterian denomination) is the largest religious grouping in Scotland, with 32.4% of the population.</p>	<p>Source within text</p>

	<p>However, there has been a reduction in the number of people affiliated to the Church of Scotland and to the Roman Catholic Church in recent years. The figures indicate that a high concentration of Scotland's Muslim, Roman Catholic and other religious group communities reside in Glasgow. There has been an upward trend in religious belonging and religious identity in 2014. The proportion of adults reporting to having a religion from 40% in 2009 to 47% in 2014. There has also been a corresponding decrease in the proportion reporting affiliation to 'Church of Scotland' from 34% to 28%. •No religion (44%) •Protestant (25%) •Roman Catholic (14%) •Other Christian /Christian but not Catholic or Protestant (11%) •Non-Christian religion (5%)</p>	
<p>Age</p>	<p>Each section must be read within the context of the intersectionality of all the protected characteristic. In terms of overall size, the 25 to 44 age group was the largest in 2017, with a population of 205,765. In contrast, the 75 and over age group was the smallest, with a population of 38,645. Between 1997 and 2017, the 65 to 74 age group saw the largest percentage decrease (-14.8%). The 45 to 64 age group saw the largest percentage increase (+24.6%). Between 2016 and 2026, the population of Glasgow City is projected to increase from 615,070 to 639,657. This is an increase of 4.0%. (https://www.nrscotland.gov.uk/files/statistics/council-area-data-sheets/glasgow-city-council-profile.html) Glasgow City council Equality Evidence Matrix suggested that expectancies of older people may encounter difficulties in key areas in accessing services compared to other age groups in society and that the needs of older people are not always adequately met compared to younger people when accessing various services. This can have a significant impact on the quality of life for older people. As a normal process of ageing occurs, people of all ages require different types of care and support. Therefore, health care services are critical to older people. Yet, as people age they face a range of problems in their experience of health and social care services. Older people are expected or encounter longer waiting periods than younger people or experience lower levels of quality than other groups. Research from the Joseph Rowntree Foundation (2013) discusses housing and social care provision amongst the older LGB population, highlighting the need for specific services and appreciations regarding their position within society. Within this, they promote 'positive action' to ensure these marginalised groups don't experience heightened social isolation in their later years. Whilst Government policy on mental health of people from black ethnic minority communities covers all ages - there is little focus on the mental health of black and minority ethnic children and young people evident in government policy according to the Race and Equality Foundation report. Furthermore, there are a number of barriers which put young people from black ethnic minority groups accessing mental health services. According to the report, children and young people from black and minority ethnic communities are less likely to engage with services which could help them access the services for early intervention to prevent mental health problems from escalating. The foundation suggests that early access to mental health support is critical to address issues at an early stage. Black and minority ethnic children, young people and their families may also face barriers to accessing mental health services, such as fear or a lack of culturally sensitive services (Malek, 2011). Is Scotland Fairer? (2018) EHRC reported that age, particularly for younger and older people, continues to affect people's outcomes across many areas of life. Mental health is a key issue for young people. Of concern are the increasing numbers of young people being referred to Child and Adolescent Mental Health Services (CAMHS) alongside a high rejection of referrals and lack of national provision for particular mental health needs of young people.</p>	<p>Source within text</p>
<p>Pregnancy and Maternity</p>	<p>Each section must be read within the context of the intersectionality of all the protected characteristic. Glasgow City Council Equality Evidence Matrix found that between 2014 and 2015 Glasgow City experienced a 5.1 per cent decrease in the number of births, dropping from 7,465 in 2014, to 7,086 in 2015. The number of births in Scotland fell by 2.9 per cent. Fertility in Glasgow City decreased from 53.2 births per 1,000 women aged 15 to 44 in 2014, to 50.0 in 2015 Health care experiences and health outcomes can differ for pregnant women on the basis of their youth/age, ethnicity, migrant or asylum seeking status, mental health or learning disabilities. Evidence also shows that having a pregnancy at a young age can contribute to a cycle of poor health and poverty associated with socio-economic circumstances before and after pregnancy. Data from Office for National Statistics shows that fewer women are smoking in pregnancy - the percentage of women known to be current smokers at the time of antenatal booking was 15.5% in 2015/16 compared to 20.8% in 2006/07. However, more mothers are overweight or obese than are of healthy weight: in 2015/16, 45.5% of mothers were of a healthy weight when they booked for antenatal care compared to 49.6% of mothers who were overweight or obese. Pregnant women seeking asylum in the UK may be particularly vulnerable, with poor underlying health, more complex pregnancies and an increased risk of maternal and perinatal mortality. Studies have shown that some women seeking asylum have poor experiences of maternity care. Refugee and asylum-seeker women make up around 0.3% of the UK's female population, but they account for around 12% of all maternal deaths. Migrant, asylum-seeking and refugee women are more at risk of mental health problems during pregnancy. Research also suggests that migrant women are specifically affected by post-natal depression than native born women. Post-natal depression may affect up to four times as many migrant women. Due to communication problems often asylum expectant mothers are not able to access information on the services available to them. Barriers found included: •Language barriers (contributing to maternal and perinatal mortality). •Inadequate or underused interpreting services (where women were not provided with an interpreter when required). •Information provision (women not aware of their entitlements to additional pregnancy or health-related support) these includes, reimbursement or payment of travel costs. •Information about health and support services not always being effectively communicated. •Lack of information, awareness and language barriers as constraints at antenatal classes. •Access to English language classes (lack of accessible English class provision. •Cultural barriers. The Department for Business, Innovation and Skills (BIS) and the Equality and Human Rights Commission (EHRC) published a report investigating the prevalence and nature of pregnancy discrimination and disadvantage in the workplace. The findings were based on surveys carried out with 3,034 employers and 3,254 mothers, related to managing pregnancy,</p>	<p>Source within text</p>

	<p>maternity leave and mothers returning to work. Key findings and statistics •11% of women reported they were either dismissed, made compulsorily redundant, treated poorly they felt they had to leave their job. About 30,000 women are forced out of their jobs. •20% of mothers reported financial loss which included failing to gain a promotion, salary reduction, a lower pay rise or bonus, not receiving non-salary benefits and/or demotion. •About 77% of pregnant women and new mothers experience some form of discrimination at work, compared to 45% in 2005. •54,000 women lose their jobs each year as a result of pregnancy discrimination. •100,000 women experience harassment from their employers or co-workers. Research indicates that experiences of pregnancy and maternity discrimination may also vary by age, marital status and ethnicity. The length of service, size of employer, the sector and industry in which women are employed also have a significant impact on women's experience of discrimination. Those who work for small employers were more likely to say they felt forced to leave their jobs compared to those working for medium or large employer. Similarly, those who worked in the public sector were less likely than those in the private sector to have felt forced to leave their job.</p>	
<p>Marriage and Civil Partnership</p>	<p>Each section must be read within the context of the intersectionality of all the protected characteristic. In 2017, 2,457 marriages were registered in Glasgow City. This is a 3.9% decrease from 2,556 in 2016. In 2017, 15 civil partnerships were registered in Glasgow City, of which 6 were female and 9 were male. (https://www.nrscotland.gov.uk/files/statistics/council-area-data-sheets/glasgow-city-council-profile.html) Glasgow City Council Equality Evidence Matrix suggested that a number of researches suggest that gay men and lesbians do not receive the same standard of health care as heterosexual men and women. Therefore, people in civil partnership may experience prejudice and discrimination in healthcare provisions. Same sex unions as a new social form may also pose a challenge for health staff, which may require new knowledge and training to work effectively. Training and development of mainstream health providers will be advantageous in helping staff to provide compassionate and comprehensive health care to same sex partners who they encounter in their practices. Gay men are at higher risk of acquiring sexual transmitted infections and HIV than straight men. LGBT may be vulnerable to mental disorders and have higher rates of anxiety, depression, substance use disorders, and suicidal behaviour than heterosexuals. Lifestyle factors, such as the high prevalent use of alcohol may also play part in higher morbidity rate in both same-sex couples and heterosexual couples in marital unions. Sexual orientation discrimination and victimisation may lead to greater psychological distress and higher use of services than heterosexual couples. Social exclusion can be detrimental to health, especially when couples with domestic violence. There is currently limited research exploring discrimination and inequalities faced by same-sex couples entering a civil partnership, thus, much of the research review are speculative rather than base on empirical research. Some of the studies identified mixed feelings amongst gay men and lesbians regarding the formal recognition of same-sex partnerships in the UK. Identification of prejudiced attitudes and behaviours are often detected through review with other protected characteristics of race, religion and sexual orientation, which is often embedded within cultural values and expectations surrounding marriage and relationships. According to evidence review from the Equality and Human Rights Commission (EHRC), concerns were identified to be predominately base on pragmatic concerns such as recognition in the area of: •Taxation •Pension purposes •Recognition of next of kin (health) •Recognition of next of kin (social care</p>	<p>Source within text</p>
<p>Social and Economic Status</p>	<p>Each section must be read within the context of the intersectionality of all the protected characteristic. Congreve E. and McCormick J. 2018; 'Poverty in Scotland 2018' Joseph Rowntree Foundation, suggested that close to one in four children – almost a quarter of a million – are in poverty, with their families facing impossible decisions such as whether to pay the rent, heat their home or put food on the table. The distinction between in-work poverty and out-of-work poverty simplifies the position of low income families in Scotland. Some families experiencing in-work poverty – for example couples where one parent is in work and the other is not working – appear to share common barriers with lone parents who are not in paid work. Understanding Glasgow suggested that Glasgow remains the most deprived city and local authority area in Scotland. The following summary provides some specific statistics for Glasgow: Almost half (47%) of Glasgow's residents, 292,000 people, reside in the 20% of most deprived areas in Scotland. In contrast, nearly 27,000 people (4.4% of the population) live in the 10% of least deprived areas in Scotland (based on 2017 population estimates). (https://www.understandingglasgow.com/indicators/poverty/overview ----- ----- Findings from a small study (sample size 34) conducted with people who had experienced homelessness found that nearly every participant felt discriminated against when accessing health services, feeling that they were unable to participate in decision making regarding their health and personal circumstances due to lack of information and attitudes of medical staff (Abdulkadir, 2016). Barriers for people who had experienced homelessness included difficulties registering with a GP, and a lack of information on where to go for treatment (Mental Welfare Commission for Scotland, 2017a; Abdulkadir, 2016). There is little routine data that can be used to assess the health needs of migrants directly. Migrants were generally found to be low-level users of health services, possibly due to a lack of knowledge around how the healthcare system works in Scotland (Scottish Public Health Network, 2016). Evidence to the Scottish Parliament Equalities and Human Rights Committee's inquiry into asylum and destitution described how the asylum process can exacerbate mental health difficulties, and how access to quality health care and treatment for patients who do not have regular accommodation was problematic (Scottish Parliament, 2017a). Glasgow City Council (Social Work Services found that in particular Glasgow, hosts one of the largest asylum and refugee populations outside of London. Glasgow is currently the number one dispersal area in the UK in terms of numbers. There are currently 3,589 asylum seekers in Glasgow which work out around 10% of the UK's annual total. On average there is around 2,500 asylum seeking people going through the asylum system in Glasgow at any one time, and coming from about 68 countries. In 2015, about 3,105 asylum seekers received accommodation and financial support in Glasgow. Destitution was found to make accessing healthcare and the treatment of on-going</p>	<p>Source within text</p>

	<p>conditions more difficult. Women who were asylum seekers, or had insecure immigration status, were at particular risk of poor health during pregnancy, birth and the post-natal period. Pregnant women going through the asylum process faced particular difficulties, from lack of adequate financial support through to lack of interpreters during and after childbirth (British Red Cross, 2016). Pregnant women were reluctant to seek maternity care because of fears about immigration status, shame felt about the pregnancy or other reasons associated with previously having lived in conflict and war zones, including experiencing rape, trafficking for sexual exploitation or female genital mutilation (Scottish Parliament, 2017a). The Scottish Social Attitudes Survey (Attitudes to Discrimination and Positive Action) concluded that Gypsies /Travellers are the subject of widespread discriminatory attitudes. The vast majority continue to live in severe poverty, suffer from poor health and are often victims of racism and systematic exclusion. The challenge to the city is to find ways to engage them with public services, and to integrate them within Glasgow communities. Additionally, these communities experience much poorer education and health outcomes than any other communities. A study focusing specifically on Roma families in Glasgow, and a report by GCC in 2013, identified that in relation to education, Roma children have overall low attendance and achievement compared to other ethnicities. A recent report by the Equality and Human Rights Commission, 'Is Scotland Fairer?' concluded that Gypsy/Traveller pupils continued to have the lowest educational attainment rates, and exclusion rates also remains high out of all ethnic groups. Prisons have a unique opportunity to tackle health inequalities due to the poor health of many people in prisons. Between January and March 2017, the Scottish Parliament's Health and Sport Committee carried out an inquiry into healthcare in prisons. The prison admissions process was found to be quite robust in helping to identify healthcare needs, including those relating to mental health and substance misuse. Prisoners have access to national screening and there are opportunities to test for blood-borne viruses such as HIV (Scottish Parliament, 2017b). Evidence to the Committee also highlighted that the number of prisoners with mental health needs was unknown, and there was considerable variation in mental healthcare available to prisoners across prisons and health boards. It was also noted that the 18 weeks referral to treatment time for accessing psychological therapies does not apply to prisoners (Scottish Parliament, 2017b).</p>		
<p>Other marginalised groups (homeless, addictions, asylum seekers/refugees, travellers, ex-offenders</p>	<p>See Social and Economic status</p>		
<p>C. Do you expect the policy to have any positive impact on people with protected characteristics?</p>			
	<p>Highly Likely</p>	<p>Probable</p>	<p>Possible</p>
<p>General</p>	<p>The Strategic Plan outlines the commitment of GCHSCP to promote communication and engagement with stakeholders to enable them to influence the planning and delivery of health and social care services. This will strengthen community involvement and as a result improve the extent to which service provision reflects local needs. The activity outlined in the Strategic Plan to improve services and implement transformation programmes will improve the health and social care outcomes of Glasgow citizens. All change activity will involve carrying out EQIAs to measure impact and identify actions required to mitigate any negative impacts identified. This will lead to services that are responsive to the needs of the community and ensure change activity is sensitive to the needs of all groups with protected characteristics</p>		
<p>Sex</p>	<p>Any changes provide opportunities to consult, engage and involve men, women and non-binary stakeholders, patients and staff to examine and develop options and innovations to shape future service provision. The activity outlined in the Strategic Plan to improve services and implement transformation programmes will improve the health and social care outcomes of Glasgow citizens, irrespective of sex. All change activity will involve carrying out EQIAs to measure impact and identify actions required to mitigate any negative</p>	<p>Section B outlined that women face structural and cultural discrimination on a daily basis and highlighted the impact an individual's sex can have upon their life opportunities and standards of living. Through effective equality impact assessment GCHSCP will promote elimination of such discrimination in service development and delivery.</p>	

	impacts identified. This will lead to services that are responsive to the needs of men, women and non-binary stakeholders, patients and staff		
Gender Reassignment	Any changes provide opportunities to consult, engage and involve Tran-men and Tran-women stakeholders, patients and staff to examine and develop options and innovations to shape future service provision. The activity outlined in the Strategic Plan to improve services and implement transformation programmes will improve the health and social care outcomes of Glasgow citizens, irrespective of gender status. All change activity will involve carrying out EQIAs to measure impact and identify actions required to mitigate any negative impacts identified. This will lead to services that are responsive to the needs of Tran-men and Tran-women stakeholders, patients and staff Section B outlined the difficulty that transgender people in Scotland experience when accessing services. Through effective equality impact assessment GCHSCP will promote equality of access to services amongst all groups.		
Race	Any changes provide opportunities to consult, engage and involve stakeholders, patients and staff from Black and Minority Ethnic communities to examine and develop options and innovations to shape future service provision. The activity outlined in the Strategic Plan to improve services and implement transformation programmes will improve the health and social care outcomes of Glasgow citizens, irrespective of ethnic group. All change activity will involve carrying out EQIAs to measure impact and identify actions required to mitigate any negative impacts identified. This will lead to services that are responsive to the needs of stakeholders, patients and staff from Black and Minority Ethnic communities Through effective equality impact assessment GCHSCP will promote elimination of such discrimination in service development and delivery, irrespective of ethnic group and will ensure ethnic group is not a barrier to accessing services or information about them.		
Disability	Any changes provide opportunities to consult, engage and involve stakeholders, patients and staff with disabilities to examine and develop options and innovations to shape future service provision. The activity outlined in the Strategic Plan to improve services and implement transformation programmes will improve the health and social care outcomes of the estimated 12.8% of Glasgow citizens whose day to day activities are limited and 7.5% who have disabilities. All change activity will involve carrying out EQIAs to measure impact and identify actions required to mitigate any negative impacts identified. This will lead to services that are responsive to the needs of stakeholders, patients and staff with disabilities. Through effective equality impact assessment GCHSCP will promote elimination of such discrimination in service development and delivery for people with disabilities and ensure a person's disability is not a barrier to accessing services.		

<p>Sexual Orientation</p>	<p>Any changes provide opportunities to consult, engage and involve LGBT stakeholders, patients and staff to examine and develop options and innovations to shape future service provision. The activity outlined in the Strategic Plan to improve services and implement transformation programmes will improve the health and social care outcomes of LGBT citizens. All change activity will involve carrying out EQIAs to measure impact and identify actions required to mitigate any negative impacts identified. This will lead to services that are responsive to the needs of LGBT stakeholders, patients and staff. Section B highlighted the higher health risks, isolation, prejudice and discrimination within social care experienced by LGBT people and the specific impact dependent on their age, disabilities, ethnic group, sexuality and mental health status. Through effective equality impact assessment GCHSCP will promote elimination of such discrimination in service development and delivery for LGBT people.</p>		
<p>Religion and Belief</p>	<p>Any changes provide opportunities to consult, engage and involve stakeholders, patients and staff with religious beliefs and non-belief to examine and develop options and innovations to shape future service provision. The activity outlined in the Strategic Plan to improve services and implement transformation programmes will improve the health and social care outcomes of people with religious beliefs and non-belief. All change activity will involve carrying out EQIAs to measure impact and identify actions required to mitigate any negative impacts identified. This will lead to services that are responsive to the needs of stakeholders, patients and staff with religious beliefs and non-belief. Section B highlighted the complexity and cross-cutting and relationships between religious prejudice and other protected characteristics. Through effective equality impact assessment GCHSCP will promote consideration of this to seek elimination of discrimination in service development and delivery for people based on their religious beliefs.</p>		
<p>Age</p>	<p>Any changes provide opportunities to consult, engage and involve stakeholders, patients and staff of all ages to examine and develop options and innovations to shape future service provision. The activity outlined in the Strategic Plan to improve services and implement transformation programmes will improve the health and social care outcomes of citizens of all ages. All change activity will involve carrying out EQIAs to measure impact and identify actions required to mitigate any negative impacts identified. This will lead through to services that are responsive to the needs of stakeholders, patients and staff of all ages. Through effective equality impact assessment GCHSCP will promote the development and delivery of services that are accessible and responsive to the needs of citizens of all ages.</p>		
	<p>Any changes provide opportunities to consult, engage and involve stakeholders, patients and staff in marriage and civil partnerships to</p>		

<p>Marriage and Civil Partnership</p>	<p>examine and develop options and innovations to shape future service provision. The activity outlined in the Strategic Plan to improve services and implement transformation programmes will improve the health and social care outcomes of citizens in marriage and civil partnerships. All change activity will involve carrying out EQIAs to measure impact and identify actions required to mitigate any negative impacts identified. This will lead through to services that are responsive to the needs of stakeholders, patients and staff in marriage and civil partnerships. Section B highlighted the lack of empirical evidence regarding the discrimination and inequalities faced by same-sex couple entering a civil partnership. Through effective equality impact assessment GCHSCP will promote the development and delivery of services that are accessible and responsive to the needs of citizens in marriage and civil partnerships.</p>		
<p>Pregnancy and Maternity</p>	<p>Any changes provide opportunities to consult, engage and involve stakeholders, patients and staff that are pregnant and on maternity leave to examine and develop options and innovations to shape future service provision. The activity outlined in the Strategic Plan to improve services and implement transformation programmes will improve the health and social care outcomes of citizens that are pregnant and on maternity leave. All change activity will involve carrying out EQIAs to measure impact and identify actions required to mitigate any negative impacts identified. This will lead through to services that are responsive to the needs of stakeholders, patients and staff that are pregnant and on maternity leave. Section B highlighted that health care experiences and outcomes can differ for pregnant women, particularly when combined with having a baby at a young age. Through effective equality impact assessment GCHSCP will promote the development and delivery of services that are accessible and responsive to the needs of citizens that are pregnant and on maternity leave.</p>		
<p>Social and Economic Status</p>	<p>Any changes provide opportunities to consult, engage and involve stakeholders, patients and staff from a range of socio-economic backgrounds to examine and develop options and innovations to shape future service provision. The activity outlined in the Strategic Plan to improve services and implement transformation programmes will improve the health and social care outcomes of citizens from a range of socio-economic backgrounds. All change activity will involve carrying out EQIAs to measure impact and identify actions required to mitigate any negative impacts identified. This will lead through to services that are responsive to the needs of stakeholders, patients and staff from a range of socio-economic backgrounds. Through effective equality impact assessment GCHSCP will promote the development and delivery of services that are accessible and responsive to the needs of citizens from a range of socio-economic backgrounds.</p>		
	<p>Any changes provide opportunities to consult, engage and involve stakeholders, patients and staff from</p>		

<p>Other marginalised groups (homeless, addictions, asylum seekers/refugees, travellers, ex-offenders)</p>	<p>marginalised groups to examine and develop options and innovations to shape future service provision. The activity outlined in the Strategic Plan to improve services and implement transformation programmes will improve the health and social care outcomes of citizens from marginalised groups. All change activity will involve carrying out EQIAs to measure impact and identify actions required to mitigate any negative impacts identified. This will lead through to services that are responsive to the needs of stakeholders, patients and staff from marginalised groups. Through effective equality impact assessment GCHSCP will promote the development and delivery of services that are accessible and responsive to the needs of citizens from marginalised groups.</p>		
<p>D. Do you expect the policy to have any negative impact on people with protected characteristics?</p>			
	<p>Highly Likely</p>	<p>Probable</p>	<p>Possible</p>
<p>General</p>			<p>In general, people with protected characteristics can be negatively impacted by changes in services. There is no information as yet to suggest negative impacts as a result the Strategic Plan or the activity contained within it. Through effective planning and EQIAs any negative impacts will be identified early in the process and actions identified to mitigate the negative impacts.</p>
<p>Sex</p>			<p>In general, men, women and non-binary stakeholders can be negatively impacted by changes in services. There is no information as yet to suggest negative impacts as a result the Strategic Plan or the activity contained within it. Through effective planning and EQIAs any negative impacts will be identified early in the process</p>

			and actions identified to mitigate the negative impacts.
Gender Reassignment			In general, Tran-men and Tran-women can be negatively impacted by changes in services. There is no information as yet to suggest negative impacts as a result the Strategic Plan or the activity contained within it. Through effective planning and EQIAs any negative impacts will be identified early in the process and actions identified to mitigate the negative impacts.
Race			In general, people from black and minority ethnic communities can be negatively impacted by changes in services. There is no information as yet to suggest negative impacts as a result the Strategic Plan or the activity contained within it. Through effective planning and EQIAs any negative impacts will be identified early in the process and actions identified to mitigate the negative impacts.
			In general, people with disabilities can be negatively impacted by changes in services. There is no information as yet to suggest negative impacts as a result the Strategic Plan or the activity

<p>Disability</p>		<p>contained within it. Through effective planning and EQIAs any negative impacts will be identified early in the process and actions identified to mitigate the negative impacts.</p>
<p>Sexual Orientation</p>		<p>In general, LGBT people can be negatively impacted by changes in services. There is no information as yet to suggest negative impacts as a result the Strategic Plan or the activity contained within it. Through effective planning and EQIAs any negative impacts will be identified early in the process and actions identified to mitigate the negative impacts.</p>
<p>Religion and Belief</p>		<p>In general, people with religious belief and no beliefs can be negatively impacted by changes in services. There is no information as yet to suggest negative impacts as a result the Strategic Plan or the activity contained within it. Through effective planning and EQIAs any negative impacts will be identified early in the process and actions identified to mitigate the negative impacts.</p>
		<p>In general, people of all ages can be negatively impacted by changes in services.</p>

<p>Age</p>			<p>There is no information as yet to suggest negative impacts as a result the Strategic Plan or the activity contained within it. Through effective planning and EQIAs any negative impacts will be identified early in the process and actions identified to mitigate the negative impacts.</p>
<p>Marriage and Civil Partnership</p>			<p>in civil partnerships can be negatively impacted by changes in services. There is no information as yet to suggest negative impacts as a result the Strategic Plan or the activity contained within it. Through effective planning and EQIAs any negative impacts will be identified early in the process and actions identified to mitigate the negative impacts.</p>
<p>Pregnancy and Maternity</p>			<p>In general, people who are pregnant or on maternity leave can be negatively impacted by changes in services. There is no information as yet to suggest negative impacts as a result the Strategic Plan or the activity contained within it. Through effective planning and EQIAs any negative impacts will be identified early in the process and actions identified to mitigate the negative impacts.</p>

<p>Social and Economic Status</p>		<p>In general, people from a range of socio-economic groups can be negatively impacted by changes in services. There is no information as yet to suggest negative impacts as a result the Strategic Plan or the activity contained within it. Through effective planning and EQIAs any negative impacts will be identified early in the process and actions identified to mitigate the negative impacts.</p>
<p>Other marginalised groups (homeless, addictions, asylum seekers/refugees, travellers, ex-offenders</p>		<p>In general, marginalised groups can be negatively impacted by changes in services. There is no information as yet to suggest negative impacts as a result the Strategic Plan or the activity contained within it. Through effective planning and EQIAs any negative impacts will be identified early in the process and actions identified to mitigate the negative impacts.</p>